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 **23HWDP**
Dates **7/1/2022** **to** **6/30/2023**

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 -	$296,517.00
1630-010 EARLY CHILDHOOD SEVICES - GIA	$574,294.00
1630-013 SCHOOL B -ST AID GRTS	$442,224.00
1630-024 FAMILY SUPPORT SERVICES	$1,884,000.00
1630-032 COMMBASE -	$288,400.00
1630-033 SBYS	$211,213.00
1630-039 TANF EARLY START KIDS NEEDS	$281,547.00
1630-040 TANF INITIATIVE FOR PARENTS	$332,327.00
1630-044 MATERNAL INFANT & EARLY CHILD	$1,330,318.00
1630-086 PRESCHOOL DEVELOPMENT GRANT	$137,500.00
1630-098 COVID ARP Home Visiting (93.870)	$73,387.00
Grand Total	**$5,851,727.00**

Authorized Provider Signature

Date 9/19/22

Contract Supervisor Signature Danielle L Dansby

Date 9/28/2022

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 **23HWDP**
Dates **7/1/2022** **to** **6/30/2023**

Original Contract Ceiling
$3,319,168.00

Contract Modifications	
Mod 1	$2,532,559.00
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
	$2,532,559.00

Total Contract Ceiling
$5,851,727.00

Total Match Amount
$143,334.25

Amended Contract Ceiling *
$5,851,727.00

Payments by Month *		
2022	July	$685,359.00
2022	August	$531,872.00
2022	September	$531,889.00
2022	October	$495,575.00
2022	November	$468,061.00
2022	December	$468,065.00
2023	January	$445,145.00
2023	February	$445,145.00
2023	March	$445,153.00
2023	April	$445,145.00
2023	May	$445,145.00
2023	June	$445,173.00
Grand Total		**$5,851,727.00**

Payments by State Fiscal Year *		
2023	1610-062	$296,517.00
2023	1630-010	$574,294.00
2023	1630-044	$1,330,318.00
2023	1630-024	$1,884,000.00
2023	1630-039	$281,547.00
2023	1630-040	$332,327.00
2023	1630-086	$137,500.00
2023	1630-013	$442,224.00
2023	1630-033	$211,213.00
2023	1630-032	$288,400.00
2023	1630-098	$73,387.00
Grand Total		**$5,851,727.00**

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

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component

1

SEC - ver 10/07/20

Schedule of Estimated Claims
Third Party Contracts

Provider Name Acenda, Inc.

Component Name Nurse Family Partnership

Contract Administrator Madeleine Myles

Division	DFCP	**Contract No**	23HWDP	**Contract Start**	7/1/2022	**Contract End**	6/30/2023

Type of Funding **Annualized**

1630-010 EARLY CHILDHOOD SEVICES - GIA

	Month	YY	Amount
	July	22	$47,858.00
Enter	August	22	$47,858.00
Mod #	September	22	$47,858.00
1 thru 10	October	22	$47,858.00
above.	November	22	$47,858.00
If new or	December	22	$47,858.00
renewal	January	23	$47,858.00
leave	February	23	$47,858.00
blank Match	March	23	$47,858.00
Required?	April	23	$47,858.00
No	May	23	$47,858.00
	June	23	$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
	July	22	$23,750.00
Enter	August	22	$23,750.00
Mod #	September	22	$23,750.00
1 thru 10	October	22	$23,750.00
above.	November	22	$18,125.00
If new or	December	22	$18,125.00
renewal	January	23	$18,125.00
leave	February	23	$18,125.00
blank Match	March	23	$18,125.00
Required?	April	23	$18,125.00
No	May	23	$18,125.00
	June	23	$18,125.00
0.0%		**Total**	**$240,000.00**

Type of Funding **1-Time Funding**

1630-044 MATERNAL INFANT & EARLY CHILD

1	Month	YY	Amount
	July	22	$45,054.00
Enter	August	22	$45,054.00
Mod #	September	22	$45,054.00
1 thru 10	October	22	$45,056.00
above.	November	22	$37,472.00
If new or	December	22	$37,472.00
renewal	January	23	$37,472.00
leave	February	23	$37,472.00
blank Match	March	23	$37,472.00
Required?	April	23	$37,472.00
No	May	23	$37,472.00
	June	23	$37,478.00
0.0%		**Total**	**$480,000.00**

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	$574,294.00
Modifications to Component Ceiling	$720,000.00
Total Component Ceiling	$1,294,294.00

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	$0.00	Mod 9	$0.00
Mod 5	$0.00	Mod 10	$0.00

NOTES:

Mod #1: Adding $240,000 & $480,000 one-time MIECHV funding for funding period 7/1/22 to 6/30/23. APU: 1630-044, CFDA #93.870.

