

Original.
D22.

**NEIGHBORHOOD DEVELOPMENT FUND
Not-for-Profit Transmittal and Approval Form**

O-443-20

~~NDF 101420 CHOICE22~~

Applicant/Program: C.H.O.I.C.E., INC (Children Have Options in Choosing Experiences)
Applicant Requested Amount: 27,184.00 **DARE TO DREAM**
Appropriation Request Amount: 5,000.00 District 22, 2,000.00 District 21 for a total of ~~7,000.00~~ \$10,500.00

Executive Summary of Request

CHOICE is requesting funding for the "Dare to Dream" Sports Leadership and Mentoring program; a positive youth development school based cross-age peer mentoring program; for males attending Fern Creek HS which services a male mentee group at Watterson Elementary. Service for female mentors will be conducted at Iroquois HS which services are at Young Elementary for female mentees. Services for the 2020-2021

Is this program/project a fundraiser? Yes No
Is this applicant a faith based organization? Yes No
Does this application include funding for sub-grantee(s)? Yes No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

22 Robin J. Engel 5,000 9/17/2020
District # Primary Sponsor Signature Amount Date
/JMT

Primary Sponsor Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.
None.

Approved by:

Appropriations Committee Chairman Date
Final Appropriations Amount: _____

O-433-20 NDF 101420 CHOICE22

Applicant/Program:

C.H.O.I.C.E., INC (Children Have Options in Choosing Experiences)

DARE TO DREAM

Additional Disclosure and Signatures

Additional Council Office Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

None.

Council Member Signature and Amount

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3	_____	\$ _____
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	_____	\$ _____
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	_____	\$ _____
District 14	_____	\$ _____
District 15	_____	\$ _____

Applicant/Program:

C.H.O.I.C.E., INC (Children Have Options in Choosing Experiences)

DARE TO DREAM

Additional Disclosure and Signatures

Additional Council Office Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

None.

District 16 _____ \$ _____

District 17 _____ \$ _____

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 _____ \$ _____

District 21 Nicole George  \$ 2,000.00

District 22 Robin J. Engel  JMT \$ 5,000.00

District 23 _____ \$ _____

District 24 _____ \$ _____

District 25 _____ \$ _____

District 26 _____ \$ _____

Department/Project:

C.H.O.I.C.E. - DARE TO DREAM MENTORING PROGRAM

Additional Signatures

I have reviewed this request for an expenditure of city tax dollars, and have determined the funds will be used for a public purpose.

Council Member Signature and Amount

District 1		\$
District 2	Barbara Shanklin <i>Barbara Shanklin</i>	\$ 1,000.00
District 3		\$
District 4		\$
District 5		\$
District 6	<i>Paul H. Jones</i>	\$ 250.00
District 7		\$
District 8		\$
District 9		\$
District 10	<i>Ernest Powell</i>	\$ 500.00
District 11		\$
District 12		\$
District 13		\$
District 14	<i>Lindi Fowler</i>	\$ 500.00
District 15	<i>Ken Tappett</i>	\$ 500.00
District 16		\$
District 17	<i>M</i> <i>(K)</i>	\$ 250.00
District 18		\$
District 19		\$
District 20		\$
District 21		\$
District 22		\$
District 23		\$
District 24		\$
District 25		\$
District 26		\$




Department/Project:

C.H.O.I.C.E. - DARE TO DREAM MENTORING PROGRAM

Additional Signatures

I have reviewed this request for an expenditure of city tax dollars, and have determined the funds will be used for a public purpose.

Council Member Signature and Amount

District 1		\$
District 2		\$
District 3		\$
District 4		\$
District 5		\$
District 6		\$
District 7		\$
District 8		\$
District 9		\$
District 10		\$
District 11		\$
District 12		\$
District 13		\$
District 14		\$
District 15		\$
District 16		\$
District 17		\$
District 18		\$
District 19		\$
District 20		\$
District 21		\$
District 22		\$
District 23		\$
District 24		\$
District 25	DAVID YATES 	\$500.00
District 26		\$



**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

Legal Name of Applicant Organization C.H.O.I.C.E., INC (Children Have Options in Choosing Experiences)

Program Name and Request Amount **DARE TO DREAM - \$27,184**

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the entity in good standing with: <ul style="list-style-type: none"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the IRS Form 990 included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	YES <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Prepared by: Jared M. Townes, District Legislative Asst.	Date: 9/16/2020

