

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
ANNEX B-2: CONTRACT INFORMATION SUMMARY

Provider Agency: Passaic County
 Contract#: SH27016
 Federal I.D. #: 226002466 48
 Duns Number 063148811
 SAMS Entity ID: NYYJMEV218E5
 Contract Term: 7/1/2026-6/30/2027

Date
5/19/2026

SECTION I: CONTRACT FUNDING BY SERVICE CLUSTER

SERVICE CLUSTER	STATE MAX FUNDING	TANF FEDERAL MAX FUNDING	INTENSIVE CASE MANAGEMENT	TS FUNDING	CODE BLUE FUNDING	TOTAL BY SERVICE CLUSTER
Food	\$0	\$0	\$0	\$0	\$0	\$0
Shelter - includes Emergency Shelter, Hotel/Motel, Domestic Violence (DV)	\$502,200	\$116,000	\$0	\$0	\$0	\$618,200
Case Management	\$104,000	\$0	\$0	\$0	\$0	\$104,000
Prevention:- includes Rent, Mortgage, Utilities, Security Deposit	\$150,000	\$82,800	\$0	\$0	\$0	\$232,800
Code Blue	\$0	\$0	\$0	\$0	\$215,000	\$215,000
ICM - Case Manager (Salary/Fringe/ICR)	\$0	\$0	\$170,000	\$0	\$0	\$170,000
ICM Prevention: Rent, Security Deposit, etc.	\$0	\$0	\$25,000	\$0	\$0	\$25,000
Transportation	\$0	\$0	\$0	\$361,530	\$0	\$361,530
TOTALS BY SERVICE	\$756,200	\$198,800	\$195,000	\$361,530	\$215,000	\$1,726,530
Administration	\$75,100	\$19,900	\$0	\$43,384	\$0	\$138,384
TOTAL AWARD	\$831,300	\$218,700	\$195,000	\$404,914	\$215,000	\$1,864,914

ALL FUNDING IS SUBJECT TO THE CONDITIONS IN SECTIONS II AND III

SECTION II: CONTRACT STIPULATIONS

- A. The service capacity of the Provider is _____ for the term of this Contract. (Check here if not applicable:)
- B. The Provider Agency shall submit to the Department a () monthly, quarterly, () semi-annual, () annual report, certifying to the actual program expenditures, consistent with the Provider's approved budget set forth in this document. This report is due **30 days** after the end of the reporting period. (Check if periodic reporting is not applicable: ___)
- C. The Provider Agency shall submit to the Department a () monthly, quarterly, () semi-annual, () annual report certifying to the actual units of service delivered during the reporting period. This report is due **30 days** after the end of the reporting period. (Check if periodic level of service reporting is not applicable: ___)
- D. Other: (Specify reporting requirements if B and C above are not applicable.)

SECTION III: GENERAL

- A. **Limitations:** The funding sources in this Annex are subject to statutory or administrative limitations. Expenditures for Shelter and Hotel/Motel must adhere to approved rates per DFDI.
- B. **Within 30 days** of the end of the Quarter, the Provider shall submit the documents listed below to dfdcontracts@dhs.state.nj.us. **Please note that these documents should be for the quarterly reporting period only and not cumulative.**
- HMIS "SSH - Level of Service Report,"** by funding source (SSH and SSH-TANF), with the exception of Domestic Violence, Hotline, and Food.. Each HMIS Report must be approved and signed by the designated Provider Agency's program staff.
 - Paper Level of Service (LOS) Report** for Domestic Violence, Hotline, and Food, by funding source (SSH-STATE and SSH-TANF). Each Paper LOS Report must be approved and signed by the designated Provider Agency's program staff.
 - NJ Payment Voucher**

The terms and conditions of this Contract Summary have been read and understood by the Provider Agency's designee, whose signature appears below. The Provider Agency agrees to comply with all terms and conditions, as set forth on this page.

Provider Agency Authorized Signatory

Title

Date