# OFFICE OF EDUCATION PO Box 710 TRENTON, NEW JERSEY 08625-0710 (609) 588-3164

April 8, 2014

Jean Grubb Asst. School Business Administrator Black Horse Pike Regional District Administrative Office 580 Erial Road Blackwood, NJ 08012

Dear Ms. Grubb:

Enclosed for your review and signature is the 2013-14 Contract for Educational Services provided to Department of Children and Families, Office of Education students.

Please read the contract thoroughly, <u>make 2 copies of the pages that</u> require signatures, sign, date and return both copies of only the signature pages to:

Department of Children and Families Office of Education PO Box 710 Trenton, New Jersey 08625-0710

Should you have any questions, please call Dawn Legenza at 609-588-6747.

Sincerely,

Tracy S. Nowlin
Director
Office of Education

Enclosure sk c Dawn Legenza

### STATE OF NEW JERSEY

### DEPARTMENT OF CHILDREN AND FAMILIES

#### ANNEX B-2: CONTRACT RATE INFORMATION SUMMARY

PROVIDER: Black Horse Pike Regional	DATE: April 8, 2014
CONTRACT #: 14HTDE	THIS ANNEX B-2 SUPERSEDES THE
FFDFPAT. T D #• 21-600-6123	ANNEX B-2 DATED:

# SECTION I: RATES (THESE RATES ARE SUBJECT TO THE CONDITIONS IN SECTIONS II AND III BELOW.)

PROGRAM/SERVICE	UNIT OF SERVICE	RATE PER SERVICE UNIT	TYPE OF RATE	EFFECTIVE PERIOD FROM TO
Reg. Ed. 9-12	School Days	\$83.04 per diem	Provisional	9/9/13 - 6/30/14
SLD	School Days	\$113.49 per diem	Provisional	9/9/13 - 6/30/14
Transportation	School Days	\$15.22 per diem	Provisional	9/9/13 - 6/30/14
Transportation	Monthly	\$1,243.68 monthly	Provisional	9/9/13 - 6/30/14
Hampton Academy	School Days	\$310.17 per diem	Provisional	9/9/13 - 6/30/14

#### SECTION II: CONTRACT STIPULATIONS

- A. THE SERVICE CAPACITY OF THE PROVIDER AGENCY IS \_\_\_\_\_FOR THE TERM OF THIS CONTRACT. (CHECK HERE IF NOT APPLICABLE: X .)
- 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 THE CONTRACT BUDGET. THIS REPORT IS DUE \_\_\_\_ DAYS AFTER THE END OF THE REPORTING PERIOD. (CHECK HERE IF PERIODIC EXPENDITURE REPORTING IS NOT APPLICABLE: X .)
- 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 \_\_\_\_\_ DAYS AFTER THE END OF THE REPORTING PERIOD. (CHECK HERE IF PERIODIC LEVEL OF SERVICE REPORTING IS NOT APPLICABLE X .)
- D. OTHER: At the end of each month, the provider agency shall submit a State of New Jersey payment voucher and provider agency invoice for the number of possible days the state responsible student(s) could have attended. Final payment voucher(s) for the contract period shall be post-marked within 15 calendar days of the last day of the contract period.