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: Children Have Options In Choosing Experiences (C.H.O.I.C.E.) Inc. <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 3715 Bardstown Road Suite 303 Louisville, Kentucky 40218			
Website: http://www.choicelouisville.org			
Applicant Contact:	Dawn K. Shannon	Title:	Program Coordinator
Phone:	(502) 456-5137	Email:	choiceinc.dawn@gmail.com
Financial Contact:	Liz Sias-Shannon	Title:	Executive Director
Phone:	(502) 456-5137	Email:	choiceinc@bellsouth.net
Organization's Representative who attended NDF Training: Liz Sias-Shannon			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Jefferson County Public Schools		
Council District(s):	22 & 21	Zip Code(s):	See Attachment
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: "Dare to Dream" Sports Leadership Mentoring Program and Educational Self Help Group			
Total Request: (\$)	27,184 <i>JS</i>	Total Metro Award (this program) in previous year: (\$)	9000
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
<input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <i>JS</i>			
<input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input checked="" type="checkbox"/> Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	District 21	Amount: (\$)	2,000
Source:	District 22	Amount: (\$)	7,000
Source:	EAF	Amount: (\$)	5,800
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Children Have Options In Choosing Experiences
"Dare to Dream" Sports Leadership & Mentoring Program
NDF – District 22
Attachment – Section 1

Zip Codes	# of Students & Families
40059	1
40202	2
40203	3
40208	2
40210	5
40211	3
40212	2
40214	4
40215	8
40216	4
40217	1
40218	8
40220	4
40229	1
40258	1
40291	11
40299	6
Total	65



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Jacqueline Cooper, Chairperson, Adjunct Professor, Webster University	December, 2024
Jackie Pennington, Retired, Credit Union Administrator	December, 2024
Leigh Anne Parker, Financial Advisor, Edward Jones	December, 2022
Beverly Edward, Secretary/Treasury, Executive Director, Episcopal Church Home	December, 2024
Nikki Johnson Licensed Certified Social Worker State of Kentucky	December, 2023
Antomia Farrell, Cooperative Extension HR Specialist, U.K. College of Agricultural	December 2024
Bruce Mills Jr., Raytheon RMS Louisville	December, 2023
Hunter Mills, Former "Dare to Dream" Fern Creek HS Mentor	December, 2023
Ray Brown, President/CEO, RAE POPELKA Consulting	December, 2024
Michael Richardson, Vice President of Chain Bridge Bank, McLean, Virginia	Open
William Yesowitch, Retiree, Barber Banaszynski & Associates PSC, Board Chair Emeritus,	Open

Describe the Board term limit policy:
 By-Laws: Each director shall be elected to serve for a term of 5 years or less until their successor is elect and qualified or until earlier death, resignation or removal.

Three Highest Paid Staff Names	Annual Salary
Liz Sias-Shannon (proposed salary)	49,000
Group Facilitator (proposed salary)	27,000
Dawn K. Shannon (proposed salary)	19,500

Applicant's Initials *LS*

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

The "Dare to Dream" program will be conducted during 2020-2021 school year, during school hours. The program duration will be from September 2020 until May 2021. The "Dare to Dream" Sports Leadership Mentoring program encompasses high school athletes from Fern Creek(15 male mentors +), Iroquois High School (15 female mentors) , a 4th grade group (7 -8 male mentees) and 5th grade group (7-8 males mentees +) at Watterson Elementary (15 male mentees total), and a 4th grade (15 female mentees) group at Whitney Young Elementary. Mentors are selected by coaches, teachers, counselors, and parents. Mentees are referred by teachers, counselors, principals and parents. Group counseling occurs with the mentor group weekly as well as the mentees group on separate days of the week. C.H.O.I.C.E.'s 28 week program address the 14 components of prevention and promotes comprehensive risk-avoidance messages for youth and adolescents. In the effort to maintain social distancing but provide adequate services to our participants we will provide a hybrid format. All 14 components of the C.H.O.I.C.E. model will be presented through live Zoom sessions at designated times in accordance to participants school schedules. Session will be live to encourage interactions and conversations between participants. As far as in person sessions, we are awaiting JCPS guidelines for community organization to use facilities. We are also seeking alternative places such churches or community centers to meet in person occasionally to host groups services. Mentoring experiences are so vital for the youth and program goals so they will be occurred however at less frequent rate and less participants (5 matches at a time) in public places designed to engage youth such as Main Event, Malibu Jack's , and etc. . In addition, home visits will be in made for participants who require individual sessions. (Continued on Attachment)

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):

Funding will be used for program expenses and direct services provided to the target population; Facilitator(s) fee, program materials, transportation, administrative cost, office supplies, telephone, machinery equipment, Advanced Mentoring Training and 32nd Annual C.H.O.I.C.E. Conference Graduation.

Children Have Options In Choosing Experiences
"Dare to Dream" Sports Leadership & Mentoring Program
NDF – District 22
Attachment -Section 5

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

Mentors and mentees create bonds during their mentoring experiences to participate in various skills building activities such as social and emotional growth, communication skills improvement, decision-making, academic success, critical thinking. The mentoring process is both one-on one and group oriented.