New Jersey Department of Children and Families

Component

2

Schedule of Estimated Claims

Third Party Contracts

SEC - ver 10/07/20

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

Division	**Contract No**	**Contract Start**	**Contract End**
DFCP	23HWDP	7/1/2022	6/30/2023

Type of Funding: **Annualized**

1630-024 FAMILY SUPPORT SERVICES

	Month	YY	Amount
	July	22	$20,000.00
Enter	August	22	$20,000.00
Mod #	September	22	$20,000.00
1 thru 10	October	22	$20,000.00
above.	November	22	$20,000.00
If new or	December	22	$20,000.00
renewal	January	23	$20,000.00
leave blank	February	23	$20,000.00
Match	March	23	$20,000.00
Required?	April	23	$20,000.00
No	May	23	$20,000.00
	June	23	$20,000.00
0.0%		**Total**	**$240,000.00**

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

1630-032 COMMBASE -

	Month	YY	Amount
1	July	22	$3,266.00
Enter	August	22	$3,266.00
Mod #	September	22	$3,268.00
1 thru 10			
above.			
If new or			
renewal			
leave blank			
Match			
Required?			
No			
0.0%		**Total**	**$9,800.00**

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	$9,800.00
Total Component Ceiling	$249,800.00

Mod 1	$9,800.00	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: Adding one-time $9,800 additional CBCAP funding per Family Success Center to each of the 8 FSCs. The funding period is 7/1/22 to 9/30/22. This funding must be encumbered by 9/30 and expended by 12/30. There is no match required. APU: 1630-032, CFDA #93.590, FY22.

Component

3

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 Winslow Family Success Center

Contract Administrator Madeleine Myles

Division	DFCP	**Contract No**	23HWDP	**Contract Start**	7/1/2022	**Contract End**	6/30/2023

Type of Funding **Annualized**

1630-024 FAMILY SUPPORT SERVICES

	Month	YY	Amount
	July	22	$20,000.00
Enter	August	22	$20,000.00
Mod #	September	22	$20,000.00
1 thru 10	October	22	$20,000.00
above.	November	22	$20,000.00
If new or	December	22	$20,000.00
renewal	January	23	$20,000.00
leave blank	February	23	$20,000.00
Match	March	23	$20,000.00
Required?	April	23	$20,000.00
No	May	23	$20,000.00
	June	23	$20,000.00
0.0%		**Total**	**$240,000.00**

Type of Funding **1-Time Funding**

1630-032 COMMBASE -

	Month	YY	Amount
1	July	22	$3,266.00
Enter	August	22	$3,266.00
Mod #	September	22	$3,268.00
1 thru 10			
above.			
If new or			
renewal			
leave blank			
Match			
Required?			
No			
0.0%		**Total**	**$9,800.00**

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	$9,800.00
Total Component Ceiling	$249,800.00

Mod 1	$9,800.00	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: Adding one-time $9,800 additional CBCAP funding per Family Success Center to each of the 8 FSCs. The funding period is 7/1/22 to 9/30/22. This funding must be encumbered by 9/30 and expended by 12/30. There is no match required. APU: 1630-032, CFDA #93.590, FY22.

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	Contract No	Contract Start	Contract End
DFCP	23HWDP	7/1/2022	6/30/2023

Type of Funding: Annualized — **1630-024 FAMILY SUPPORT SERVICES**

	Month	YY	Amount
	July	22	$20,000.00
Enter	August	22	$20,000.00
Mod #	September	22	$20,000.00
1 thru 10	October	22	$20,000.00
above.	November	22	$20,000.00
If new or	December	22	$20,000.00
renewal	January	23	$20,000.00
leave blank	February	23	$20,000.00
Match	March	23	$20,000.00
Required?	April	23	$20,000.00
No	May	23	$20,000.00
	June	23	$20,000.00
0.0%		Total	$240,000.00

