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 **SF0050**
Dates **7/1/2023** **to** **6/30/2024**

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
1630-024 FAMILY SUPPORT SERVICES	$346,680.00
Grand Total	**$346,680.00**

Authorized Provider Signature

Date 11/17/2023

DCF Contract Supervisor Signature Danielle L. Dansby

Date 12/13/2023

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 **SF0050**
Dates **7/1/2023** **to** **6/30/2024**

Original Contract Ceiling
$346,680.00

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
Mod 9	$0.00
Mod 10	$0.00
	$0.00

Total Contract Ceiling
$346,680.00

Total Match Amount
$0.00

Amended Contract Ceiling *
$346,680.00

Payments by Month *		
2023	July	$28,890.00
2023	August	$28,890.00
2023	September	$28,890.00
2023	October	$28,890.00
2023	November	$28,890.00
2023	December	$28,890.00
2024	January	$28,890.00
2024	February	$28,890.00
2024	March	$28,890.00
2024	April	$28,890.00
2024	May	$28,890.00
2024	June	$28,890.00
Grand Total		**$346,680.00**

Payments by State Fiscal Year *		
2024	1630-024	$346,680.00
Grand Total		**$346,680.00**

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

Component

1

Schedule of Estimated Claims

Third Party Contracts

SEC - ver 06/13/23

New Jersey Department of Children and Families

Provider Name Acenda, Inc.

Component Name Family Success Center (FSC) Ocean County

Contract Administrator Madeleine Myles

Division	DFCP	**Contract No**	SF0050	**Contract Start**	7/1/2023	**Contract End**	6/30/2024

Type of Funding **Annualized**

1630-024 FAMILY SUPPORT SERVICES

	Month	YY	Amount
	July	23	$27,000.00
Enter	August	23	$27,000.00
Mod #	September	23	$27,000.00
1 thru 10	October	23	$27,000.00
above.	November	23	$27,000.00
If new or	December	23	$27,000.00
renewal	January	24	$27,000.00
leave blank	February	24	$27,000.00
Match	March	24	$27,000.00
Required?	April	24	$27,000.00
No	May	24	$27,000.00
	June	24	$27,000.00
0.0%		**Total**	**$324,000.00**

Type of Funding **Annualized**

1630-024 FAMILY SUPPORT SERVICES

	Month	YY	Amount
	July	23	$1,890.00
Enter	August	23	$1,890.00
Mod #	September	23	$1,890.00
1 thru 10	October	23	$1,890.00
above.	November	23	$1,890.00
If new or	December	23	$1,890.00
renewal	January	24	$1,890.00
leave blank	February	24	$1,890.00
Match	March	24	$1,890.00
Required?	April	24	$1,890.00
No	May	24	$1,890.00
	June	24	$1,890.00
0.0%		**Total**	**$22,680.00**

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 CFDA 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 CFDA 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 CFDA 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	$346,680.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$346,680.00

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:

Formerly 23ZRHP Ocean County Family Success Center component #1

7% COLA $22680