All youth have or currently experienced abuse, neglect, and/or household dysfunction. Abuse, neglect, and household dysfunction are categorized as Adverse Childhood Experiences (ACEs). ACEs are common, as 1 and 4 youth will be exposed to stressful or traumatic experience during their childhood. Research has shown a relationship between exposure to neglect, abuse, or household dysfunction during childhood with multiple risk factors for several leading causes of death in adults (Chapman et al., 2004; Felitti, et al., 1998). Household dysfunction includes the presence of substance abuse, mental health issues, incarcerated family member, and divorce. Youth typically concurrently experience two or more ACEs during their childhood. ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person's lifespan, including those associated with substance misuse and engagement in other risky behaviors. For more understanding of the impact of ACEs, please review attached *Truth about ACES* (Robert Wood Johnson Foundation, 2018)

According to 2016 The National Youth Violence Prevention initiative, "Effective prevention and intervention strategies must account for the impact of impoverished or segregated neighborhoods on youth and children, such as environmental hazards, high crime rates, poor quality of housing and school, and lack of access to healthy food and physical activities." (p. 2).



Children Have Options In Choosing Experiences
"Dare to Dream" Sports Leadership & Mentoring Program
NDF – District 22
Attachment -Section 5

(Continued from Section A)

More recently, practitioners and policymakers have taken in account that a child's economic status places them more at-risk to exposure to abuse, neglect, and household dysfunction. Living in poverty is another contributing factor to involvement in violence and drug use among juveniles. For the last five years, an average 90 % of the students taking part in the "Dare to Dream" program received free or reduced lunch. The data shows the majority of C.H.O.I.C.E. participants are from low-income families. Per the most recent Kentucky Department of Education school report card (2017-19), schools currently being served by C.H.O.I.C.E. are Title 1 Eligible - Schoolwide Schools and has over 70% of the student enrollment who receive free/reduced lunch Fern Creek HS (71.9%), Watterson Elem (77.7%), Iroquois HS (86.5%), and Young Elem (91.5%). A majority (97%) of "Dare to Dream program participants are from low-moderate income homes.

C.H.O.I.C.E.s "Dare to Dream" Sports Leadership program is not only unique because of rarity of the program structure but its longevity. The program longevity speaks to the fidelity and loyalty school officials have in the program. Per 2018-2019 C.H.O.I.C.E. group evaluation, 100% of all "Dare to Dream "participants reported wanting the program to be in the school they attend next year. C.H.O.I.C.E. became a BLOCS (Building Louisville's Out-of-School Time Coordinated System) organization through Metro United Way in FY 2018. Youth participating in high-quality programs were 18% more likely to meet projected growth in Measures of Academic Progress (MAP) Reading. Participants were also shown to miss fewer days of school and receive fewer suspensions than those who were not in high-quality programs (BLOCS Data Report 2018, Metro United Way).

Specifically for C.H.O.I.C.E., our instructional total score, which represents the quality associated with instructional experience between staff and program participants, increased from 3.26 in FY 2018 to 3.90 in FY 2019. The average BLOCS score in FY 2019 was 3.68. . In the 2019-2020 school year, we severed 34 mentors and 26 mentees. Mentors reported experiencing an average of at least three adverse childhood experiences, which are potentially traumatic events that occur in childhood (0-17 years). Mentors explored their fears and bias concerning their role



Children Have Options In Choosing Experiences
"Dare to Dream" Sports Leadership & Mentoring Program
NDF – District 22
Attachment -Section 5

as a cross age peer mentor. Mentors shared verbally and wrote reflections to encourage critical thinking, open feelings, and expressions of anxiety towards becoming a mentor for the school year. However, the pre-test revealed students who have participated in the program for two years yielded higher levels of resiliency levels and awareness of risk behaviors. Male participants reported higher resiliency versus female participants. These results may be environmentally influenced as the female participants mostly reside in high violence and high poverty areas. For the last five years, there has been an 85% completion rate.

JS-8

THE TRUTH ABOUT ACEs

WHAT ARE THEY?

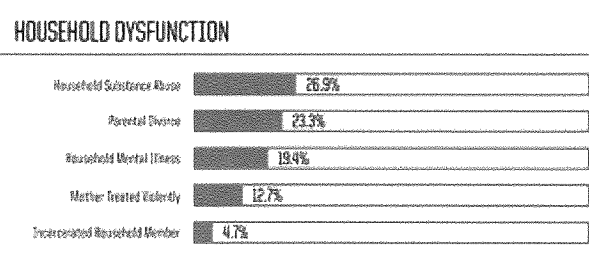
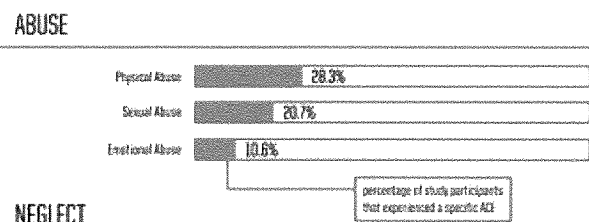
ACEs are
 ADVERSE
 CHILDHOOD
 EXPERIENCES

The three types of ACEs include

ABUSE	NEGLECT	HOUSEHOLD DYSFUNCTION	
Physical Abuse	Physical Neglect	Mental Illness	Incarcerated Relative
Emotional Abuse	Emotional Neglect	Mother treated violently	Substance Abuse
Sexual Abuse		Divorce	

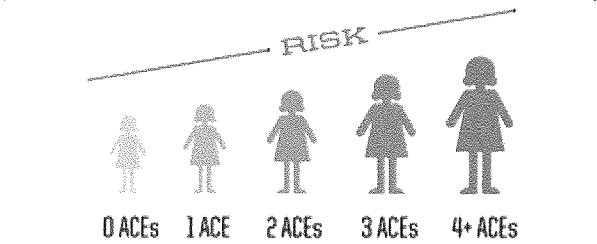
HOW PREVALENT ARE ACEs?

