NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Schedule of Estimated Claims

Third Party Contract Summary Report - Page 1 of 2

Provider Acenda, Inc.
Division DFCP
Contract 20HWDP
Dates 1/1/2020 to 12/31/2020

Contract Characteristics

Reporting Requirements
- ☐ None
- ☐ Monthly
- ☑ Quarterly
- ☐ Other

Advance Payments
- ☐ None
- ☑ Monthly

Type of Contract
- ☑ Cost Related
- ☐ Non-Cost Related

Reimbursement Type
- ☐ Periodic Reported Expenditures
- ☑ Installments
- ☐ Provisional
- ☐ Fixed Rate

Account and CFDA Information	Amt
1610-062 (93.556 PROMOTE SAFE & STABLE FAMILIES)	$296,517.00
1630-010 (Non-CFDA Acct)	$574,294.00
1630-013 (Non-CFDA Acct)	$300,600.00
1630-024 (Non-CFDA Acct)	$1,884,000.00
1630-032 (93.590 COMMUNITY-BASED FAMILY RESOURCE & SUPPORT GRANTS)	$200,000.00
1630-033 (93.558 TEMP ASSIST FOR NEEDY FAMILIES)	$272,737.00
1630-039 (93.558 TEMP ASSIST FOR NEEDY FAMILIES)	$284,805.00
1630-040 (93.558 TEMP ASSIST FOR NEEDY FAMILIES)	$329,080.00
1630-065 (93.110 EARLY CHLDHD COMMUNITY BASED INTEGRATED SRVC SYSTEM)	$11,667.00
Grand Total	$4,153,700.00

Authorized Provider Signature [signature]
Date 12/20/2019

Contract Supervisor Signature Danielle L Dansby
Date 3/17/2020

SEC version 02/05/19

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Schedule of Estimated Claims

Third Party Contract Summary Report - Page 1 of 2

Provider **Acenda, Inc.**
Division **DFCP**
Contract **20HWDP**
Dates **1/1/2020** to **12/31/2020**

Contract Characteristics

Reporting Requirements

- ☐ None
- ☐ Monthly
- ☑ Quarterly
- ☐ Other

Advance Payments

- ☐ None
- ☑ Monthly

Type of Contract

- ☑ Cost Related
- ☐ Non-Cost Related

Reimbursement Type

- ☐ Periodic Reported Expenditures
- ☑ Installments
- ☐ Provisional
- ☐ Fixed Rate

Account and CFDA Information	Amt
1610-062 (93.556 PROMOTE SAFE & STABLE FAMILIES)	$296,517.00
1630-010 (Non-CFDA Acct)	$574,294.00
1630-013 (Non-CFDA Acct)	$300,600.00
1630-024 (Non-CFDA Acct)	$1,884,000.00
1630-032 (93.590 COMMUNITY-BASED FAMILY RESOURCE & SUPPORT GRANTS)	$200,000.00
1630-033 (93.558 TEMP ASSIST FOR NEEDY FAMILIES)	$272,737.00
1630-039 (93.558 TEMP ASSIST FOR NEEDY FAMILIES)	$284,805.00
1630-040 (93.558 TEMP ASSIST FOR NEEDY FAMILIES)	$329,080.00
1630-065 (93.110 EARLY CHLDHD COMMUNITY BASED INTEGRATED SRVC SYSTEM)	$11,667.00
Grand Total	**$4,153,700.00**

Authorized Provider Signature _____

Date _____

Contract Supervisor Signature _____

Date _____

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Schedule of Estimated Claims

Third Party Contract Summary Report - Page 2 of 2

Provider **Acenda, Inc.**
Division **DFCP**
Contract **20HWDP**
Dates **1/1/2020** to **12/31/2020**

Original Contract Ceiling
$4,153,700.00

Contract Modifications	
Mod 1	$0.00
Mod 2	$0.00
Mod 3	$0.00
Mod 4	$0.00
Mod 5	$0.00
Mod 6	$0.00
Mod 7	$0.00
Mod 8	$0.00
	$0.00

