

#13

COMPLETE

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Page 3: External Organization Profile

Q1 County: Middlesex

Q2 Contact Information: Enter N/A if not applicable.

Name of Organization:	NCADD of Middlesex County, Inc. (D/B/A Wellspring Center for Prevention)
Contact Person:	Ezra Helfand
Title:	Executive Director/CEO
Address 1:	620 Cranbury Road
Address 2:	Suite 105
City:	East Brunswick
Zip:	08816
Phone Number:	732-254-3344
Fax:	732-254-4224
Email Address:	ezra.helfand@wellspringprevention.org
Website:	www.wellspringprevention.org

ESSA External Organization Online Profile

Q3 By checking each of the boxes below, you are certifying that all information contained within them is accurate.*Please note that the NJDOE will verify good standing status using the debarred vendor list when the Profile is submitted and periodically thereafter.

I certify this is a nonprofit organization in good standing with the State of New Jersey and not included on any state or federal debarred vendor list.

I understand that my Profile is considered incomplete without proof of nonprofit status, as specified on Page 2 of this online Profile. I acknowledge that the documentation must be uploaded in the section at the end of this online Profile by the established due date.

I certify that this organization, and all agents, employees, and staff members within this organization, will comply with all laws and regulations governing the confidentiality of student records including, but not limited to the Family Educational Rights and Privacy Act, 20 U.S.C. §1232g, 34 C.F.R. Part 99, and N.J.A.C. 6A:32-7.1, et seq.

Q4 1. Please select your organization's years of experience in operating or delivering services to out-of-school time (OST) programs and activities:

16 years or more

Q5 2. Please list the professional organization (e.g., National Afterschool Association, Professional Impact of New Jersey, New Jersey School Age Child Care Coalition, etc.) of which any of your staff are members, if applicable.

National Association of Social Workers
Middlesex County CIACC
Monmouth County CIACC
Middlesex County CASS

Q6 3. Please indicate the total number of staff in your organization.

16

Q7 4. Please indicate the number of staff members with experience in out-of-school time programs.

6

Q8 5. Please select the demographic area where your organization has experience (check all that apply).

Urban,
Suburban

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Q9 a. Programming and Activities - Number of Years	Art, Music, Media, and Drama	5
	Civic Engagement and Service-Learning	5
	Summer Programming	5
Q10 b. Development and Empowerment - Number of Years	Adolescent and Youth Culture	3
	Child and Adolescent Development	10
	Personal Development and Life Skills	10
	Positive Youth Development	10
Q11 c. Human Relationships - Number of Years	Behavior Guidance and Classroom Management	10
	Positive Discipline Techniques	10
	Social and Emotional Learning	16
Q12 d. Health, Wellness, Safety, and Nutrition - Number of Years	Fitness and Nutrition	2
Q13 e. Cultural Competence and Inclusion - Number of Years	Respondent skipped this question	
Q14 f. Engaging Families, Schools, and Communities - Number of Years	Coordination and Linkages of Resources	15
	Connecting to Schools	13
	Creating Community Partnerships	13
	Engaging Parents and Families	13
Q15 g. Quality Programming - Number of Years	Action Planning	13
	Coaching and Mentoring	10
	Logic Models and Outcomes Measurement	13
	Program Design	15
	Quality Assessments and Surveys	15
	Research and Evaluation	15

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Q16 h. Management and Administration - Number of Years

Advocacy and Policy	30
Fundraising and Development	30
Marketing and Promotion	25
Utilizing Technology and Social Media	10
Volunteers and Volunteer Management	30

Q17 Please upload one of the following documents that demonstrates that your agency is a nonprofit organization in the State of New Jersey: 1) Proof that the Internal Revenue Service currently recognizes the agency as an organization to which contributions are tax deductible under Section 501(c)(3) of the Internal Revenue Code; 2) A statement from a State taxing body or the State attorney general certifying that: –The organization is a nonprofit organization operating within the State; and –No part of its net earnings may lawfully benefit any private shareholder or individual; 3) A certified copy of the agency’s certificate of incorporation or similar document if it clearly establishes the nonprofit status of the agency; or, 4) Any item described in paragraphs (1) through (3) if that item applies to a State or national parent organization, together with a statement by the State or parent organization that the applicant is a local nonprofit affiliate.

501c3.pdf (246.7KB)

Q18 Submission of External Organization Profile

By checking the box, you are certifying that you have read and understood all necessary requirements, that your organization meets the criteria outlined, and that you have completed all sections of this form, including the uploading of requested non-profit documentation.