The ACE study* revealed the following estimates:



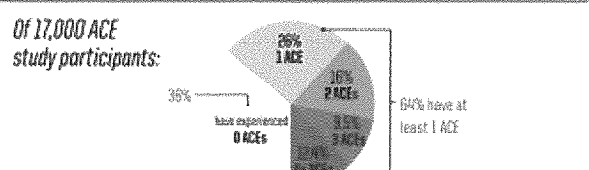
WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes



Possible Risk Outcomes:

BEHAVIOR				
Lack of physical activity	Smoking	Alcoholism	Drug use	Missed work
PHYSICAL & MENTAL HEALTH				
Severe obesity	Diabetes	Depression	Suicide attempts	STDs
Heart disease	Cancer	Stroke	COPD	Broken bones



Proudly Serving the Louisville Community for 32 years

C.H.O.I.C.E. Inc was founded in 1987 to serve students in the Louisville community. C.H.O.I.C.E., a comprehensive non-profit community-based prevention/early intervention, program, was designed to guide students to make positive, healthier lifestyles choices. The C.H.O.I.C.E. program delivers a detailed research-based curriculum for 28 weeks centered on the valuing of self, decision making, goal setting, communication, and living a healthy, drug-free lifestyle. All services are provided during school hours.

Mission

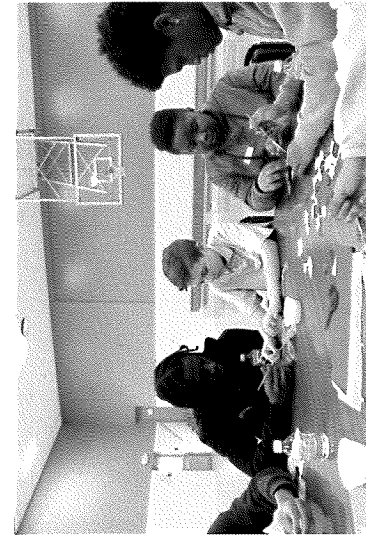
C.H.O.I.C.E. Inc.'s purpose is to provide the needed services that will allow youth and adolescents to reach their maximum potential via a positive, healthy lifestyle.

Our Philosophy

C.H.O.I.C.E. believes that the incidence of substance abuse, violence, and negative behaviors will decrease among young people if they have a greater degree of self-esteem and the ability to cope with life's challenges. In order to achieve this goal, students need to have current information and education about drug abuse and dependency and its effect on interpersonal skills.

"The C.H.O.I.C.E. program is priceless."

Dr. John Marshall, JCPS Chief Equity Officer



Fern Creek HS Mentors working with their Waterson Elem mentees on a collaborative art project during Phase II of Advance Mentor Training

C.H.O.I.C.E. Services "Dare To Dream" Sports Leadership and Mentoring Program

The "Dare to Dream" program was developed and implemented by C.H.O.I.C.E. October 1994 in Jefferson County Public School (KY) at Fern Creek High School. C.H.O.I.C.E.'s cross-age peer mentoring program consist of male and female high school student athletes as mentors. The athletes are matched with an elementary-aged gender specific mentees. Mentors and mentees meet weekly with a facilitator for group and bi-weekly for mentoring experiences. The program is designed to address the specific needs of the athletes and their mentees. The program offers dual benefits in self-esteem and academic achievement for mentees and mentors. In addition, the program bolsters resiliency which leads to a reduction in risk factors such as: school failure, violence, and substance abuse. The program curriculum focuses on instilling leadership skills that will enable mentors to become productive members of our society and workforce. Mentors are required to attend the *Advance Mentor Training Institute* to prepare for mentorship.

Sisterhood/Brotherhood Groups

This component of the C.H.O.I.C.E. program aides females/males in joining together to enhance their ability to make positive choices, increase their sense of self-regard, and decrease the incidence of violence and widespread alcohol, tobacco, and other drugs abuse. C.H.O.I.C.E. promotes young people in uniting together to address issues of concern as they begin to reach puberty and adulthood. Decision making and coping skills are major teaching concentrations in the program. Participants are armed with coping strategies needed to manage stressors and challenges in their lives thus making better choices. Groups are offered on elementary, middle, high school levels.

Net-CHOICE Group

The Nurturing Education Transition groups, provide support for at-risk students that have been retained in 4th through 8th grades. The primary focus of this group is bolstering skills and dispelling fears associated with the transition to middle and high school.

Mixed-Gender Groups

This component of C.H.O.I.C.E. seeks to develop and enhance self-image, bolster resiliency, decrease violence and the widespread abuse of alcohol, tobacco, and other drugs.