Total Contract Ceiling
$4,153,700.00

Total Match Amount
$143,334.25

Amended Contract Ceiling *
$4,153,700.00

Payments by Month *	
2020 January	$346,836.00
2020 February	$346,836.00
2020 March	$346,836.00
2020 April	$346,836.00
2020 May	$346,836.00
2020 June	$346,835.00
2020 July	$346,835.00
2020 August	$345,169.00
2020 September	$345,178.00
2020 October	$345,169.00
2020 November	$345,169.00
2020 December	$345,165.00
Grand Total	$4,153,700.00

Payments by State Fiscal Year *	
2020 1610-062	$148,260.00
2020 1630-010	$287,148.00
2020 1630-024	$942,000.00
2020 1630-039	$142,404.00
2020 1630-040	$164,538.00
2020 1630-065	$10,001.00
2020 1630-032	$99,996.00
2020 1630-013	$150,300.00
2020 1630-033	$136,368.00
2021 1610-062	$148,257.00
2021 1630-010	$287,146.00
2021 1630-024	$942,000.00
2021 1630-039	$142,401.00
2021 1630-040	$164,542.00
2021 1630-065	$1,666.00
2021 1630-032	$100,004.00
2021 1630-013	$150,300.00
2021 1630-033	$136,369.00
Grand Total	$4,153,700.00

* Please note, if this SEC contains mortgage repayment(s) those deductions are reflected.

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component

1

Schedule of Estimated Claims
Third Party Contracts

SEC version 02/05/19

Provider Name Acenda, Inc.
Component Name Nurse Family Partnership
Contract Administrator Madeleine Myles

Division	DFCP	Contract No	20HWDP	Contract Start	1/1/2020	Contract End	12/31/2020

Type of Funding: **Annualized**

1630-010 (Non-CFDA Acct)

Early Childhood Services

	Month	YY	Amount
	January	20	$47,858.00
Enter	February	20	$47,858.00
Mod # 1 thru 8	March	20	$47,858.00
above.	April	20	$47,858.00
If new or	May	20	$47,858.00
renewal	June	20	$47,858.00
leave	July	20	$47,858.00
blank	August	20	$47,858.00
Match Required?	September	20	$47,858.00
	October	20	$47,858.00
No	November	20	$47,858.00
	December	20	$47,856.00
0.0%		Total	$574,294.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Component Match Percentage	0.00%
Component Match Amount	$0.00
Original Component Ceiling	$574,294.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$574,294.00

Mod 1	$0.00	Mod 5	$0.00
Mod 2	$0.00	Mod 6	$0.00
Mod 3	$0.00	Mod 7	$0.00
Mod 4	$0.00	Mod 8	$0.00

NOTES:

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component

2

Schedule of Estimated Claims
Third Party Contracts

SEC version 02/05/19

Provider Name Acenda, Inc.
Component Name Glassboro Family Success Center
Contract Administrator Madeleine Myles

Division	DFCP	Contract No	20HWDP	Contract Start	1/1/2020	Contract End	12/31/2020

Type of Funding: **Annualized**

1630-024 (Non-CFDA Acct)

Family Support PCP

	Month	YY	Amount
	January	20	$20,000.00
Enter	February	20	$20,000.00
Mod #	March	20	$20,000.00
1 thru 8	April	20	$20,000.00
above.	May	20	$20,000.00
If new or	June	20	$20,000.00
renewal	July	20	$20,000.00
leave	August	20	$20,000.00
blank	September	20	$20,000.00
Match Required?	October	20	$20,000.00
No	November	20	$20,000.00
	December	20	$20,000.00
0.0%		Total	$240,000.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Component Match Percentage	0.00%
Component Match Amount	$0.00
Original Component Ceiling	$240,000.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$240,000.00

Mod 1	$0.00	Mod 5	$0.00
Mod 2	$0.00	Mod 6	$0.00
Mod 3	$0.00	Mod 7	$0.00
Mod 4	$0.00	Mod 8	$0.00

NOTES:

New Jersey Department of Children and Families

Component

3

Schedule of Estimated Claims
Third Party Contracts

SEC version 02/05/19

Provider Name Acenda, Inc.

