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** **6/30/2021**

Contract Characteristics

Reporting Requirements

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

Advance Payments

- ☐ None
- ☑ Monthly

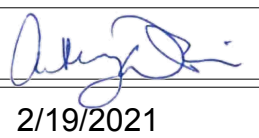
Type of Contract

- ☑ Cost Related
- ☐ Non-Cost Related

Reimbursement Type

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

Account and CFDA Information	Amt
1610-062 TITLE IV -	$444,775.00
1620-062 NURSE FP -ST AID GRTS	$150,880.00
1630-010 EARLY CHILDHOOD SEVICES - GIA	$861,441.00
1630-013 SCHOOL B -ST AID GRTS	$512,424.00
1630-024 FAMILY SUPPORT SERVICES	$2,826,000.00
1630-032 COMMBASE -	$300,000.00
1630-033 SBYS	$347,582.00
1630-039 TANF EARLY START KIDS NEEDS	$427,208.00
1630-040 TANF INITIATIVE FOR PARENTS	$493,620.00
1630-044 MATERNAL INFANT & EARLY CHILD	$1,330,318.00
1630-065 COMM BASED INTEGRATED SERV SYS	$11,667.00
1630-083 PRESCHOOL DEVELOP GRANT BIRTH-FIVE (93.434)	$195,900.00
1630-086 PRESCHOOL DEVELOPMENT GRANT	$100,000.00
Grand Total	**$8,001,815.00**

Authorized Provider Signature 

Date 2/19/2021

Contract Supervisor Signature Danielle L. Dansby

Date 3/2/2021

SEC - ver 10/07/20

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** **6/30/2021**

Original Contract Ceiling
$4,153,700.00

Contract Modifications	
Mod 1	$1,533,040.00
Mod 2	$37,500.00
Mod 3	$100,000.00
Mod 4	$2,177,575.00
Mod 5	$0.00
Mod 6	$0.00
Mod 7	$0.00
Mod 8	$0.00
Mod 9	$0.00
Mod 10	$0.00
	$3,848,115.00

Total Contract Ceiling
$8,001,815.00

Total Match Amount
$215,001.50

Amended Contract Ceiling *
$8,001,815.00

Payments by Month *	
2020 January	$602,648.00
2020 February	$469,248.00
2020 March	$475,498.00
2020 April	$475,498.00
2020 May	$475,498.00
2020 June	$475,501.00
2020 July	$480,610.00
2020 August	$478,944.00
2020 September	$478,953.00
2020 October	$488,005.00
2020 November	$488,005.00
2020 December	$488,015.00
2021 January	$354,226.00
2021 February	$354,226.00
2021 March	$354,226.00
2021 April	$354,226.00
2021 May	$354,226.00
2021 June	$354,262.00
Grand Total	**$8,001,815.00**

Payments by State Fiscal Year *	
2020 1610-062	$148,260.00
2020 1630-010	$287,148.00
2020 1630-044	$665,154.00
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 1630-013	$150,300.00
2020 1630-033	$136,368.00
2020 1630-032	$99,996.00
2020 1620-062	$69,322.00
2020 1630-083	$158,400.00
2021 1610-062	$296,515.00
2021 1630-010	$574,293.00
2021 1630-044	$665,164.00
2021 1630-024	$1,884,000.00
2021 1630-039	$284,804.00
2021 1630-040	$329,082.00
2021 1630-065	$1,666.00
2021 1630-086	$100,000.00
2021 1630-013	$362,124.00
2021 1630-033	$211,214.00
2021 1630-032	$200,004.00
2021 1620-062	$81,558.00
2021 1630-083	$37,500.00
Grand Total	**$8,001,815.00**

* 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 - ver 10/07/20

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**	6/30/2021

Type of Funding **Annualized**

1630-010 EARLY CHILDHOOD SEVICES - GIA

	Month	YY	Amount
	January	20	$47,858.00
Enter	February	20	$47,858.00
Mod #	March	20	$47,858.00
1 thru 10	April	20	$47,858.00
above.	May	20	$47,858.00
If new or	June	20	$47,858.00
renewal	July	20	$47,858.00
leave	August	20	$47,858.00
blank	September	20	$47,858.00
Match Required?	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 **1-Time Funding**

1630-044 MATERNAL INFANT & EARLY CHILD

1	Month	YY	Amount
	January	20	$20,000.00
Enter	February	20	$20,000.00
Mod #	March	20	$20,000.00
1 thru 10	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 **1-Time Funding**

1630-044 MATERNAL INFANT & EARLY CHILD

1	Month	YY	Amount
	January	20	$40,000.00
Enter	February	20	$40,000.00
Mod #	March	20	$40,000.00
1 thru 10	April	20	$40,000.00
above.	May	20	$40,000.00
If new or	June	20	$40,000.00
renewal	July	20	$40,000.00
leave	August	20	$40,000.00
blank	September	20	$40,000.00
Match Required?	October	20	$40,000.00
No	November	20	$40,000.00
	December	20	$40,000.00
0.0%		**Total**	**$480,000.00**

