STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES **P1.10**
CONTRACT MODIFICATION FORM **ATTCH A**

Provider Agency Name **Acenda, Inc.** Modification # **1**
Fiscal-Year-End **December 31** Contract Term **7/1/22** thru **6/30/23**
Contract # **23HWDP** Cognizant Contract: Yes ☐ No ☐
Division(s) affected by the Modification **Division of Family and Community Partnerships**
• Date of most recently approved Contract Modification **NA**
• Requested effective date for this Contract Modification **7/1/22**
Check applicable area(s) to be modified:

1. ☒ Changes to the Reimbursable Ceiling: from $ **3,319,168** to **$ 5,851,727** .
2. ☐ Increase in Total Cost: from _____ to _____.
3. ☐ Change in the Contract Term: currently *from* _____ to _____ *to the revised term* _____ to _____.
4. ☐ Change exceeding the Flexible Limits.
5. ☐ Transfer of budgeted cost across DCF Contract or Clusters.
6. ☐ Transfer of Federal and/or other revenue across DCF Contracts or Clusters.
7. ☐ Change to the method of allocating G&A, the indirect cost rate and/or its application.
8. ☐ Addition or deletion of an entire Budget category (A through M individually).
9. ☐ Addition of Line Items within Budget Category (B) Consultants and Professional Services.
10. ☐ Equipment not in approved budget above $5, 000 per item.
11. ☐ Change in payment methodology.
12. ☐ Change in the payment rate (s).
13. ☐ Change in target population.
14. ☐ Change in contracted performance standards.
15. ☐ Change in contracted level of service.
16. ☐ Change in contracted staff/client ratios.
17. ☐ Change of Subcontractors providing direct services or change to subcontracted direct services.
18. ☒ Other:

Please attach an explanation

This form, its attachments and/or revised section(s) of the programmatic Annex and/or the revised itemized Annex B budget or Rate Information Summary, constitute this entire Contract Modification. The persons whose signatures appear below agree to this Contract Modification.

BY: _____ (Signature) BY: _____ (Signature)

Anthony DiFabio, Psy. D (type name) **Juanita Byrd** (type name)

Title **President & CEO** Title **Business Manager/SBO**

Provider Agency: **Acenda, Inc.** Departmental Component: **DCF**

Date: 9/20/2022 Date: 09/27/2022

DATE EFFECTIVE **7/1/22**
(To be completed by the Department)

Modification # 1

CONTRACT MODIFICATION P1.10 ATTACHMENT A

Agency Name:	**Acenda, Inc.**
Contract Number:	**23HWDP**
Program Name:	**(1) Riverview Family Success Center (Comp 4)** **(2) Family Success Centers (Glassboro Comp 2, Winslow Comp 3, Riverview Comp 4, Oceanside 1 & 2 Comp 12, Ocean Comp 14, Pennsville Comp 15, Shore Comp 28)** **(3) School Linked Services (Lower Cape May Regional HS SBYSP (Comp 26) & Cape May Co Technical HS SBYSP (Comp 27))** **(4) Lower Cape May Regional HS SBYSP (Comp 26) & Cape May Co Technical HS SBYSP (Comp 27)** **(5) Healthy Families/TIP (Comp 5)** **(6) MIECHV-Home Visiting (NFP(Comp 1), HF(Comp 5), CI(Comp 19), PAT(Comp 18))**
Funding Amount:	**(1) $10,000 (Riverview Family Success Center)** **(2) $9,800 per FSC (added to each of the 8 Family Success Centers)** **(3) $302,941 (Lower Cape May Regional HS SBYSP)** **$270,396 (Cape May Co Technical HS SBYSP)** **(4) $50,385 (Lower Cape May Regional HS SBYSP)** **$29,715 (Cape May Co Technical HS SBYSP)** **(5) $213,597 & $246,807 to 23HWDP(Healthy Families/TIP) – see below for more details** **(6) $1,330,318 (MIECHV)**
Effective Date:	**(1) 7/1/22 (Riverview Family Success Center)** **(2) 7/1/22 (Family Success Centers)** **(3) 7/1/22 (Lower Cape May Regional HS SBYSP & Cape May Co Technical HS SBYSP)** **(4) 7/1/22 (Lower Cape May Regional HS SBYSP & Cape May Co Technical HS SBYSP)** **(5) 10/1/22 (Healthy Families/TIP)** **(6) 7/1/22 (MIECHV)**
APU:	**(1) 1630-032 (Riverview Family Success Center)** **(2) 1630-032 (Family Success Centers)** **(3) 1630-033 & 1630-013 (Lower Cape May Regional HS SBYSP & Cape May Co Technical HS SBYSP)** **(4) 1630-013 (Lower Cape May Regional HS SBYSP & Cape May Co Technical HS SBYSP)** **(5) 1630-039 & 1630-040 (Healthy Families/TIP)** **(6) 1630-044 (MIECHV)**