Component Name Winslow Family Success Center

Contract Administrator Madeleine Myles

Division	DFCP	Contract No	20HWDP	Contract Start	1/1/2020	Contract End	12/31/2020

Type of Funding Annualized

1630-024 (Non-CFDA Acct)

Family Support PCP

	Month	YY	Amount
	January	20	$20,000.00
Enter	February	20	$20,000.00
Mod #	March	20	$20,000.00
1 thru 8	April	20	$20,000.00
above.	May	20	$20,000.00
If new or renewal	June	20	$20,000.00
leave	July	20	$20,000.00
blank	August	20	$20,000.00
Match	September	20	$20,000.00
Required?	October	20	$20,000.00
No	November	20	$20,000.00
	December	20	$20,000.00
0.0%		Total	$240,000.00

Type of Funding (enter Type of Funding here from drop-down)

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding (enter Type of Funding here from drop-down)

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding (enter Type of Funding here from drop-down)

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding (enter Type of Funding here from drop-down)

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding (enter Type of Funding here from drop-down)

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding (enter Type of Funding here from drop-down)

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding (enter Type of Funding here from drop-down)

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding (enter Type of Funding here from drop-down)

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Component Match Percentage	0.00%
Component Match Amount	$0.00
Original Component Ceiling	$240,000.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$240,000.00

Mod 1	$0.00	Mod 5	$0.00
Mod 2	$0.00	Mod 6	$0.00
Mod 3	$0.00	Mod 7	$0.00
Mod 4	$0.00	Mod 8	$0.00

NOTES:

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component

4

Schedule of Estimated Claims

Third Party Contracts

SEC version 02/05/19

Provider Name Acenda, Inc.

Component Name Riverview Family Success Center

Contract Administrator Madeleine Myles

Division	DFCP	Contract No	20HWDP	Contract Start	1/1/2020	Contract End	12/31/2020

Type of Funding: **Annualized**

1630-024 (Non-CFDA Acct)

Family Support PCP

	Month	YY	Amount
	January	20	$20,000.00
Enter	February	20	$20,000.00
Mod #	March	20	$20,000.00
1 thru 8	April	20	$20,000.00
above.	May	20	$20,000.00
If new or	June	20	$20,000.00
renewal	July	20	$20,000.00
leave	August	20	$20,000.00
blank	September	20	$20,000.00
Match Required?	October	20	$20,000.00
No	November	20	$20,000.00
	December	20	$20,000.00
0.0%		Total	**$240,000.00**

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Component Match Percentage	0.00%
Component Match Amount	$0.00
Original Component Ceiling	$240,000.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$240,000.00

Mod 1	$0.00	Mod 5	$0.00
Mod 2	$0.00	Mod 6	$0.00
Mod 3	$0.00	Mod 7	$0.00
Mod 4	$0.00	Mod 8	$0.00

NOTES:

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component **5**

SEC version 02/05/19

Schedule of Estimated Claims
Third Party Contracts

Provider Name Acenda, Inc.
Component Name Healthy Families/TIP
Contract Administrator Madeleine Myles

Division	Contract No	Contract Start	Contract End
DFCP	20HWDP	1/1/2020	12/31/2020

Type of Funding: (enter Type of Funding here from drop-down)
(enter Account with CFDA from drop-down)
(enter Funding Source from drop-down)
Enter Mod # 1 thru 8 above. If new or renewal leave blank. Match Required? (enter Yes/No) 0.0%

Month	YY	Amount
	Total	$0.00

Type of Funding: Annualized
1630-039 (93.558 TEMP ASSIST FOR NEEDY FAMILIES)
Kids Needs
Enter Mod # 1 thru 8 above. If new or renewal leave blank. Match Required? No 0.0%

Month	YY	Amount
January	20	$23,734.00
February	20	$23,734.00
March	20	$23,734.00
April	20	$23,734.00
May	20	$23,734.00
June	20	$23,734.00
July	20	$23,734.00
August	20	$23,734.00
September	20	$23,734.00
October	20	$23,734.00
November	20	$23,734.00
December	20	$23,731.00
	Total	$284,805.00

Type of Funding: Annualized
1610-062 (93.556 PROMOTE SAFE & STABLE FAMILIES)
TITLE IV-B FPSS
Enter Mod # 1 thru 8 above. If new or renewal leave blank. Match Required? No 0.0%