Type of Funding **Annualized**

1630-010 EARLY CHILDHOOD SEVICES - GIA

4	Month	YY	Amount
	January	21	$47,857.00
Enter	February	21	$47,857.00
Mod #	March	21	$47,857.00
1 thru 10	April	21	$47,857.00
above.	May	21	$47,857.00
If new or	June	21	$47,862.00
renewal			
leave			
blank			
Match Required?			
No			
0.0%		**Total**	**$287,147.00**

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

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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	$1,007,147.00
Total Component Ceiling	$1,581,441.00

Mod 1	$720,000.00	Mod 6	$0.00
Mod 2	$0.00	Mod 7	$0.00
Mod 3	$0.00	Mod 8	$0.00
Mod 4	$287,147.00	Mod 9	$0.00
Mod 5	$0.00	Mod 10	$0.00

NOTES:

Mod #1: CFDA #93.870, BFY 20 & 21, $240,000
Mod #1: CFDA #93.870, BFY 20 & 21, $480,000
Mod #4: Adding funding to extend the contract term through 6/30/21. Eff 1/1/21.

Component

2

Schedule of Estimated Claims

Third Party Contracts

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

SEC - ver 10/07/20

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**	6/30/2021

Type of Funding	**Annualized**		
1630-024 FAMILY SUPPORT SERVICES			
	Month	YY	Amount
	January	20	$20,000.00
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**	February	20	$20,000.00
	March	20	$20,000.00
	April	20	$20,000.00
	May	20	$20,000.00
	June	20	$20,000.00
	July	20	$20,000.00
	August	20	$20,000.00
Match Required?	September	20	$20,000.00
	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	**Annualized**		
1630-024 FAMILY SUPPORT SERVICES			
4	Month	YY	Amount
	January	21	$20,000.00
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**	February	21	$20,000.00
	March	21	$20,000.00
	April	21	$20,000.00
	May	21	$20,000.00
	June	21	$20,000.00
Match Required?			
No			
0.0%		**Total**	**$120,000.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 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 APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 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 APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 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 APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 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 APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 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 APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 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 APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 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	$120,000.00
Total Component Ceiling	$360,000.00

Mod 1	$0.00	Mod 6	$0.00
Mod 2	$0.00	Mod 7	$0.00
Mod 3	$0.00	Mod 8	$0.00
Mod 4	$120,000.00	Mod 9	$0.00
Mod 5	$0.00	Mod 10	$0.00

NOTES:

Mod #4: Adding funding to extend the contract term through 6/30/21. Eff 1/1/21.

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component

3

Schedule of Estimated Claims
Third Party Contracts

SEC - ver 10/07/20

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**	6/30/2021

Type of Funding **Annualized**

1630-024 FAMILY SUPPORT SERVICES

	Month	YY	Amount
	January	20	$20,000.00
Enter	February	20	$20,000.00
Mod #	March	20	$20,000.00
1 thru 10	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 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 **Annualized**

1630-024 FAMILY SUPPORT SERVICES

	Month	YY	Amount
4	January	21	$20,000.00
Enter	February	21	$20,000.00
Mod #	March	21	$20,000.00
1 thru 10	April	21	$20,000.00
above.	May	21	$20,000.00
If new or	June	21	$20,000.00
renewal			
leave blank			
Match			
Required?			
No			
0.0%		**Total**	**$120,000.00**

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

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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	$120,000.00
Total Component Ceiling	$360,000.00

Mod 1	$0.00	Mod 6	$0.00
Mod 2	$0.00	Mod 7	$0.00
Mod 3	$0.00	Mod 8	$0.00
Mod 4	$120,000.00	Mod 9	$0.00
Mod 5	$0.00	Mod 10	$0.00

NOTES:

Mod #4: Adding funding to extend the contract term through 6/30/21. Eff 1/1/21.

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component **4**

SEC - ver 10/07/20

Schedule of Estimated Claims
Third Party Contracts

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**	6/30/2021

Type of Funding: Annualized
1630-024 FAMILY SUPPORT SERVICES

Enter Mod # 1 thru 10 above. **If new or renewal leave blank**
Match Required? No — 0.0%

Month	YY	Amount
January	20	$20,000.00
February	20	$20,000.00
March	20	$20,000.00
April	20	$20,000.00
May	20	$20,000.00
June	20	$20,000.00
July	20	$20,000.00
August	20	$20,000.00
September	20	$20,000.00
October	20	$20,000.00
November	20	$20,000.00
December	20	$20,000.00
	Total	**$240,000.00**

Type of Funding: Annualized
1630-024 FAMILY SUPPORT SERVICES

Mod #: 4
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**
Match Required? No — 0.0%

Month	YY	Amount
January	21	$20,000.00
February	21	$20,000.00
March	21	$20,000.00
April	21	$20,000.00
May	21	$20,000.00
June	21	$20,000.00
	Total	**$120,000.00**

Type of Funding: (enter Type of Funding here from drop-down)
(enter Account with APU#/Funding Source from drop-down)

Enter Mod # 1 thru 10 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 APU#/Funding Source from drop-down)

Enter Mod # 1 thru 10 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 APU#/Funding Source from drop-down)