Type of Funding: 1-Time Funding — **1630-032 COMMBASE -**

	Month	YY	Amount
1	July	22	$3,333.00
Enter Mod #	August	22	$3,333.00
1 thru 10 above.	September	22	$3,334.00
If new or renewal leave blank			
Match Required? No			
0.0%		Total	$10,000.00

Type of Funding: 1-Time Funding — **1630-032 COMMBASE -**

	Month	YY	Amount
1	July	22	$3,266.00
Enter Mod #	August	22	$3,266.00
1 thru 10 above.	September	22	$3,268.00
If new or renewal leave blank			
Match Required? No			
0.0%		Total	$9,800.00

(Six further blocks, each:) **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	$19,800.00
Total Component Ceiling	$259,800.00

Mod 1	$19,800.00	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: Adding one-time $10,000 funding to the Riverview FSC (Comp 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.
Also adding one-time $9,800 additional CBCAP funding per Family Success Center to each of the 8 FSCs. The funding period is 7/1/22 to 9/30/22. This funding must be encumbered by 9/30 and expended by 12/30. There is no match required. APU: 1630-032, CFDA #93.590, FY22.

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	23HWDP	Contract Start	7/1/2022	Contract End	6/30/2023

Type of Funding **1-Time Funding**

1630-039 TANF EARLY START KIDS NEEDS

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

	Month	YY	Amount
	July	22	$22,650.00
	August	22	$22,650.00
	September	22	$22,650.00
0.0%	**Total**		**$67,950.00**

Type of Funding **Annualized**

1610-062 TITLE IV -

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

	Month	YY	Amount
	July	22	$24,710.00
	August	22	$24,710.00
	September	22	$24,710.00
	October	22	$24,710.00
	November	22	$24,710.00
	December	22	$24,710.00
	January	23	$24,710.00
	February	23	$24,710.00
	March	23	$24,710.00
	April	23	$24,710.00
	May	23	$24,710.00
	June	23	$24,707.00
0.0%	**Total**		**$296,517.00**

Type of Funding **1-Time Funding**

1630-040 TANF INITIATIVE FOR PARENTS

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

	Month	YY	Amount
	July	22	$28,506.00
	August	22	$28,506.00
	September	22	$28,508.00
0.0%	**Total**		**$85,520.00**

Type of Funding **1-Time Funding**

1630-039 TANF EARLY START KIDS NEEDS

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

1	Month	YY	Amount
	July	22	
	August	22	
	September	22	
	October	22	$23,733.00
	November	22	$23,733.00
	December	22	$23,733.00
	January	23	$23,733.00
	February	23	$23,733.00
	March	23	$23,733.00
	April	23	$23,733.00
	May	23	$23,733.00
	June	23	$23,733.00
0.0%	**Total**		**$213,597.00**

Type of Funding **1-Time Funding**

1630-040 TANF INITIATIVE FOR PARENTS

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

1	Month	YY	Amount
	July	22	
	August	22	
	September	22	
	October	22	$27,423.00
	November	22	$27,423.00
	December	22	$27,423.00
	January	23	$27,423.00
	February	23	$27,423.00
	March	23	$27,423.00
	April	23	$27,423.00
	May	23	$27,423.00
	June	23	$27,423.00
0.0%	**Total**		**$246,807.00**

Type of Funding **1-Time Funding**

1630-044 MATERNAL INFANT & EARLY CHILD

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

1	Month	YY	Amount
	July	22	$13,193.00
	August	22	$13,193.00
	September	22	$13,193.00
	October	22	$13,193.00
	November	22	$10,068.00
	December	22	$10,068.00
	January	23	$10,068.00
	February	23	$10,068.00
	March	23	$10,068.00
	April	23	$10,068.00
	May	23	$10,068.00
	June	23	$10,070.00
0.0%	**Total**		**$133,318.00**

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)

	Month	YY	Amount
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)

Enter Mod # 1 thru 10 above. **If new or renewal leave blank**
Match Required? (enter Yes/No)

	Month	YY	Amount
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)

Enter Mod # 1 thru 10 above. **If new or renewal leave blank**
Match Required? (enter Yes/No)

	Month	YY	Amount
0.0%	**Total**		**$0.00**

Component Match Percentage	0.00%
Component Match Amount	$0.00
Original Component Ceiling	$449,987.00
Modifications to Component Ceiling	$593,722.00
Total Component Ceiling	$1,043,709.00