Month	YY	Amount
January	20	$24,710.00
February	20	$24,710.00
March	20	$24,710.00
April	20	$24,710.00
May	20	$24,710.00
June	20	$24,710.00
July	20	$24,710.00
August	20	$24,710.00
September	20	$24,710.00
October	20	$24,710.00
November	20	$24,710.00
December	20	$24,707.00
	Total	$296,517.00

Type of Funding: Annualized
1630-040 (93.558 TEMP ASSIST FOR NEEDY FAMILIES)
TANF
Enter Mod # 1 thru 8 above. If new or renewal leave blank. Match Required? No 0.0%

Month	YY	Amount
January	20	$27,423.00
February	20	$27,423.00
March	20	$27,423.00
April	20	$27,423.00
May	20	$27,423.00
June	20	$27,423.00
July	20	$27,423.00
August	20	$27,423.00
September	20	$27,423.00
October	20	$27,423.00
November	20	$27,423.00
December	20	$27,427.00
	Total	$329,080.00

Type of Funding: (enter Type of Funding here from drop-down)
(enter Account with CFDA from drop-down)
(enter Funding Source from drop-down)
Enter Mod # 1 thru 8 above. If new or renewal leave blank. Match Required? (enter Yes/No) 0.0%

Month	YY	Amount
	Total	$0.00

Type of Funding: (enter Type of Funding here from drop-down)
(enter Account with CFDA from drop-down)
(enter Funding Source from drop-down)
Enter Mod # 1 thru 8 above. If new or renewal leave blank. Match Required? (enter Yes/No) 0.0%

Month	YY	Amount
	Total	$0.00

Type of Funding: (enter Type of Funding here from drop-down)
(enter Account with CFDA from drop-down)
(enter Funding Source from drop-down)
Enter Mod # 1 thru 8 above. If new or renewal leave blank. Match Required? (enter Yes/No) 0.0%

Month	YY	Amount
	Total	$0.00

Type of Funding: (enter Type of Funding here from drop-down)
(enter Account with CFDA from drop-down)
(enter Funding Source from drop-down)
Enter Mod # 1 thru 8 above. If new or renewal leave blank. Match Required? (enter Yes/No) 0.0%

Month	YY	Amount
	Total	$0.00

Type of Funding: (enter Type of Funding here from drop-down)
(enter Account with CFDA from drop-down)
(enter Funding Source from drop-down)
Enter Mod # 1 thru 8 above. If new or renewal leave blank. Match Required? (enter Yes/No) 0.0%

Month	YY	Amount
	Total	$0.00

Component Match Percentage	0.00%
Component Match Amount	$0.00
Original Component Ceiling	$910,402.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$910,402.00

Mod 1	$0.00	Mod 5	$0.00
Mod 2	$0.00	Mod 6	$0.00
Mod 3	$0.00	Mod 7	$0.00
Mod 4	$0.00	Mod 8	$0.00

NOTES:
CFDA #93.558, BFY 20 & 21, $284,805
CFDA #93.556, BFY 20 & 21, $296,517
CFDA #93.558, BFY 20 & 21, $329,080

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component **12**

SEC version 02/05/19

Schedule of Estimated Claims
Third Party Contracts

Provider Name Acenda, Inc.
Component Name Oceanside Family Success Center 1 & 2
Contract Administrator Madeleine Myles

Division	DFCP	**Contract No**	20HWDP	**Contract Start**	1/1/2020	**Contract End**	12/31/2020

Type of Funding Annualized

1630-024 (Non-CFDA Acct)

Family Support PCP

	Month	YY	Amount
	January	20	$41,667.00
Enter	February	20	$41,667.00
Mod #	March	20	$41,667.00
1 thru 8	April	20	$41,667.00
above.	May	20	$41,667.00
If new or	June	20	$41,667.00
renewal	July	20	$41,667.00
leave blank	August	20	$41,667.00
Match Required?	September	20	$41,667.00
	October	20	$41,667.00
No	November	20	$41,667.00
	December	20	$41,663.00
0.0%		Total	$500,000.00

Type of Funding (enter Type of Funding here from drop-down)