Enter Mod # 1 thru 10 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 APU#/Funding Source from drop-down)

Enter Mod # 1 thru 10 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 APU#/Funding Source from drop-down)

Enter Mod # 1 thru 10 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 APU#/Funding Source from drop-down)

Enter Mod # 1 thru 10 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 APU#/Funding Source from drop-down)

Enter Mod # 1 thru 10 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	$240,000.00
Modifications to Component Ceiling	$120,000.00
Total Component Ceiling	$360,000.00

Mod 1	$0.00	Mod 6	$0.00
Mod 2	$0.00	Mod 7	$0.00
Mod 3	$0.00	Mod 8	$0.00
Mod 4	$120,000.00	Mod 9	$0.00
Mod 5	$0.00	Mod 10	$0.00

NOTES:

Mod #4: Adding funding to extend the contract term through 6/30/21. Eff 1/1/21.

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component 5

SEC - ver 10/07/20

Schedule of Estimated Claims
Third Party Contracts

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

Division	DFCP	Contract No	20HWDP	Contract Start	1/1/2020	Contract End	6/30/2021

Type of Funding: **Annualized**

1630-039 TANF EARLY START KIDS NEEDS

Enter Mod # 1 thru 10 above. If new or renewal leave blank	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**

Match Required? No — 0.0%

Type of Funding: **Annualized**

1610-062 TITLE IV -

Enter Mod # 1 thru 10 above. If new or renewal leave blank	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**

Match Required? No — 0.0%

Type of Funding: **Annualized**

1630-040 TANF INITIATIVE FOR PARENTS

Enter Mod # 1 thru 10 above. If new or renewal leave blank	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**

Match Required? No — 0.0%

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

1630-044 MATERNAL INFANT & EARLY CHILD

1 / Enter Mod # 1 thru 10 above. If new or renewal leave blank	Month	YY	Amount
	January	20	$11,109.00
	February	20	$11,109.00
	March	20	$11,109.00
	April	20	$11,109.00
	May	20	$11,109.00
	June	20	$11,109.00
	July	20	$11,109.00
	August	20	$11,109.00
	September	20	$11,109.00
	October	20	$11,109.00
	November	20	$11,109.00
	December	20	$11,119.00
		Total	**$133,318.00**

Match Required? No — 0.0%

Type of Funding: **Annualized**

1630-039 TANF EARLY START KIDS NEEDS

4 / Enter Mod # 1 thru 10 above. If new or renewal leave blank	Month	YY	Amount
	January	21	$23,733.00
	February	21	$23,733.00
	March	21	$23,733.00
	April	21	$23,733.00
	May	21	$23,733.00
	June	21	$23,738.00
		Total	**$142,403.00**

Match Required? No — 0.0%

Type of Funding: **Annualized**

1610-062 TITLE IV -

4 / Enter Mod # 1 thru 10 above. If new or renewal leave blank	Month	YY	Amount
	January	21	$24,709.00
	February	21	$24,709.00
	March	21	$24,709.00
	April	21	$24,709.00
	May	21	$24,709.00
	June	21	$24,713.00
		Total	**$148,258.00**

Match Required? No — 0.0%

Type of Funding: **Annualized**

1630-040 TANF INITIATIVE FOR PARENTS

4 / Enter Mod # 1 thru 10 above. If new or renewal leave blank	Month	YY	Amount
	January	21	$27,423.00
	February	21	$27,423.00
	March	21	$27,423.00
	April	21	$27,423.00
	May	21	$27,423.00
	June	21	$27,425.00
		Total	**$164,540.00**

Match Required? No — 0.0%

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

(enter Account with APU#/Funding Source from drop-down)

Enter Mod # 1 thru 10 above. If new or renewal leave blank	Month	YY	Amount
		Total	**$0.00**

Match Required? (enter Yes/No) — 0.0%

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

(enter Account with APU#/Funding Source from drop-down)

Enter Mod # 1 thru 10 above. If new or renewal leave blank	Month	YY	Amount
		Total	**$0.00**

Match Required? (enter Yes/No) — 0.0%

Component Match Percentage	0.00%
Component Match Amount	$0.00
Original Component Ceiling	$910,402.00
Modifications to Component Ceiling	$588,519.00
Total Component Ceiling	$1,498,921.00

Mod 1	$133,318.00	Mod 6	$0.00
Mod 2	$0.00	Mod 7	$0.00
Mod 3	$0.00	Mod 8	$0.00
Mod 4	$455,201.00	Mod 9	$0.00
Mod 5	$0.00	Mod 10	$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
Mod #1: CFDA #93.870, BFY 20 & 21, $133,318 Mod #4: Adding funding to extend the contract term through 6/30/21. Eff 1/1/21. Rounded up to the nearest dollar in APU 1630-039 and rounded down in APU 1610-062 due to uneven numbers.