Advance Mentor Training Institute

The Advance Mentor Training Institute is a two phase comprehensive development training program that teaches skills that assist mentors to be successful with their mentee-matches. After Phase I, mentors are matched with mentees. The purpose of the training is to provide on-going training and support for mentors. The training focuses primarily on building support and developing opportunities for mentors to learn the skills to respond to the need of the mentees. Areas of training include, but is not limited to, positive youth development, crisis procedure and response, role modeling, culture diversity, community services, relationships building skills, improving communication techniques and leadership training. The follow-up workshop Phase II, includes interaction between mentors and mentees to assess the impact of the mentoring experiences on the mentor/mentee, the school environment and in their community.

Our Success

- Over 87% of CHOICE participants show a positive change in behavior at school.
- Over 92% of CHOICE participants show an increase in their knowledge about high-risk issues.
- Over 97% of CHOICE participants want the program to return to their school the following year.
- Over 85% of "Dare to Dream" mentors graduate high school and are accepted to 4-year or 2-year technical schools.

"The C.H.O.I.C.E. program is one of those valued support systems"

Pattie Harry, Watterson Elementary
2016 C.H.O.I.C.E. School Sponsor

"The need for positive modeling and instruction to help young men make-wise choices in life is an invaluable resource"

Barbara Grumblatt, Fern Creek HS,
2016 C.H.O.I.C.E. School Sponsor

I will continue to financially support and work with C.H.O.I.C.E. Inc so that their services can be utilized with youth and adolescents and empowering them to make alternative, healthy lifestyle choices

Robin Engel, Louisville Metro Councilman
District 22

CHILDREN HAVE OPTIONS IN
CHOOSING EXPERIENCES

"Circumstances and situations do color life, but you have been given the mind to choose what the color shall be."

—The Color of Life J.H. Miller



CHILDREN HAVE OPTIONS IN
CHOOSING EXPERIENCES

For more information, please contact



Liz Sias-Shannon,
Executive Director



Dawn K. Shannon,
Program Coordinator

TEL: 502-456-5137
FAX: 502-456-5842

www.choiceLouisville.org ◆ choiceinc@bellsouth.net

CHILDREN HAVE
OPTIONS IN
CHOOSING
EXPERIENCES
INC.

The Choice
Is
Yours...
Make the Right
One!



a comprehensive, nonprofit,
community-based prevention and
early intervention program
designed to steer high risk/at risk
youth and adolescents into
making more positive life choices.

3715 Bardstown Rd., Suite 303
Louisville, Ky. 40218

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

C: If this request is a fundraiser, please detail how the proceeds will be spent:

Not Applicable

D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:

- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
- ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

J.S.

Children Have Options In Choosing Experiences
"Dare to Dream" Sports Leadership & Mentoring Program
NDF – District 22
Attachment -Section 5

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

The following are program goals and methods of measurements for the 'Dare to Dream' program:

Program Goal 1: Promote positive interactions among the subsets within a person and between the person and his/her environment

Output: 60+ youth engaged in the program for services, 20 group counseling sessions/8 mentoring experiences/2 Advance Mentoring Training sessions

Outcome: Increase in effective communication and positive behavior

Measurable Outcome: 75% of the Dare to Dream participants will engage in one to one mentor/mentee matches for the program duration.

Program Goal 2: Shift locus of control from outside the individual to an internal base

Output: 60+ youth engaged in the program for services, 20 group counseling sessions/8 mentoring experiences/2 Advance Mentoring Training sessions. Individual counseling and intervention as needed.

Outcome: Increase participants connectedness and resilience

Measurable Outcome: 75% of Dare to Dream participants retained for the entire 28-weeks self-report an increase in connectedness and resiliency per post-test.

Program Goal 3: Assist the person in becoming aware of the choices available within each situation, with the focus being positive outcome generated by this behavior

Outputs: 20 group counseling sessions and Individual counseling and intervention as needed.

Outcome: Increase the knowledge base of the risk factors that lead to alcohol, tobacco, and other drug use (ATOD).

Measurable Outcome: 75% of Dare to Dream participants retained for the entire 28-weeks show an increase in ATOD prevention knowledge per pre- and post-test results.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

In light of current maladaptive events surrounding the youth and adolescent population, C.H.O.I.C.E. Inc. prevention and early intervention services are timely and necessary to quell the unhealthy means, such as drug use, many young people choose to utilize to deal with life stressors. Early substance use has been linked with impaired academic performance and delinquent behavior in adolescence, and employment problems, and criminal behavior in adulthood (Ellickson, Tucker, & Klein, 2003). Hardships, including poverty, creates barriers from engaging in experiences that contribute to the thriving youth ability. Obstacles experienced by youth and adolescents can be disheartening, causing youth involvement in risky behaviors such as; substance abuse, violent and non-violent crimes, mental health, sexual activity, and truancy (Chapman et al., 2004; Felitti et al., 1998).