#### SECTION III: GENERAL

- A. LIMITATIONS: USE OF THE RATE(S) CONTAINED IN THIS ANNEX IS SUBJECT TO ANY STATUTORY OR ADMINISTRATIVE LIMITATIONS. ACCEPTANCE OF THE RATE(S) AGREED TO HEREIN IS PREDICATED ON THE CONDITION THAT NO INFORMATION FURNISHED BY THE PROVIDER AGENCY AND USED IN THE ESTABLISHMENT OF THE RATE(S) AS APPLICABLE IS FOUND TO BE MATERIALLY INCOMPLETE OR INACCURATE. IN ADDITION, IF THE RATE(S) AGREED TO HEREIN WAS/WERE CALCULATED BASED ON COSTS CONTAINED IN THE CONTRACT BUDGET (ANNEX B), ACCEPTANCE OF THE RATE(S) IS PREDICATED ON THE CONDITIONS THAT: (1) NO COSTS OTHER THAN PROVIDER AGENCY COSTS WERE INCLUDED IN THE ANNEX B AS FINALLY ACCEPTED; (2) ALL COSTS REFLECTED IN THE CONTRACT'S REIMBURSABLE CELLING ARE ALLOWABLE UNDER THE GOVERNING COST PRINCIPLES; AND (3) SIMILAR TYPES OF COSTS WERE ACCORDED CONSISTENT ACCOUNTING TREATMENT.
- B. TYPES OF RATES:
  - 1. PROVISIONAL: A PROVISIONAL RATE IS A TEMPORARY OR INTERIM RATE AND IS SUBJECT TO ADJUSTMENT ON THE BASIS OF A FINAL RATE CALCULATED WHEN ACTUAL COSTS ARE REPORTED.
  - 2. FIXED: A FIXED RATE IS A PERMANENT RATE, NOT SUBJECT TO ADJUSTMENT, WHICH IS AGREED TO FOR A SPECIFIED FUTURE PERIOD, USUALLY ONE YEAR.
- C. NOTIFICATION OF STATE AGENCIES: COPIES OF THIS DOCUMENT MAY BE FURNISHED TO OTHER STATE AGENCIES AS A MEANS OF NOTIFYING THEM OF THE INFORMATION IT CONTAINS.
- D. SPECIAL REMARKS:
  - 1. IF THE OFFICE OF EDUCATION IS NOT NOTIFIED BY TELEPHONE OR FAX ON THE FIFTH CONSECUTIVE DAY OF A STUDENT'S ABSENCE FROM THE EDUCATION PROGRAM, THE OFFICE OF EDUCATION WILL NOT BE LIABLE FOR TUITION PAYMENTS BEYOND THE STUDENT'S LAST DAY OF ATTENDANCE.
  - 2. THE OFFICE OF EDUCATION WILL NOT BE LIABLE FOR TUITION PAYMENTS BEYOND A STUDENT'S RESIDENTIAL DISCHARGE DATE.

# STATE OF NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES OFFICE OF EDUCATION

# ANNEX A

## EDUCATIONAL SERVICES

PROVIDER	AGENCY: Black	Horse Pike 1	Reg. DAI	e: April	8, 2014	
ADDRESS:	District Adm	in. Office _	FED	ERAL I.D.	#: <u>21-600-61</u> 2	23
	580 Erial Ro	oad	TEL	EPHONE #:(	856)227-4106	
	Blackwood, 1	NJ 08012	CON	TRACT #:	14HTDE	
CONTRACT	TERM: Septem	ber 9, 2013	to	June 3	0, 2014	
Service Educati New Jer appropr	sey Departments on Act and/or sey Department iate educations such	who are e who are de nt of Educat onal program	ligible termined tion shall in accor	under the to be Sta l be provedance wit	ne State F te responsib vided an app th pertinent	acilities le by the roved and statutes
commenc enrolle	nool year sh ing on <u>Sept.</u> d and discha ducational tu	9, 2013 and rged during	concluding the school	ng o <del>n Jun</del>	e 30, 2014.	Students
	eayment vouch 15 calendar o					
	ssey State Fa				Responsible	eligible
T.B. I.H.	L.M. J.W.	T.B. M.J.	M.M. S.W.	Т.Н.	М.Q.	
	(signature)		=		(signature)	
Jean Gr	ubb			Tracy S. I	Nowlin	
	(type name)		-		(type name)	
<u>Asst. S</u>	chool Bus. Ad (title)	dministrator	<u> </u>	Director	(title)	
	(date)		-		(date)	

# STATE OF NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

#### AGREEMENT SIGNATURES AND DATES

The terms of this Agreement have been read and understood by the persons whose signatures appear below. The parties agree to comply with the terms and conditions of the Agreement as written in Sections I through VIII, the attached Addendum and Guidelines, and any related Annex (es).

BY:	BY:
(Signature)	(Signature)
Jean Grubb	Tracy S. Nowlin
(type name)	(type name)
TITLE: Asst. School Business Admin.	TITLE: Director
PROVIDER AGENCY: Black Horse Pike Regional	DEPARTMENTAL COMPONENT: Office of Education
DATE:	DATE:
	Agreement Begins: 9/9/13
	Agreement Ends: 6/30/14
	Agreement Number: 14HTDE