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%		Total	$0.00

Type of Funding (enter Type of Funding here from drop-down)

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%		Total	$0.00

Type of Funding (enter Type of Funding here from drop-down)

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%		Total	$0.00

Type of Funding (enter Type of Funding here from drop-down)

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%		Total	$0.00

Type of Funding (enter Type of Funding here from drop-down)

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%		Total	$0.00

Type of Funding (enter Type of Funding here from drop-down)

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%		Total	$0.00

Type of Funding (enter Type of Funding here from drop-down)

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%		Total	$0.00

Type of Funding (enter Type of Funding here from drop-down)

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%		Total	$0.00

Component Match Percentage	0.00%
Component Match Amount	$0.00
Original Component Ceiling	$500,000.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$500,000.00

Mod 1	$0.00	Mod 5	$0.00
Mod 2	$0.00	Mod 6	$0.00
Mod 3	$0.00	Mod 7	$0.00
Mod 4	$0.00	Mod 8	$0.00

NOTES:

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component

14

Schedule of Estimated Claims

Third Party Contracts

SEC version 02/05/19

Provider Name Acenda, Inc.

Component Name Ocean County Family Success Center

Contract Administrator Madeleine Myles

Division	DFCP	**Contract No**	20HWDP	**Contract Start**	1/1/2020	**Contract End**	12/31/2020

Type of Funding Annualized

1630-024 (Non-CFDA Acct)

Family Support PCP

	Month	YY	Amount
	January	20	$27,000.00
Enter	February	20	$27,000.00
Mod #	March	20	$27,000.00
1 thru 8	April	20	$27,000.00
above.	May	20	$27,000.00
If new or	June	20	$27,000.00
renewal	July	20	$27,000.00
leave blank	August	20	$27,000.00
Match Required?	September	20	$27,000.00
	October	20	$27,000.00
No	November	20	$27,000.00
	December	20	$27,000.00
0.0%		Total	**$324,000.00**

Type of Funding (enter Type of Funding here from drop-down)

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding (enter Type of Funding here from drop-down)

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding (enter Type of Funding here from drop-down)

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding (enter Type of Funding here from drop-down)

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding (enter Type of Funding here from drop-down)

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding (enter Type of Funding here from drop-down)

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding (enter Type of Funding here from drop-down)

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding (enter Type of Funding here from drop-down)

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Component Match Percentage	0.00%
Component Match Amount	$0.00
Original Component Ceiling	$324,000.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$324,000.00

Mod 1	$0.00	Mod 5	$0.00
Mod 2	$0.00	Mod 6	$0.00
Mod 3	$0.00	Mod 7	$0.00
Mod 4	$0.00	Mod 8	$0.00

NOTES:

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component

15

Schedule of Estimated Claims

Third Party Contracts

SEC version 02/05/19

Provider Name Acenda, Inc.

Component Name Pennsville Family Success Center

Contract Administrator Madeleine Myles

Division	DFCP	**Contract No**	20HWDP	**Contract Start**	1/1/2020	**Contract End**	12/31/2020

Type of Funding **Annualized**

1630-024 (Non-CFDA Acct)

Family Support PCP

	Month	YY	Amount
	January	20	$25,000.00
Enter Mod #	February	20	$25,000.00
1 thru 8	March	20	$25,000.00
above.	April	20	$25,000.00
If new or	May	20	$25,000.00
renewal	June	20	$25,000.00
leave	July	20	$25,000.00
blank	August	20	$25,000.00
Match Required?	September	20	$25,000.00
	October	20	$25,000.00
No	November	20	$25,000.00
	December	20	$25,000.00
0.0%		Total	$300,000.00

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Component Match Percentage	0.00%
Component Match Amount	$0.00
Original Component Ceiling	$300,000.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$300,000.00

Mod 1	$0.00	Mod 5	$0.00
Mod 2	$0.00	Mod 6	$0.00
Mod 3	$0.00	Mod 7	$0.00
Mod 4	$0.00	Mod 8	$0.00

NOTES:

Component

16

Schedule of Estimated Claims

Third Party Contracts

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

SEC version 02/05/19

Provider Name Acenda, Inc.

