

#8



COMPLETE

Collector: Web Link 1 (Web Link)
 Started: Thursday, December 08, 2016 1:08:09 PM
 Last Modified: Wednesday, December 21, 2016 2:48:45 PM
 Time Spent: Over a week
 IP Address: 47.18.90.234

PAGE 3: External Organization Profile

Q1: County:

Essex

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

Name of Organization:

NJ LEEP

Contact Person:

Deb Eills

Title:

Director of Operations

Address 1:

570 Broad Street

Address 2:

Suite 700

City:

Newark

Zip:

07102

Phone Number:

9732971555 ex. 209

Fax:

9732971508

Email Address:

dells@njleep.org

Website:

njleep.org

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:

6-10 years

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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 for College Admission Counseling

Q6: 3. Please indicate the total number of staff in your organization. 13

Q7: 4. Please indicate the number of staff members with experience in out-of-school time programs. 11

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

Q9: a. Programming and Activities - Number of Years

| | |
|--|----|
| Academic Enrichment | 10 |
| Art, Music, Media, and Drama | 0 |
| Civic Engagement and Service-Learning | 0 |
| Financial Literacy | 0 |
| Environmental Literacy | 0 |
| Project-Based Learning | 10 |
| Science, Technology, Engineering, Math | 10 |
| Sports and Recreation | 0 |
| Summer Programming | 10 |
| Workforce Development | 10 |

Q10: b. Development and Empowerment - Number of Years

| | |
|--------------------------------------|----|
| Adolescent and Youth Culture | 10 |
| Child and Adolescent Development | 0 |
| Personal Development and Life Skills | 10 |
| Positive Youth Development | 10 |

Q11: c. Human Relationships - Number of Years

| | |
|--|----|
| Behavior Guidance and Classroom Management | 10 |
| Communicating Effectively with Staff, Students, and Families | 10 |
| Positive Discipline Techniques | 10 |
| Social and Emotional Learning | 10 |

Q12: d. Health, Wellness, Safety, and Nutrition - Number of Years

| | |
|---------------------------------|---|
| Fitness and Nutrition | 5 |
| Indoor and Outdoor Environments | 0 |
| Physical Health and Wellness | 0 |
| Program Safety | 0 |

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Q13: e. Cultural Competence and Inclusion - Number of Years

| | |
|-----------------------------------|----|
| Children in Poverty | 10 |
| Faith-Based Programming | 0 |
| Learning Differences | 0 |
| Race, Gender, and Sexual Identity | 10 |
| Students with Disabilities | 0 |
| Undocumented Newcomers | 0 |

Q14: f. Engaging Families, Schools, and Communities - Number of Years

| | |
|--|----|
| Coordination and Linkages of Resources | 0 |
| Connecting to Schools | 10 |
| Creating Community Partnerships | 0 |
| Engaging Parents and Families | 10 |
| Homeless and Migrant Populations | 0 |

Q15: g. Quality Programming - Number of Years

| | |
|---------------------------------------|----|
| Action Planning | 10 |
| Coaching and Mentoring | 10 |
| Logic Models and Outcomes Measurement | 10 |
| Program Design | 10 |
| Quality Assessments and Surveys | 10 |
| Research and Evaluation | 10 |

Q16: h. Management and Administration - Number of Years

| | |
|---------------------------------------|----|
| Advocacy and Policy | 0 |
| Budgeting and Fiscal Management | 10 |
| Citywide and Statewide Systems | 0 |
| Fundraising and Development | 10 |
| Human Resources and Supervision | 10 |
| Marketing and Promotion | 10 |
| Program Management | 10 |
| Recruitment and Retention | 10 |
| Regulations and Licensing | 10 |
| Utilizing Technology and Social Media | 8 |
| Volunteers and Volunteer Management | 10 |

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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.

NJ LEEP Tax Deductible.pdf (73.7KB)

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.