Mod 1	$593,722.00	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 #93.556, BFY 22 & 23, $296,517.
Renewal includes one-time APU 1630-039 TANF funding in the amount of $67,950 effective 7/1/22 to 9/30/22. CFDA #93.558, BFY 22, $67,950. And one-time APU 1630-040 TANF funding in the amount of $85,520 effective 7/1/22 to 9/30/22. CFDA #93.558, BFY 22, $85,520.
Mod #1: Adding $213,597 one-time APU: 1630-039, CFDA #93.558, BFY23 (TANF Kids Needs/Early Start Kids Needs) funding and $246,807 one-time APU: 1630-040, CFDA #93.558, BFY23 (TANF TIP/Initiative For Parents) funding effective 10/1/22 – 6/30/23.
Also adding $133,318 one-time MIECHV funding for funding period 7/1/22 to 6/30/23. APU: 1630-044, CFDA #93.870.

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**	23HWDP	**Contract Start**	7/1/2022	**Contract End**	6/30/2023

Type of Funding: **Annualized**

1630-024 FAMILY SUPPORT SERVICES

	Month	YY	Amount
	July	22	$41,667.00
Enter	August	22	$41,667.00
Mod #	September	22	$41,667.00
1 thru 10	October	22	$41,667.00
above.	November	22	$41,667.00
If new or	December	22	$41,667.00
renewal	January	23	$41,667.00
leave blank	February	23	$41,667.00
Match	March	23	$41,667.00
Required?	April	23	$41,667.00
No	May	23	$41,667.00
	June	23	$41,663.00
0.0%		**Total**	**$500,000.00**

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

1630-032 COMMBASE -

1	Month	YY	Amount
	July	22	$6,533.00
Enter	August	22	$6,533.00
Mod #	September	22	$6,534.00
1 thru 10			
above.			
If new or			
renewal			
leave blank			
Match			
Required?			
No			
0.0%		**Total**	**$19,600.00**

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	$19,600.00
Total Component Ceiling	$519,600.00

Mod 1	$19,600.00	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: Adding one-time $9,800 additional CBCAP funding per Family Success Center to each of the 8 FSCs. The funding period is 7/1/22 to 9/30/22. This funding must be encumbered by 9/30 and expended by 12/30. There is no match required. APU: 1630-032, CFDA #93.590, FY22.

New Jersey Department of Children and Families

Component

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Schedule of Estimated Claims

Third Party Contracts

SEC - ver 10/07/20

Provider Name Acenda, Inc.

Component Name Ocean County Family Success Center

Contract Administrator Madeleine Myles

Division	DFCP	**Contract No**	23HWDP	**Contract Start**	7/1/2022	**Contract End**	6/30/2023

Type of Funding **Annualized**

1630-024 FAMILY SUPPORT SERVICES

	Month	YY	Amount
	July	22	$27,000.00
Enter	August	22	$27,000.00
Mod #	September	22	$27,000.00
1 thru 10	October	22	$27,000.00
above.	November	22	$27,000.00
If new or	December	22	$27,000.00
renewal	January	23	$27,000.00
leave blank	February	23	$27,000.00
Match	March	23	$27,000.00
Required?	April	23	$27,000.00
No	May	23	$27,000.00
	June	23	$27,000.00
0.0%		**Total**	**$324,000.00**

Type of Funding **1-Time Funding**

1630-032 COMMBASE -

1	Month	YY	Amount
	July	22	$3,266.00
Enter	August	22	$3,266.00
Mod #	September	22	$3,268.00
1 thru 10			
above.			
If new or			
renewal			
leave blank			
Match			
Required?			
No			
0.0%		**Total**	**$9,800.00**

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	$9,800.00
Total Component Ceiling	$333,800.00

Mod 1	$9,800.00	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: Adding one-time $9,800 additional CBCAP funding per Family Success Center to each of the 8 FSCs. The funding period is 7/1/22 to 9/30/22. This funding must be encumbered by 9/30 and expended by 12/30. There is no match required. APU: 1630-032, CFDA #93.590, FY22.