Component Name ECCS Impact Grant

Contract Administrator Madeleine Myles

Division	DFCP	**Contract No**	20HWDP	**Contract Start**	1/1/2020	**Contract End**	12/31/2020

Type of Funding: **1-Time Funding**

1630-065 (93.110 EARLY CHLDHD COMMUNITY BASED INTEGRATED SRVC SYSTEM)

ECCS (Early Childhood Comp Sys)

	Month	YY	Amount
	January	20	$1,667.00
Enter	February	20	$1,667.00
Mod #	March	20	$1,667.00
1 thru 8	April	20	$1,667.00
above.	May	20	$1,667.00
If new or	June	20	$1,666.00
renewal leave	July	20	$1,666.00
blank	August	20	
Match Required?	September	20	
	October	20	
No	November	20	
	December	20	
0.0%		Total	$11,667.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Component Match Percentage	0.00%
Component Match Amount	$0.00
Original Component Ceiling	$11,667.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$11,667.00

Mod 1	$0.00	Mod 5	$0.00
Mod 2	$0.00	Mod 6	$0.00
Mod 3	$0.00	Mod 7	$0.00
Mod 4	$0.00	Mod 8	$0.00

NOTES:

CFDA #93.110, BFY 20, $11,667

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component

26

Schedule of Estimated Claims
Third Party Contracts

SEC version 02/05/19

Provider Name Acenda, Inc.

Component Name Lower Cape May Regional HS SBYSP

Contract Administrator Madeleine Myles

Division	DFCP	**Contract No**	20HWDP	**Contract Start**	1/1/2020	**Contract End**	12/31/2020

Type of Funding Annualized

1630-013 (Non-CFDA Acct)

School Linked State

	Month	YY	Amount
	January	20	$13,236.00
Enter	February	20	$13,236.00
Mod #	March	20	$13,236.00
1 thru 8	April	20	$13,236.00
above.	May	20	$13,236.00
If new or	June	20	$13,236.00
renewal	July	20	$13,236.00
leave blank	August	20	$13,236.00
Match Required?	September	20	$13,236.00
	October	20	$13,236.00
Yes	November	20	$13,236.00
	December	20	$13,236.00
25.0%		Total	$158,832.00

Type of Funding Annualized

1630-033 (93.558 TEMP ASSIST FOR NEEDY FAMILIES)

School Linked TANF

	Month	YY	Amount
	January	20	$12,009.00
Enter	February	20	$12,009.00
Mod #	March	20	$12,009.00
1 thru 8	April	20	$12,009.00
above.	May	20	$12,009.00
If new or	June	20	$12,009.00
renewal	July	20	$12,009.00
leave blank	August	20	$12,009.00
Match Required?	September	20	$12,010.00
	October	20	$12,009.00
Yes	November	20	$12,009.00
	December	20	$12,009.00
25.0%		Total	$144,109.00

Type of Funding (enter Type of Funding here from drop-down)

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		Total	$0.00

Type of Funding (enter Type of Funding here from drop-down)

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		Total	$0.00

Type of Funding (enter Type of Funding here from drop-down)

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		Total	$0.00

Type of Funding (enter Type of Funding here from drop-down)

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		Total	$0.00

Type of Funding (enter Type of Funding here from drop-down)

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		Total	$0.00

Type of Funding (enter Type of Funding here from drop-down)

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		Total	$0.00

Type of Funding (enter Type of Funding here from drop-down)

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		Total	$0.00

Component Match Percentage	25.00%
Component Match Amount	$75,735.25
Original Component Ceiling	$302,941.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$302,941.00

Mod 1	$0.00	Mod 5	$0.00
Mod 2	$0.00	Mod 6	$0.00
Mod 3	$0.00	Mod 7	$0.00
Mod 4	$0.00	Mod 8	$0.00

NOTES:

CFDA #93.558, BFY 20 & 21, $144,109

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component **27**

Schedule of Estimated Claims
Third Party Contracts

SEC version 02/05/19

Provider Name Acenda, Inc.
Component Name Cape May Co Technical HS SBYSP
Contract Administrator Madeleine Myles