C.H.O.I.C.E. has taken a non-traditional approach to mentor by utilizing cross-age peer mentoring rather than a traditional adult to a youth match. The research defines cross-age peer mentoring as the mentoring process occurring among high school students (Noll, 1997 & Karcher 2001, 2002). The Dare to Dream program has three program goals aimed at increasing resiliency among both mentors and mentees.

(Continued on Attachment)

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

Collaboration with others builds bridges, among agencies, organizations, and community essential to meet the health, social and mental health needs of low income, ethnic minorities youth, adolescents and families. C.H.O.I.C.E. has been blessed to have such wonderful community support from a variety of organizations and businesses, not to speak of the volunteer support. C.H.O.I.C.E. Inc. has built a good working relationship that has provided support their mission and philosophy. C.H.O.I.C.E. partners with the following organizations:

Jefferson County Public Schools - Each host school provides space for our groups, assistance in obtaining appropriate referrals, academic information, attendance and behavior data information, on-going conferencing, and contact between the school and C.H.O.I.C.E. staff regularly. We have support in partnership with Jefferson County Public Schools: the Department of Diversity, Equity and Poverty (DEP), counselors, home school coordinators, teachers, Youth Service Centers and Family Resource Center as well as LEEP (Louisville Education and Employment Partnership.)

Peace Education Program and Louisville Urban League assists with providing prevention training for the C.H.O.I.C.E. E. mentors. Peace Education Program strengthens communities and schools by training youth and adults to build and sustain positive relationships. The collaboration assist with providing prevention training for the C.H.O.I.C.E. mentors. Both organizations strengthens communities and schools by training youth and adults to build and sustain positive relationships. (CONTINUED ON ATTACHEMENT)

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served: In light of current maladaptive events surrounding the youth and adolescent population, C.H.O.I.C.E. Inc. prevention and early intervention services are timely and necessary to quell the unhealthy means, such as drug use, many young people choose to utilize to deal with life stressors. Early substance use has been linked with impaired academic performance and delinquent behavior in adolescence, and employment problems, and criminal behavior in adulthood (Ellickson, Tucker, & Klein, 2003). Hardships, including poverty, creates barriers from engaging in experiences that contribute to the thriving youth ability. Obstacles experienced by youth and adolescents can be disheartening, causing youth involvement in risky behaviors such as; substance abuse, violent and non-violent crimes, mental health, sexual activity, and truancy (Chapman et al., 2004; Felitti et al., 1998).

C.H.O.I.C.E. has taken a non-traditional approach to mentor by utilizing cross-age peer mentoring rather than a traditional adult to a youth match. The research defines cross-age peer mentoring as the mentoring process occurring among high school students (Noll, 1997 & Karcher 2001, 2002). The Dare to Dream program has three program goals aimed at increasing resiliency among both mentors and mentees.

(Continued on Attachment)

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

Collaboration with others builds bridges, among agencies, organizations, and community essential to meet the health, social and mental health needs of low income, ethnic minorities youth, adolescents and families. C.H.O.I.C.E. has been blessed to have such wonderful community support from a variety of organizations and businesses, not to speak of the volunteer support. C.H.O.I.C.E. Inc. has built a good working relationship that has provided support their mission and philosophy. C.H.O.I.C.E. partners with the following organizations:

Jefferson County Public Schools - Each host school provides space for our groups, assistance in obtaining appropriate referrals, academic information, attendance and behavior data information, on-going conferencing, and contact between the school and C.H.O.I.C.E. staff regularly. We have support in partnership with Jefferson County Public Schools: the Department of Diversity, Equity and Poverty (DEP), counselors, home school coordinators, teachers, Youth Service Centers and Family Resource Center as well as LEEP (Louisville Education and Employment Partnership.)

Peace Education Program and Louisville Urban League assists with providing prevention training for the C.H.O.I.C.E. E. mentors. Peace Education Program strengthens communities and schools by training youth and adults to build and sustain positive relationships. The collaboration assist with providing prevention training for the C.H.O.I.C.E. mentors. Both organizations strengthens communities and schools by training youth and adults to build and sustain positive relationships. (CONTINUED ON ATTACHEMENT)

Children Have Options In Choosing Experiences
“Dare to Dream” Sports Leadership & Mentoring Program
NDF – District 22
Attachment -Section 5

E: Describe the program’s benefits to those being served (measurable outcomes). Include the program’s process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

The following are program goals and methods of measurements for the ‘Dare to Dream’ program:

Program Goal 1: Promote positive interactions among the subsets within a person and between the person and his/her environment

Output: 60+ youth engaged in the program for services, 20 group counseling sessions/8 mentoring experiences/2 Advance Mentoring Training sessions

Outcome: Increase in effective communication and positive behavior

Measurable Outcome: 75% of the Dare to Dream participants will engage in one to one mentor/mentee matches for the program duration.

Program Goal 2: Shift locus of control from outside the individual to an internal base

Output: 60+ youth engaged in the program for services, 20 group counseling sessions/8 mentoring experiences/2 Advance Mentoring Training sessions. Individual counseling and intervention as needed.