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component

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SEC - ver 10/07/20

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**	6/30/2021

Type of Funding **Annualized**

1630-024 FAMILY SUPPORT SERVICES

	Month	YY	Amount
	January	20	$41,667.00
Enter	February	20	$41,667.00
Mod #	March	20	$41,667.00
1 thru 10	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	August	20	$41,667.00
blank	September	20	$41,667.00
Match Required?	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 **Annualized**

1630-024 FAMILY SUPPORT SERVICES

	Month	YY	Amount
4	January	21	$41,666.00
Enter	February	21	$41,666.00
Mod #	March	21	$41,666.00
1 thru 10	April	21	$41,666.00
above.	May	21	$41,666.00
If new or	June	21	$41,670.00
renewal			
leave			
blank			
Match Required?			
No			
0.0%		**Total**	**$250,000.00**

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

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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	$250,000.00
Total Component Ceiling	$750,000.00

Mod 1	$0.00	Mod 6	$0.00
Mod 2	$0.00	Mod 7	$0.00
Mod 3	$0.00	Mod 8	$0.00
Mod 4	$250,000.00	Mod 9	$0.00
Mod 5	$0.00	Mod 10	$0.00

NOTES:

Mod #4: Adding funding to extend the contract term through 6/30/21. Eff 1/1/21.

Component
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Schedule of Estimated Claims
Third Party Contracts

SEC - ver 10/07/20

New Jersey Department of Children and Families

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	6/30/2021

Type of Funding Annualized
1630-024 FAMILY SUPPORT SERVICES

	Month	YY	Amount
	January	20	$27,000.00
Enter	February	20	$27,000.00
Mod #	March	20	$27,000.00
1 thru 10	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	August	20	$27,000.00
blank	September	20	$27,000.00
Match Required?	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 Annualized
1630-024 FAMILY SUPPORT SERVICES

	Month	YY	Amount
4	January	21	$27,000.00
Enter	February	21	$27,000.00
Mod #	March	21	$27,000.00
1 thru 10	April	21	$27,000.00
above.	May	21	$27,000.00
If new or	June	21	$27,000.00
renewal			
leave			
blank			
Match Required?			
No			
0.0%		Total	$162,000.00

Type of Funding (enter Type of Funding here from drop-down)
(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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	$162,000.00
Total Component Ceiling	$486,000.00

Mod 1	$0.00	Mod 6	$0.00
Mod 2	$0.00	Mod 7	$0.00
Mod 3	$0.00	Mod 8	$0.00
Mod 4	$162,000.00	Mod 9	$0.00
Mod 5	$0.00	Mod 10	$0.00

NOTES:
Mod #4: Adding funding to extend the contract term through 6/30/21. Eff 1/1/21.

New Jersey Department of Children and Families

Component **15**

SEC - ver 10/07/20

Schedule of Estimated Claims
Third Party Contracts

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**	6/30/2021

Type of Funding	**Annualized**		
1630-024 FAMILY SUPPORT SERVICES			
	Month	YY	Amount
	January	20	$25,000.00
Enter	February	20	$25,000.00
Mod #	March	20	$25,000.00
1 thru 10 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	September	20	$25,000.00
Required?	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	**Annualized**		
1630-024 FAMILY SUPPORT SERVICES			
	Month	YY	Amount
4	January	21	$25,000.00
Enter	February	21	$25,000.00
Mod #	March	21	$25,000.00
1 thru 10 above.	April	21	$25,000.00
If new or	May	21	$25,000.00
renewal	June	21	$25,000.00
leave			
blank			
Match			
Required?			
No			
0.0%		**Total**	**$150,000.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter			
Mod #			
1 thru 10 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 APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter			
Mod #			
1 thru 10 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 APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter			
Mod #			
1 thru 10 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 APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter			
Mod #			
1 thru 10 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 APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter			
Mod #			
1 thru 10 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 APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter			
Mod #			
1 thru 10 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 APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter			
Mod #			
1 thru 10 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	$150,000.00
Total Component Ceiling	$450,000.00

Mod 1	$0.00	Mod 6	$0.00
Mod 2	$0.00	Mod 7	$0.00
Mod 3	$0.00	Mod 8	$0.00
Mod 4	$150,000.00	Mod 9	$0.00
Mod 5	$0.00	Mod 10	$0.00

NOTES:

Mod #4: Adding funding to extend the contract term through 6/30/21. Eff 1/1/21.

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component 16

SEC - ver 10/07/20

Schedule of Estimated Claims
Third Party Contracts

Provider Name Acenda, Inc.

Component Name ECCS Impact Grant

Contract Administrator Madeleine Myles

Division	**Contract No**	**Contract Start**	**Contract End**
DFCP	20HWDP	1/1/2020	6/30/2021

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

1630-065 COMM BASED INTEGRATED SERV SYS

	Month	YY	Amount
	January	20	$1,667.00
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**	February	20	$1,667.00
	March	20	$1,667.00
	April	20	$1,667.00
	May	20	$1,667.00
	June	20	$1,666.00
	July	20	$1,666.00
	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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 10 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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 10 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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 10 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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 10 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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 10 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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 10 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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 10 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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 10 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 6	$0.00
Mod 2	$0.00	Mod 7	$0.00
Mod 3	$0.00	Mod 8	$0.00
Mod 4	$0.00	Mod 9	$0.00
Mod 5	$0.00	Mod 10	$0.00

NOTES:

CFDA #93.110, BFY 20, $11,667

Component
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Schedule of Estimated Claims
Third Party Contracts

SEC - ver 10/07/20

Provider Name Acenda, Inc.
Component Name Parents as Teachers (PAT)
Contract Administrator Madeleine Myles

Division	DFCP	Contract No	20HWDP	Contract Start	1/1/2020	Contract End	6/30/2021

Type of Funding	**1-Time Funding**		
1630-044 MATERNAL INFANT & EARLY CHILD			
1	Month	YY	Amount
	January	20	$29,750.00
Enter Mod #	February	20	$29,750.00
1 thru 10	March	20	$29,750.00
above.	April	20	$29,750.00
If new or	May	20	$29,750.00
renewal	June	20	$29,750.00
leave	July	20	$29,750.00
blank	August	20	$29,750.00
Match	September	20	$29,750.00
Required?	October	20	$29,750.00
No	November	20	$29,750.00
	December	20	$29,750.00
0.0%		**Total**	**$357,000.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
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	$0.00
Modifications to Component Ceiling	$357,000.00
Total Component Ceiling	$357,000.00

Mod 1	$357,000.00	Mod 6	$0.00
Mod 2	$0.00	Mod 7	$0.00
Mod 3	$0.00	Mod 8	$0.00
Mod 4	$0.00	Mod 9	$0.00
Mod 5	$0.00	Mod 10	$0.00

NOTES:

Mod #1: CFDA #93.870, BFY 20 & 21, $357,000

Component

19

Schedule of Estimated Claims

Third Party Contracts

SEC - ver 10/07/20

New Jersey Department of Children and Families

Provider Name Acenda, Inc.

Component Name Central Intake

Contract Administrator Madeleine Myles

Division	DFCP	**Contract No**	20HWDP	**Contract Start**	1/1/2020	**Contract End**	6/30/2021

Type of Funding **1-Time Funding**

1630-044 MATERNAL INFANT & EARLY CHILD

1	Month	YY	Amount
	January	20	$10,000.00
Enter Mod #	February	20	$10,000.00
1 thru 10	March	20	$10,000.00
above.	April	20	$10,000.00
If new or	May	20	$10,000.00
renewal	June	20	$10,000.00
leave	July	20	$10,000.00
blank	August	20	$10,000.00
Match	September	20	$10,000.00
Required?	October	20	$10,000.00
No	November	20	$10,000.00
	December	20	$10,000.00
0.0%		**Total**	**$120,000.00**

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

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter Mod #			
1 thru 10			
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	$0.00
Modifications to Component Ceiling	$120,000.00
Total Component Ceiling	$120,000.00

Mod 1	$120,000.00	Mod 6	$0.00
Mod 2	$0.00	Mod 7	$0.00
Mod 3	$0.00	Mod 8	$0.00
Mod 4	$0.00	Mod 9	$0.00
Mod 5	$0.00	Mod 10	$0.00

NOTES:

Mod #1: CFDA #93.870, BFY 20 & 21, $120,000

New Jersey Department of Children and Families

Component
22
Schedule of Estimated Claims
Third Party Contracts

SEC - ver 10/07/20

Provider Name Acenda, Inc.
Component Name County Councils for Young Children
Contract Administrator Madeleine Myles

Division	DFCP	**Contract No**	20HWDP	**Contract Start**	1/1/2020	**Contract End**	6/30/2021

Type of Funding: **Balance Forward**
1630-083 PRESCHOOL DEVELOP GRANT BIRTH-FIVE (93.434)

1	Month	YY	Amount
	January	20	$8,400.00
Enter	February	20	
Mod #	March	20	
1 thru 10	April	20	
above.	May	20	
If new or	June	20	
renewal	July	20	
leave	August	20	
blank	September	20	
Match Required?	October	20	
No	November	20	
	December	20	
0.0%		**Total**	**$8,400.00**

Type of Funding: **1-Time Funding**
1630-083 PRESCHOOL DEVELOP GRANT BIRTH-FIVE (93.434)

2	Month	YY	Amount
	January	20	
Enter	February	20	
Mod #	March	20	$6,250.00
1 thru 10	April	20	$6,250.00
above.	May	20	$6,250.00
If new or	June	20	$6,250.00
renewal	July	20	$6,250.00
leave	August	20	$6,250.00
blank	September	20	
Match Required?	October	20	
No	November	20	
	December	20	
0.0%		**Total**	**$37,500.00**

Type of Funding: **1-Time Funding**
1630-083 PRESCHOOL DEVELOP GRANT BIRTH-FIVE (93.434)

4	Month	YY	Amount
	January	20	
Enter	February	20	
Mod #	March	20	
1 thru 10	April	20	
above.	May	20	
If new or	June	20	
renewal	July	20	
leave	August	20	
blank	September	20	$6,250.00
Match Required?	October	20	$6,250.00
No	November	20	$6,250.00
	December	20	$6,250.00
0.0%		**Total**	**$25,000.00**

Type of Funding: **(enter Type of Funding here from drop-down)**
(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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	$0.00
Modifications to Component Ceiling	$70,900.00
Total Component Ceiling	$70,900.00