Reason for Modification:

1. **Adding one-time $10,000 funding to the Riverview Family Success Center (Component 4) to utilize the CBCAP/Child Abuse Prevention dollars to coordinate an advisory council training for the FSC network. The funding period is 7/1/22 to 9/30/22. There is no match required. APU: 1630-032, CFDA #93.590, SFY23/BFY22. Effective 7/1/22.**

2. **Also adding one-time $9,800 additional CBCAP funding per Family Success Center to each of the 8 FSCs (Components 2, 3, 4, 12, 14, 15, 28) for a total of $78,400 additional funding being added. The funding period is 7/1/22 to 9/30/22. This funding must be encumbered by 9/30 and expended by 12/30. See SEC for new component ceilings. There is no match required. APU: 1630-032, CFDA #93.590, FY22. Effective 7/1/22.**

3. **Adding one-time funding for School Linked Services to Lower Cape May Regional HS SBYSP in the amount of $302,941 and to Cape May Co Technical HS SBYSP in the amount of $270,396. The funding period is 7/1/22 to 6/30/23. A 25% match is required, as 25% of funded amount support program operations and are provided through any community based organization, private, or public entity in the form of cash or inkind donations. APU: 1630-033, CFDA #93.558-TANF, BFY22/BFY23. APU: 1630-013, Non-CFDA, BFY23. Effective 7/1/22.**

4. **The Office of Family Support Services has provided agencies with approval to continue spending down the 18% balances awarded to them in SFY22 into their SFY23 contracts. This approval is due to the various delays associated with expended all resources during the SFY22 contract term. This agency is carrying forward $50,385 of Lower Cape May Regional HS SBYSP funding and $29,715 of Cape May Co Technical HS SBYSP funding from contract 22HWDP to contract 23HWDP. The Funds should be used to execute any approved plans from FY22 narratives that School Linked Services Programs were unable to implement, purchase and/or launch during FY22. These funds are from: 1630-013 (Non CFDA) School B-St. Aid Grts - SFY22 "One Time Funding." See SEC for new component ceilings. Effective 7/1/22.**

5. **Adding $284,805 one-time APU: 1630-039, CFDA #93.558, BFY23 (TANF Kids Needs/Early Start Kids Needs) funding to the HF/TIP Component #5 effective 10/1/22 – 9/30/23. Of the $284,805 total amount, $213,597 will be added to contract 23HWDP effective 10/1/22 – 6/30/23. The remaining $71,208 will be added to contract 24HWDP effective 7/1/23 – 9/30/23. Also adding $329,080 one-time APU: 1630-040, CFDA #93.558, BFY23 (TANF TIP/Initiative For Parents) funding to the HF/TIP Component #5 effective 10/1/22 – 9/30/23. Of the $329,080 total amount, $246,807 will be added to contract 23HWDP effective 10/1/22 – 6/30/23. The remaining $82,273 will be added to contract 24HWDP effective 7/1/23 – 9/30/23. There is no match required. See SEC for new component ceiling.**

6. **Adding one-time MIECHV-Home Visiting funding in the amount of $1,330,318 for funding period 7/1/22 to 6/30/23 for Components #1, 5, 18 and 19. The funding breakdown is as follows:**

• **NFP Tri-County**	**$240,000**
• **NFP Atlantic/Cape May**	**$480,000**
• **HF-TIP Tri-County**	**$133,318**
• **Central Intake Tri-County**	**$120,000**
• **PAT Gloucester**	**$162,000**
• **PAT Salem**	**+$195,000**
	$1,330,318

See SEC for new component ceilings and monthly breakdown of the funding as the funding is split differently between the 7/1/22 to 10/31/22 funding period and the 11/1/22 to 6/30/23 funding period. APU: 1630-044, CFDA #93.870. There is no match required. Effective 7/1/22.

The total contract reimbursable ceiling will change in this contract's modification from $3,319,168 to $5,851,727.