Division	DFCP	**Contract No**	20HWDP	**Contract Start**	1/1/2020	**Contract End**	12/31/2020

Type of Funding: **Annualized**

1630-013 (Non-CFDA Acct)

School Linked State

	Month	YY	Amount
	January	20	$11,814.00
Enter	February	20	$11,814.00
Mod #	March	20	$11,814.00
1 thru 8	April	20	$11,814.00
above.	May	20	$11,814.00
If new or	June	20	$11,814.00
renewal	July	20	$11,814.00
leave blank	August	20	$11,814.00
Match Required?	September	20	$11,814.00
	October	20	$11,814.00
Yes	November	20	$11,814.00
	December	20	$11,814.00
25.0%		Total	$141,768.00

Type of Funding: **Annualized**

1630-033 (93.558 TEMP ASSIST FOR NEEDY FAMILIES)

School Linked TANF

	Month	YY	Amount
	January	20	$10,719.00
Enter	February	20	$10,719.00
Mod #	March	20	$10,719.00
1 thru 8	April	20	$10,719.00
above.	May	20	$10,719.00
If new or	June	20	$10,719.00
renewal	July	20	$10,719.00
leave blank	August	20	$10,719.00
Match Required?	September	20	$10,719.00
	October	20	$10,719.00
Yes	November	20	$10,719.00
	December	20	$10,719.00
25.0%		Total	$128,628.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%		Total	$0.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%		Total	$0.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%		Total	$0.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%		Total	$0.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%		Total	$0.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%		Total	$0.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%		Total	$0.00

Component Match Percentage	25.00%
Component Match Amount	$67,599.00
Original Component Ceiling	$270,396.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$270,396.00

Mod 1	$0.00	Mod 5	$0.00
Mod 2	$0.00	Mod 6	$0.00
Mod 3	$0.00	Mod 7	$0.00
Mod 4	$0.00	Mod 8	$0.00

NOTES:
CFDA #93.558, BFY 20 & 21, $128,628

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component

28

Schedule of Estimated Claims

Third Party Contracts

SEC version 02/05/19

Provider Name Acenda, Inc.

Component Name Shore Family Success Center

Contract Administrator Madeleine Myles

Division	DFCP	Contract No	20HWDP	Contract Start	1/1/2020	Contract End	12/31/2020

Type of Funding: **Annualized**

1630-032 (93.590 COMMUNITY-BASED FAMILY RESOURCE & SUPPORT GRANTS)

CBCAP

	Month	YY	Amount
	January	20	$16,666.00
Enter Mod # 1 thru 8 above. If new or renewal leave blank	February	20	$16,666.00
	March	20	$16,666.00
	April	20	$16,666.00
	May	20	$16,666.00
	June	20	$16,666.00
	July	20	$16,666.00
	August	20	$16,666.00
Match Required?	September	20	$16,674.00
	October	20	$16,666.00
No	November	20	$16,666.00
	December	20	$16,666.00
0.0%		Total	$200,000.00

Type of Funding: **Annualized**

1630-024 (Non-CFDA Acct)

Family Support PCP

	Month	YY	Amount
	January	20	$3,333.00
Enter Mod # 1 thru 8 above. If new or renewal leave blank	February	20	$3,333.00
	March	20	$3,333.00
	April	20	$3,333.00
	May	20	$3,333.00
	June	20	$3,333.00
	July	20	$3,333.00
	August	20	$3,333.00
Match Required?	September	20	$3,333.00
	October	20	$3,333.00
No	November	20	$3,333.00
	December	20	$3,337.00
0.0%		Total	$40,000.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		Total	$0.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		Total	$0.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		Total	$0.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		Total	$0.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		Total	$0.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		Total	$0.00

Type of Funding: **(enter Type of Funding here from drop-down)**

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		Total	$0.00

Component Match Percentage	0.00%
Component Match Amount	$0.00
Original Component Ceiling	$240,000.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$240,000.00

Mod 1	$0.00	Mod 5	$0.00
Mod 2	$0.00	Mod 6	$0.00
Mod 3	$0.00	Mod 7	$0.00
Mod 4	$0.00	Mod 8	$0.00

NOTES:

CFDA #93.590, BFY 20 & 21, $200,000