Mod 1	$8,400.00	Mod 6	$0.00
Mod 2	$37,500.00	Mod 7	$0.00
Mod 3	$0.00	Mod 8	$0.00
Mod 4	$25,000.00	Mod 9	$0.00
Mod 5	$0.00	Mod 10	$0.00

NOTES:

Mod #1: Adding $8,400 unspent one-time CCYC funding carried forward from 19HWDP to 20HWDP through 6/30/20. Eff 1/1/20.
Mod #2: Adding $37,500 one-time funding for CCYC from 3/1/20 to 8/31/20. Eff 3/1/20. Mod #4: Adding $25,000 one-time funding for CCYC from 9/1/20 to 12/31/20. Eff 9/1/20. CFDA #93.434, BFY 20 & 21, $25,000.

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component **24**

SEC - ver 10/07/20

Schedule of Estimated Claims
Third Party Contracts

Provider Name Acenda, Inc.
Component Name Central Intake (PDG B-5)
Contract Administrator Madeleine Myles

Division	DFCP	**Contract No**	20HWDP	**Contract Start**	1/1/2020	**Contract End**	6/30/2021

Type of Funding: **Balance Forward**

1630-083 PRESCHOOL DEVELOP GRANT BIRTH-FIVE (93.434)

1	Month	YY	Amount
	January	20	$125,000.00
Enter	February	20	
Mod #	March	20	
1 thru 10	April	20	
above.	May	20	
If new or	June	20	
renewal	July	20	
leave	August	20	
blank	September	20	
Match Required?	October	20	
No	November	20	
	December	20	
0.0%		**Total**	**$125,000.00**

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

1630-086 PRESCHOOL DEVELOPMENT GRANT

3	Month	YY	Amount
	January	20	
Enter	February	20	
Mod #	March	20	
1 thru 10	April	20	
above.	May	20	
If new or	June	20	
renewal	July	20	$16,666.00
leave	August	20	$16,666.00
blank	September	20	$16,666.00
Match Required?	October	20	$16,666.00
No	November	20	$16,666.00
	December	20	$16,670.00
0.0%		**Total**	**$100,000.00**

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

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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	$0.00
Modifications to Component Ceiling	$225,000.00
Total Component Ceiling	$225,000.00

Mod 1	$125,000.00	Mod 6	$0.00
Mod 2	$0.00	Mod 7	$0.00
Mod 3	$100,000.00	Mod 8	$0.00
Mod 4	$0.00	Mod 9	$0.00
Mod 5	$0.00	Mod 10	$0.00

NOTES:

Mod #1: Adding $125,000 unspent one-time Central Intake (PDG B-5) (Early Childhood Specialist) funding carried forward from 19HWDP to 20HWDP through 6/30/20. Eff 1/1/20.

Mod #3: Adding $100,000 one-time funding for Central Intake (PDG B-5) from 7/1/20 to 12/31/20. Eff 7/1/20. CFDA #93.434, BFY 20 & 21, $100,000.

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component **26**

Schedule of Estimated Claims

Third Party Contracts

SEC - ver 10/07/20

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**	6/30/2021

Type of Funding: **1-Time Funding** — **1630-013 SCHOOL B -ST AID GRTS**

	Month	YY	Amount
	January	20	$13,236.00
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**	February	20	$13,236.00
	March	20	$13,236.00
	April	20	$13,236.00
	May	20	$13,236.00
	June	20	$13,236.00
	July	20	$13,236.00
	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: **1-Time Funding** — **1630-033 SBYS**

	Month	YY	Amount
	January	20	$12,009.00
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**	February	20	$12,009.00
	March	20	$12,009.00
	April	20	$12,009.00
	May	20	$12,009.00
	June	20	$12,009.00
	July	20	$12,009.00
	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: **1-Time Funding** — **1630-013 SCHOOL B -ST AID GRTS**

4	Month	YY	Amount
	January	20	
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**	February	20	
	March	20	
	April	20	
	May	20	
	June	20	
	July	20	
	August	20	
Match Required?	September	20	
	October	20	-$13,236.00
Yes	November	20	-$13,236.00
	December	20	-$13,236.00
25.0%		**Total**	**-$39,708.00**

Type of Funding: **1-Time Funding** — **1630-033 SBYS**

4	Month	YY	Amount
	January	20	
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**	February	20	
	March	20	
	April	20	
	May	20	
	June	20	
	July	20	
	August	20	
Match Required?	September	20	
	October	20	-$12,009.00
Yes	November	20	-$12,009.00
	December	20	-$12,009.00
25.0%		**Total**	**-$36,027.00**

Type of Funding: **1-Time Funding** — **1630-013 SCHOOL B -ST AID GRTS**

4	Month	YY	Amount
	October	20	$15,127.00
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**	November	20	$15,127.00
	December	20	$15,127.00
	January	21	$15,127.00
	February	21	$15,127.00
	March	21	$15,127.00
	April	21	$15,127.00
	May	21	$15,127.00
Match Required?	June	21	$15,135.00
Yes			
25.0%		**Total**	**$136,151.00**

