## #1

#### COMPLETE

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Page 3: External Organization Profile

Q1 County: Camden

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

Name of Organization: UrbanPromise Ministries, Inc.

Contact Person: Lindsey Markelz

Title: Grants Coordinator

Address 1: P.O. Box 1479

Address 2: N/A

City: Camden

Zip: 08105

Phone Number: 8566611700

Fax: 8566611954

Email Address: grants@urbanpromiseusa.org

Website: www.urbanpromiseusa.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:

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.

Respondent skipped this question

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

75

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

20

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

Urban

Q9 a. Programming and Activities - Number of Years	Art, Music, Media, and Drama : Civic Engagement and Service-Learning Financial Literacy Environmental Literacy Project-Based Learning Science, Technology, Engineering, Math Sports and Recreation Summer Programming	25 25 25 0 5 10 10 30 30 24
Q10 b. Development and Empowerment - Number of Years	Development Personal Development and Life Skills	30 30 24 30
Q11 c. Human Relationships - Number of Years	Classroom Management	
Q12 d. Health, Wellness, Safety, and Nutrition - Number of Years	Indoor and Outdoor Environments Physical Health and Wellness	30 10 6 30
Q13 e. Cultural Competence and Inclusion - Number of Years	Faith-Based Programming Learning Differences Race, Gender, and Sexual Identity Students with Disabilities	30 30 0 24 25 0

Q14 f. Engaging Families, Schools, and Communitie Number of Years	S - Coordination and Linkages of 25 Resources Connecting to Schools 25 Creating Community 30 Partnerships Engaging Parents and 30 Families Homeless and Migrant 0 Populations
Q15 g. Quality Programming - Number of Years	Action Planning 30 Coaching and Mentoring 30 Logic Models and Outcomes 15 Measurement Program Design 30 Quality Assessmentsand 25 Surveys Research and Evaluation 0
Q16 h. Management and Administration - Number of Years	Advocacy and Policy Budgeting and Fiscal Management Citywide and Statewide Osystems Fundraising and Development 30 Human Resources and Supervision Marketing and Promotion Program Management Recruitment and Retention Regulations and Licensing Utilizing Technologyand Social20 Media Volunteers andVolunteer 30
	Volunteers and Volunteer 30  Management

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 as of 2011.pdf(34.1KB)

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.