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	Contract No	Contract Start	Contract End
DFCP	23HWDP	7/1/2022	6/30/2023

Type of Funding: Annualized
1630-024 FAMILY SUPPORT SERVICES

	Month	YY	Amount
	July	22	$25,000.00
Enter Mod # 1 thru 10 above. If new or renewal leave blank	August	22	$25,000.00
	September	22	$25,000.00
	October	22	$25,000.00
	November	22	$25,000.00
	December	22	$25,000.00
	January	23	$25,000.00
	February	23	$25,000.00
Match Required?	March	23	$25,000.00
	April	23	$25,000.00
No	May	23	$25,000.00
	June	23	$25,000.00
0.0%		Total	$300,000.00

Type of Funding: 1-Time Funding
1630-032 COMMBASE -

	Month	YY	Amount
1	July	22	$3,266.00
Enter Mod # 1 thru 10 above. If new or renewal leave blank	August	22	$3,266.00
	September	22	$3,268.00
Match Required? No			
0.0%		Total	$9,800.00

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	$9,800.00
Total Component Ceiling	$309,800.00

Mod 1	$9,800.00	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: Adding one-time $9,800 additional CBCAP funding per Family Success Center to each of the 8 FSCs. The funding period is 7/1/22 to 9/30/22. This funding must be encumbered by 9/30 and expended by 12/30. There is no match required. APU: 1630-032, CFDA #93.590, FY22.

Component

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SEC - ver 10/07/20

Schedule of Estimated Claims
Third Party Contracts

Provider Name Acenda, Inc.

Component Name Parents as Teachers (PAT) **Contract Administrator** Madeleine Myles

Division	DFCP	**Contract No**	23HWDP	**Contract Start**	7/1/2022	**Contract End**	6/30/2023

Type of Funding **1-Time Funding**

1630-044 MATERNAL INFANT & EARLY CHILD

1	Month	YY	Amount
	July	22	$35,328.00
Enter Mod #	August	22	$35,328.00
1 thru 10	September	22	$35,328.00
above.	October	22	$35,328.00
If new or	November	22	$26,961.00
renewal	December	22	$26,961.00
leave	January	23	$26,961.00
blank	February	23	$26,961.00
Match Required?	March	23	$26,961.00
	April	23	$26,961.00
No	May	23	$26,961.00
	June	23	$26,961.00
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: Adding $357,000 one-time MIECHV funding for funding period 7/1/22 to 6/30/23. APU: 1630-044, CFDA #93.870.

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component **19**

Schedule of Estimated Claims
Third Party Contracts

SEC - ver 10/07/20

Provider Name Acenda, Inc.
Component Name Central Intake
Contract Administrator Madeleine Myles

Division	DFCP	**Contract No**	23HWDP	**Contract Start**	7/1/2022	**Contract End**	6/30/2023

Type of Funding: **1-Time Funding**
1630-044 MATERNAL INFANT & EARLY CHILD

1	Month	YY	Amount
	July	22	$11,875.00
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**	August	22	$11,875.00
	September	22	$11,875.00
	October	22	$11,875.00
	November	22	$9,062.00
	December	22	$9,062.00
	January	23	$9,062.00
	February	23	$9,062.00
Match Required?	March	23	$9,062.00
	April	23	$9,062.00
No	May	23	$9,066.00
	June	23	$9,066.00
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: Adding $120,000 one-time MIECHV funding for funding period 7/1/22 to 6/30/23. APU: 1630-044, CFDA #93.870.

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**	23HWDP	**Contract Start**	7/1/2022	**Contract End**	6/30/2023

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

1630-086 PRESCHOOL DEVELOPMENT GRANT

	Month	YY	Amount
	July	22	$6,250.00
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**	August	22	$6,250.00
	September	22	$6,250.00
	October	22	$6,250.00
	November	22	$6,250.00
	December	22	$6,250.00
Match Required? No			
0.0%		**Total**	**$37,500.00**

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	$37,500.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$37,500.00

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:

Renewal includes $37,500 one-time funding for CCYC from 7/1/22 to 12/31/22. CFDA #93.434, SFY22, $37,500.