Type of Funding: **1-Time Funding** — **1630-033 SBYS**

4	Month	YY	Amount
	October	20	$10,117.00
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**	November	20	$10,117.00
	December	20	$10,117.00
	January	21	$10,117.00
	February	21	$10,117.00
	March	21	$10,117.00
	April	21	$10,117.00
	May	21	$10,117.00
Match Required?	June	21	$10,118.00
Yes			
25.0%		**Total**	**$91,054.00**

Type of Funding: **(enter Type of Funding here from drop-down)** — **(enter Account with APU#/Funding Source from drop-down)**

	Month	YY	Amount
Enter Mod # 1 thru 10 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 APU#/Funding Source from drop-down)**

	Month	YY	Amount
Enter Mod # 1 thru 10 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 APU#/Funding Source from drop-down)**

	Month	YY	Amount
Enter Mod # 1 thru 10 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	$113,602.75
Original Component Ceiling	$302,941.00
Modifications to Component Ceiling	$151,470.00
Total Component Ceiling	$454,411.00

Mod 1	$0.00	Mod 6	$0.00
Mod 2	$0.00	Mod 7	$0.00
Mod 3	$0.00	Mod 8	$0.00
Mod 4	$151,470.00	Mod 9	$0.00
Mod 5	$0.00	Mod 10	$0.00

NOTES:

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

Mod #4: Adding one-time funding to extend the contract term through 6/30/21. All of the funding in this component is one-time funding. Also changing the state vs federal APU/Funding Source breakdown effective 10/1/20.

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component **27**

SEC - ver 10/07/20

Schedule of Estimated Claims
Third Party Contracts

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**	6/30/2021

Type of Funding: 1-Time Funding — 1630-013 SCHOOL B -ST AID GRTS

	Month	YY	Amount
	January	20	$11,814.00
Enter	February	20	$11,814.00
Mod #	March	20	$11,814.00
1 thru 10	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	September	20	$11,814.00
Required?	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: 1-Time Funding — 1630-033 SBYS

	Month	YY	Amount
	January	20	$10,719.00
Enter	February	20	$10,719.00
Mod #	March	20	$10,719.00
1 thru 10	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	September	20	$10,719.00
Required?	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: 1-Time Funding — 1630-013 SCHOOL B -ST AID GRTS

	Month	YY	Amount
4	January	20	
Enter	February	20	
Mod #	March	20	
1 thru 10	April	20	
above.	May	20	
If new or	June	20	
renewal	July	20	
leave blank	August	20	
Match	September	20	
Required?	October	20	-$11,814.00
Yes	November	20	-$11,814.00
	December	20	-$11,814.00
25.0%		**Total**	**-$35,442.00**

Type of Funding: 1-Time Funding — 1630-033 SBYS

	Month	YY	Amount
4	January	20	
Enter	February	20	
Mod #	March	20	
1 thru 10	April	20	
above.	May	20	
If new or	June	20	
renewal	July	20	
leave blank	August	20	
Match	September	20	
Required?	October	20	-$10,719.00
Yes	November	20	-$10,719.00
	December	20	-$10,719.00
25.0%		**Total**	**-$32,157.00**

Type of Funding: 1-Time Funding — 1630-013 SCHOOL B -ST AID GRTS

	Month	YY	Amount
4	October	20	$16,758.00
Enter	November	20	$16,758.00
Mod #	December	20	$16,758.00
1 thru 10	January	21	$16,758.00
above.	February	21	$16,758.00
If new or	March	21	$16,758.00
renewal	April	21	$16,758.00
leave blank	May	21	$16,758.00
Match	June	21	$16,759.00
Required?			
Yes			
25.0%		**Total**	**$150,823.00**

Type of Funding: 1-Time Funding — 1630-033 SBYS

	Month	YY	Amount
4	October	20	$5,775.00
Enter	November	20	$5,775.00
Mod #	December	20	$5,775.00
1 thru 10	January	21	$5,775.00
above.	February	21	$5,775.00
If new or	March	21	$5,775.00
renewal	April	21	$5,775.00
leave blank	May	21	$5,775.00
Match	June	21	$5,775.00
Required?			
Yes			
25.0%		**Total**	**$51,975.00**

Type of Funding: (enter Type of Funding here from drop-down) — (enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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	$101,398.75
Original Component Ceiling	$270,396.00
Modifications to Component Ceiling	$135,199.00
Total Component Ceiling	$405,595.00

Mod 1	$0.00	Mod 6	$0.00
Mod 2	$0.00	Mod 7	$0.00
Mod 3	$0.00	Mod 8	$0.00
Mod 4	$135,199.00	Mod 9	$0.00
Mod 5	$0.00	Mod 10	$0.00

NOTES:

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

Mod #4: Adding one-time funding to extend the contract term through 6/30/21. All of the funding in this component is one-time funding. Also changing the state vs federal APU/Funding Source breakdown effective 10/1/20.