Outcome: Increase participants connectedness and resilience

Measurable Outcome: 75% of Dare to Dream participants retained for the entire 28-weeks self-report an increase in connectedness and resiliency per post-test.

Program Goal 3: Assist the person in becoming aware of the choices available within each situation, with the focus being positive outcome generated by this behavior

Outputs: 20 group counseling sessions and Individual counseling and intervention as needed.

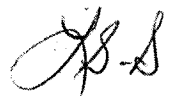
Outcome: Increase the knowledge base of the risk factors that lead to alcohol, tobacco, and other drug use (ATOD).

Measurable Outcome: 75% of Dare to Dream participants retained for the entire 28-weeks show an increase in ATOD prevention knowledge per pre- and post-test results.

Children Have Options In Choosing Experiences
"Dare to Dream" Sports Leadership & Mentoring Program
NDF – District 22
Attachment -Section 5

(Continued from Section E)

Measurement: All program participants take a pre- and post-test to measure their understanding of the dangers and risk factors of alcohol, tobacco, and other drug use and level of resiliency. C.H.O.I.C.E. uses YQPI (measures program quality & staff practices) and SYRB (staff rating of youth social and emotional skills) as assessment tools. In addition, a group evaluation taken by each participant to gather feedback on group operations and effectiveness of facilitators. Demographics are tracked in post-test to be considered as part of the analysis. The test is constructed to be valid and reliable to control for variables in the pre-test.



Children Have Options In Choosing Experiences
"Dare to Dream" Sports Leadership & Mentoring Program
NDF – District 22
Attachment -Section 5

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically

PAL-Drug Free Community is an avenue for participants (adolescents and adults) to become involved in the positive changes they can contribute to their neighborhoods. C.H.O.I.C.E.'s Executive Director served as a PAL Key Leader Board and uses their materials to update C.H.O.I.C.E.'s program activities. Iroquois High School students participate in PAL activities in their community.

The collaboration with Region 6 Kentucky Agency for Substance Abuse policy assist by providing a mini grant that enable agencies to have avenues to farther address substance abuse prevention. Focus on reducing underage alcohol use and abuse, marijuana use and prescriptions/OTC drug use by adolescents under age of 18. Kentucky ASAP provide a mini grant to C.H.O.I.C.E. for Phase I and Phase II Advanced Mentoring Training for our mentors

A collaboration with Buechel Rotary Charitable Foundation Inc. and Louisville Suburban Club spotlights education for our youth and their social and mental well-being. The Club also provide donations that enable C.H.O.I.C.E. to have an avenue to farther address substance abuse prevention. The commonality between the Club, and the C.H.O.I.C.E. program services provided is a win-win for our young people in this community. The Club partner with C.H.O.I.C.E. to provide the necessary training that is needed for the high school mentors to work effectively with their elementary school mentees and to assist them in making positive, healthy, drug-free choices.

Dr. Armon Perry of 4 Your Child partners with C.H.O.I.C.E. to provide the training to the high school mentors to work effectively with their elementary school mentees and to assist them in making positive, healthy, drug-free choices.



Children Have Options In Choosing Experiences
"Dare to Dream" Sports Leadership & Mentoring Program
NDF – District 22
Attachment -Section 5

(Continued from Section F)

A collaboration with KHEAA provides update information regarding preparing financially for post high school education Kentucky Higher Education Assistance Authority (KHEAA) offers resources and literature to prepare for college for our students. Parents and students are also able to meet individually with KHEAA advisors.

Flaget Center and Burnett Avenue Baptist Church for space to host the Advance Mentoring Trainings, Conference Graduation, and fundraising events.

In addition to other non-profits such as; Sowing with Seeds, Play Cousin Collective, and Inside the Lines Training, and community leaders to provide engaging programming for participants

A handwritten signature in black ink, appearing to be 'J.S.S.', located in the bottom right corner of the page.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits	\$22,000.00	\$24,245.00	\$46,245.00
B: Rent/Utilities	0	0	0
C: Office Supplies	\$250.00	\$570.00	\$820.00
D: Telephone	\$579.00	\$2,397.00	\$2,976.00
E: In-town Travel	0	\$2,827.00	\$2,827.00
F: Client Assistance (See Detailed List on Page 8)	0	0	0
G: Professional Service Contracts	0	\$1,400.00	\$1,400.00
H: Program Materials	\$450.00	\$1,750.00	\$2,200.00
I: Community Events & Festivals (See Detailed List on Page 8)	0	0	0
J: Machinery & Equipment	\$450.00	\$325.00	\$775.00 <i>J.S.</i>
K: Capital Project	0	0	0
L: Other Expenses (See Detailed List on Page 8)	\$3,455.00	\$9,320.00	\$12,775.00
*TOTAL PROGRAM/PROJECT FUNDS	\$27,184.00 <i>J.S.</i>	\$42,834.00	\$70,018.00
% of Program Budget	38.7 %	61.3 %	100%