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component **24**

Schedule of Estimated Claims
Third Party Contracts

SEC - ver 10/07/20

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

Division	DFCP	**Contract No**	23HWDP	**Contract Start**	7/1/2022	**Contract End**	6/30/2023

Type of Funding: **1-Time Funding**
1630-086 PRESCHOOL DEVELOPMENT GRANT

	Month	YY	Amount
	July	22	$16,666.00
Enter Mod #	August	22	$16,666.00
1 thru 10	September	22	$16,666.00
above.	October	22	$16,666.00
If new or	November	22	$16,666.00
renewal	December	22	$16,670.00
leave			
blank			
Match Required?			
No			
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**

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	$100,000.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$100,000.00

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	$0.00	Mod 9	$0.00
Mod 5	$0.00	Mod 10	$0.00

NOTES:
Renewal includes $100,000 one-time funding for Central Intake (PDG B-5) from 7/1/22-12/31/22. CFDA #93.434, SFY 22, $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	Contract No	Contract Start	Contract End
DFCP	23HWDP	7/1/2022	6/30/2023

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

Mod #: 1 (Enter Mod # 1 thru 10 above. If new or renewal leave blank). Match Required? Yes — 25.0%

Month	YY	Amount
July	22	$14,654.00
August	22	$14,654.00
September	22	$14,654.00
October	22	$14,654.00
November	22	$14,654.00
December	22	$14,654.00
January	23	$14,654.00
February	23	$14,654.00
March	23	$14,654.00
April	23	$14,654.00
May	23	$14,654.00
June	23	$14,665.00
	Total	$175,859.00

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

Mod #: 1 (Enter Mod # 1 thru 10 above. If new or renewal leave blank). Match Required? Yes — 25.0%

Month	YY	Amount
July	22	$12,009.00
August	22	$12,009.00
September	22	$12,010.00
October	22	$10,117.00
November	22	$10,117.00
December	22	$10,117.00
January	23	$10,117.00
February	23	$10,117.00
March	23	$10,117.00
April	23	$10,117.00
May	23	$10,117.00
June	23	$10,118.00
	Total	$127,082.00

Type of Funding: Balance Forward — 1630-013 SCHOOL B -ST AID GRTS

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

Month	YY	Amount
July	22	$50,385.00
August	22	
September	22	
October	22	
November	22	
December	22	
January	23	
February	23	
March	23	
April	23	
May	23	
June	23	
	Total	$50,385.00

Type of Funding (enter Type of Funding here from drop-down) — (enter Account with APU#/Funding Source from drop-down) (six blank blocks, each:)

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	21.43%
Component Match Amount	$75,735.25
Original Component Ceiling	$0.00
Modifications to Component Ceiling	$353,326.00
Total Component Ceiling	$353,326.00

Mod 1	$353,326.00	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: Adding one-time funding for School Linked Services to Lower Cape May Regional HS SBYSP in the amount of $302,941. The funding period is 7/1/22 to 6/30/23. A 25% match is required. APU: 1630-033, CFDA #93.558-TANF, BFY22/BFY23. APU: 1630-013, Non-CFDA, BFY23. Effective 7/1/22.

Agency is also carrying forward $50,385 of Lower Cape May Regional HS SBYSP funding from contract 22HWDP to contract 23HWDP. These funds are from: 1630-013 (Non CFDA) School B-St. Aid Grts - SFY22 "One Time Funding."

New Jersey Department of Children and Families

Component **27**

Schedule of Estimated Claims
Third Party Contracts

SEC - ver 10/07/20

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

Division	DFCP	Contract No	23HWDP	Contract Start	7/1/2022	Contract End	6/30/2023

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

1	Month	YY	Amount
	July	22	$15,522.00
Enter	August	22	$15,522.00
Mod #	September	22	$15,522.00
1 thru 10	October	22	$15,522.00
above.	November	22	$15,522.00
If new or	December	22	$15,522.00
renewal	January	23	$15,522.00
leave blank	February	23	$15,522.00
Match	March	23	$15,522.00
Required?	April	23	$15,522.00
Yes	May	23	$15,522.00
	June	23	$15,523.00
25.0%		**Total**	**$186,265.00**

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

1	Month	YY	Amount
	July	22	$10,719.00
Enter	August	22	$10,719.00
Mod #	September	22	$10,719.00
1 thru 10	October	22	$5,774.00
above.	November	22	$5,774.00
If new or	December	22	$5,774.00
renewal	January	23	$5,774.00
leave blank	February	23	$5,774.00
Match	March	23	$5,774.00
Required?	April	23	$5,774.00
Yes	May	23	$5,774.00
	June	23	$5,782.00
25.0%		**Total**	**$84,131.00**

