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 **25SF0050**
Dates **7/1/2024** to **6/30/2025**

Contract Characteristics

Reporting Requirements

- [ ] None
- [ ] Monthly
- [x] Quarterly
- [ ] Other

Advance Payments

- [x] None
- [ ] Monthly

Type of Contract

- [x] Cost Related
- [ ] Non-Cost Related

Reimbursement Type

- [ ] Periodic Reported Expenditures
- [x] 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 9/25/2024

DCF Contract Supervisor Signature Danielle L. Dansby

Date 12/10/2024

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 **25SF0050**
Dates **7/1/2024** **to** **6/30/2025**

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 *		
2024	July	$28,890.00
2024	August	$28,890.00
2024	September	$28,890.00
2024	October	$28,890.00
2024	November	$28,890.00
2024	December	$28,890.00
2025	January	$28,890.00
2025	February	$28,890.00
2025	March	$28,890.00
2025	April	$28,890.00
2025	May	$28,890.00
2025	June	$28,890.00
Grand Total		**$346,680.00**

Payments by State Fiscal Year *		
2025	1630-024	$346,680.00
Grand Total		**$346,680.00**

* 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

Provider Name Acenda, Inc.
Component Name Family Success Center (FSC) Ocean County
Contract Administrator Madeleine Myles

Division	DFCP	**Contract No**	25SF0050	**Contract Start**	7/1/2024	**Contract End**	6/30/2025

Type of Funding: **Annualized**

1630-024 FAMILY SUPPORT SERVICES

	Month	YY	Amount
	July	24	$28,890.00
Enter	August	24	$28,890.00
Mod #	September	24	$28,890.00
1 thru 10	October	24	$28,890.00
above.	November	24	$28,890.00
If new or	December	24	$28,890.00
renewal	January	25	$28,890.00
leave blank	February	25	$28,890.00
Match	March	25	$28,890.00
Required?	April	25	$28,890.00
No	May	25	$28,890.00
	June	25	$28,890.00
0.0%		**Total**	**$346,680.00**

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 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:

Previously SF0050.
Funding includes the SFY24 COLA.