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component **28**

Schedule of Estimated Claims
Third Party Contracts

SEC - ver 10/07/20

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**	6/30/2021

Type of Funding **Annualized**

1630-032 COMMBASE -

	Month	YY	Amount
	January	20	$16,666.00
Enter	February	20	$16,666.00
Mod # 1 thru 10	March	20	$16,666.00
above.	April	20	$16,666.00
If new or	May	20	$16,666.00
renewal	June	20	$16,666.00
leave	July	20	$16,666.00
blank	August	20	$16,666.00
Match	September	20	$16,674.00
Required?	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 FAMILY SUPPORT SERVICES

	Month	YY	Amount
	January	20	$3,333.00
Enter	February	20	$3,333.00
Mod # 1 thru 10	March	20	$3,333.00
above.	April	20	$3,333.00
If new or	May	20	$3,333.00
renewal	June	20	$3,333.00
leave	July	20	$3,333.00
blank	August	20	$3,333.00
Match	September	20	$3,333.00
Required?	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 **Annualized**

1630-032 COMMBASE -

	Month	YY	Amount
4	January	21	$16,666.00
Enter	February	21	$16,666.00
Mod # 1 thru 10	March	21	$16,666.00
above.	April	21	$16,666.00
If new or	May	21	$16,666.00
renewal	June	21	$16,670.00
leave			
blank			
Match			
Required?			
No			
0.0%		**Total**	**$100,000.00**

Type of Funding **Annualized**

1630-024 FAMILY SUPPORT SERVICES

	Month	YY	Amount
4	January	21	$3,333.00
Enter	February	21	$3,333.00
Mod # 1 thru 10	March	21	$3,333.00
above.	April	21	$3,333.00
If new or	May	21	$3,333.00
renewal	June	21	$3,335.00
leave			
blank			
Match			
Required?			
No			
0.0%		**Total**	**$20,000.00**

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

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod # 1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod # 1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod # 1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod # 1 thru 10			
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 APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod # 1 thru 10			
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	$120,000.00
Total Component Ceiling	$360,000.00

Mod 1	$0.00	Mod 6	$0.00
Mod 2	$0.00	Mod 7	$0.00
Mod 3	$0.00	Mod 8	$0.00
Mod 4	$120,000.00	Mod 9	$0.00
Mod 5	$0.00	Mod 10	$0.00

NOTES:

CFDA #93.590, BFY 20 & 21, $200,000 Mod
#4: Adding funding to extend the contract term through 6/30/21. Eff 1/1/21.

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component **29**

SEC - ver 10/07/20

Schedule of Estimated Claims
Third Party Contracts

Provider Name Acenda, Inc.
Component Name NFP Legislative Grant
Contract Administrator Madeleine Myles

Division	DFCP	**Contract No**	20HWDP	**Contract Start**	1/1/2020	**Contract End**	6/30/2021

Type of Funding	**1-Time Funding**		
	1620-062 NURSE FP -ST AID GRTS		
1	Month	YY	Amount
	January	20	$11,553.00
Enter	February	20	$11,553.00
Mod #	March	20	$11,553.00
1 thru 10	April	20	$11,553.00
above.	May	20	$11,553.00
If new or	June	20	$11,557.00
renewal	July	20	
leave blank	August	20	
Match	September	20	
Required?	October	20	
No	November	20	
	December	20	
0.0%		Total	$69,322.00

Type of Funding	**1-Time Funding**		
	1620-062 NURSE FP -ST AID GRTS		
4	Month	YY	Amount
	January	20	
Enter	February	20	
Mod #	March	20	
1 thru 10	April	20	
above.	May	20	
If new or	June	20	
renewal	July	20	
leave blank	August	20	
Match	September	20	
Required?	October	20	$9,062.00
No	November	20	$9,062.00
	December	20	$9,062.00
0.0%		Total	$27,186.00

Type of Funding	**1-Time Funding**		
	1620-062 NURSE FP -ST AID GRTS		
4	Month	YY	Amount
	January	21	$9,062.00
Enter	February	21	$9,062.00
Mod #	March	21	$9,062.00
1 thru 10	April	21	$9,062.00
above.	May	21	$9,062.00
If new or	June	21	$9,062.00
renewal			
leave blank			
Match			
Required?			
No			
0.0%		Total	$54,372.00

Type of Funding	**(enter Type of Funding here from drop-down)**		
	(enter Account with APU#/Funding Source from drop-down)		
	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)		
	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)		
	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)		
	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)		
	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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 APU#/Funding Source from drop-down)		
	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
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	$0.00
Modifications to Component Ceiling	$150,880.00
Total Component Ceiling	$150,880.00

Mod 1	$69,322.00	Mod 6	$0.00
Mod 2	$0.00	Mod 7	$0.00
Mod 3	$0.00	Mod 8	$0.00
Mod 4	$81,558.00	Mod 9	$0.00
Mod 5	$0.00	Mod 10	$0.00

NOTES:

Mod #1: Legislative Grants In Aid/NFP, one-time funding, APU: 1620-062. Funding period is 1/1/20 - 6/30/20. Mod #4: Adding $81,558 one-time funding for NFP Legislative Aid for funding period 10/1/20 - 6/30/21, APU: 1620-062. $27,186 will be added to this contract for funding period 10/1/20 - 12/31/20. $54,372 will be added to this contract for funding period 1/1/21 - 6/30/21. Also extending the contract term through 6/30/21.