Type of Funding: Balance Forward
1630-013 SCHOOL B -ST AID GRTS

1	Month	YY	Amount
	July	22	$29,715.00
Enter	August	22	
Mod #	September	22	
1 thru 10	October	22	
above.	November	22	
If new or	December	22	
renewal	January	23	
leave blank	February	23	
Match	March	23	
Required?	April	23	
No	May	23	
	June	23	
0.0%		**Total**	**$29,715.00**

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	22.52%
Component Match Amount	$67,599.00
Original Component Ceiling	$0.00
Modifications to Component Ceiling	$300,111.00
Total Component Ceiling	$300,111.00

Mod 1	$300,111.00	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: Adding one-time funding for School Linked Services 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. APU: 1630-033, CFDA #93.558-TANF, BFY22/BFY23. APU: 1630-013, Non-CFDA, BFY23. Effective 7/1/22.

Agency is also carrying forward $29,715 of Cape May Co Technical HS SBYSP funding from contract 22HWDP to contract 23HWDP. These funds are from: 1630-013 (Non CFDA) School B-St. Aid Grts - SFY22 "One Time Funding."

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**	23HWDP	**Contract Start**	7/1/2022	**Contract End**	6/30/2023

Type of Funding: Annualized

1630-032 COMMBASE -

	Month	YY	Amount
	July	22	$16,666.00
Enter	August	22	$16,666.00
Mod #	September	22	$16,666.00
1 thru 10	October	22	$16,666.00
above.	November	22	$16,666.00
If new or	December	22	$16,666.00
renewal	January	23	$16,666.00
leave blank	February	23	$16,666.00
Match	March	23	$16,674.00
Required?	April	23	$16,666.00
No	May	23	$16,666.00
	June	23	$16,666.00
0.0%		**Total**	**$200,000.00**

Type of Funding: Annualized

1630-024 FAMILY SUPPORT SERVICES

	Month	YY	Amount
	July	22	$3,333.00
Enter	August	22	$3,333.00
Mod #	September	22	$3,333.00
1 thru 10	October	22	$3,333.00
above.	November	22	$3,333.00
If new or	December	22	$3,333.00
renewal	January	23	$3,333.00
leave blank	February	23	$3,333.00
Match	March	23	$3,333.00
Required?	April	23	$3,333.00
No	May	23	$3,333.00
	June	23	$3,337.00
0.0%		**Total**	**$40,000.00**

Type of Funding: 1-Time Funding

1630-032 COMMBASE -

1	Month	YY	Amount
	July	22	$3,266.00
Enter	August	22	$3,266.00
Mod #	September	22	$3,268.00
1 thru 10			
above.			
If new or			
renewal			
leave blank			
Match			
Required?			
No			
0.0%		**Total**	**$9,800.00**

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	$9,800.00
Total Component Ceiling	$249,800.00

Mod 1	$9,800.00	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 #93.590, BFY 22 & 23, $200,000

Mod #1: Adding one-time $9,800 additional CBCAP funding per Family Success Center to each of the 8 FSCs. The funding period is 7/1/22 to 9/30/22. This funding must be encumbered by 9/30 and expended by 12/30. There is no match required. APU: 1630-032, CFDA #93.590, FY22.

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component

30

Schedule of Estimated Claims
Third Party Contracts

SEC - ver 10/07/20

Provider Name Acenda, Inc.

Component Name COVID ARP-Home Visiting

Contract Administrator Madeleine Myles

Division	DFCP	**Contract No**	23HWDP	**Contract Start**	7/1/2022	**Contract End**	6/30/2023

Type of Funding	**1-Time Funding**		
1630-098 COVID ARP Home Visiting (93.870)			
	Month	YY	Amount
	July	22	$73,387.00
Enter	August	22	
Mod #	September	22	
1 thru 10	October	22	
above.	November	22	
If new or	December	22	
renewal	January	23	
leave	February	23	
blank	March	23	
Match Required?	April	23	
No	May	23	
	June	23	
0.0%		**Total**	**$73,387.00**

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	$73,387.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$73,387.00

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:

Renewal includes $73,387 COVID ARP-Home Visiting one-time, lump sum, APU: 1630-098, CFDA #93.870 funding effective 7/1/22-6/30/23. The component ceiling for 23HWDP is $73,387.