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	\$10,000
United Way	\$17,834 <i>J.S.</i>
Private Contributions (do not include individual donor names)	\$0
Fees Collected from Program Participants	\$0
Other (please specify)	\$15,000 (Gheens & Cralle) <i>J.S.</i>
Total Revenue for Column 2 Expenses **	\$42,834 <i>J.S.</i>

*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

**Must equal or exceed total in column 2.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
Bus Transportation (Miller Transportation)	1,000	1,660	2,660
"Dare to Dream" Mentoring Training	1,455	5,160	6,615
C.H.O.I.C.E. 32nd Conference Graduation	1,000	2,500	3,500
Total	3,455	9,320	12,775

Applicant's Initials *J.S.*

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
JCPS/space, sponsors, etc.	\$9,450.00	Current Market Value
Volunteers	\$12,532.00	\$24.10 * hours reported
<i>Total Value of In-Kind</i> <i>(to match Program Budget Line Item.</i> Volunteer Contribution & Other In Kind)	\$21,982.00	

* DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK

Agency Fiscal Year Start Date: August 1 - July 31st

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO YES

If YES, please explain:

Grant monies for small non-profit organizations are much more difficult to come by as all non-profit organizations are competing for the same limited dollars. Given the rate of inflation in the past 5 years, due to the increase of living expenses and cost of program supplies our annual budget has seen increase on average of 35%. Due to Covid-19, the cost of providing this much needed services to the communities, youth and adolescents will increase due time spent by staff for transitioning program delivery, purchasing PPE, and additional cost for use of public space to maintain social distancing when working with youth in person. All though the economy has started to swing upper, it is still difficult to procure the funds necessary to meet the needs of the services C.H.O.I.C.E provides for youths, adolescents and families throughout Louisville/Jefferson County Metro community.

Applicant's Initials *J.S.*

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

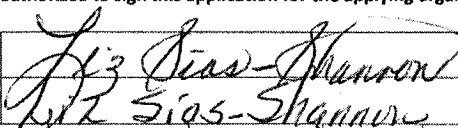
Standard Certifications

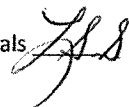
1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

SECTION 8 – CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

Signature of Legal Signatory:		Date:	9/4/20
Legal Signatory: (please print):	Liz Sias-Shannon	Title:	Executive Director
Phone: (502) 456-5137	Extension:	Email:	choiceinc@bellsouth.net



CHILDREN HAVE OPTIONS IN CHOOSING EXPERIENCES, INC.

General Information

Organization Number	0241449
Name	CHILDREN HAVE OPTIONS IN CHOOSING EXPERIENCES, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	3/17/1988
Organization Date	3/17/1988
Last Annual Report	6/8/2020
Principal Office	STE. 303, 3715 BARDSTOWN, RD. LOUISVILLE, KY 40218
Registered Agent	GLORIA MOORMAN STE. 303, 3715 BARDSTOWN RD. LOUISVILLE, KY 40218

Current Officers

President	Jacqueline M Cooper
Secretary	Beverly Edwards M Edwards
Treasurer	Beverly M Edwards
Director	Jacqueline M Cooper
Director	Ray Brown
Director	Jacqueline Pennington

Individuals / Entities listed at time of formation

Director	WILLIAM YESOWITCH
Director	J MARCUS GREER
Director	JAMES WILSON
Incorporator	WILLIAM YESOWITCH
Incorporator	JAMES WILSON
Incorporator	J MARCUS GREER

Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

Annual Report	6/8/2020	1 page	PDF	
Certificate of Assumed Name	5/17/2019	1 page	tiff	PDF
Annual Report	4/18/2019	1 page	PDF	
Annual Report	5/10/2018	1 page	PDF	
Annual Report	5/25/2017	1 page	PDF	
Annual Report	3/9/2016	1 page	PDF	
Registered Agent name/address change	3/31/2015 6:30:03 PM	1 page	PDF	
Annual Report	3/31/2015	1 page	PDF	
Annual Report	2/6/2014	1 page	PDF	
Annual Report	5/15/2013	1 page	PDF	
Annual Report	2/14/2012	1 page	PDF	
Annual Report	7/8/2011	1 page	PDF	

Annual Report	3/8/2010	1 page	PDF	
Annual Report	7/29/2009	1 page	PDF	
Annual Report	3/3/2008	1 page	tiff	PDF
Annual Report	3/19/2007	1 page	tiff	PDF
Annual Report	4/7/2006	1 page	tiff	PDF
Annual Report	5/10/2005	1 page	tiff	PDF
Annual Report	8/5/2003	1 page	tiff	PDF
Annual Report	7/19/2002	1 page	tiff	PDF
Annual Report	5/16/2001	2 pages	tiff	PDF
Annual Report	8/7/2000	1 page	tiff	PDF
Annual Report	8/4/1999	1 page	tiff	PDF
Annual Report	7/6/1998	2 pages	tiff	PDF
Annual Report	7/1/1997	2 pages	tiff	PDF
Annual Report	7/1/1996	1 page	tiff	PDF
Annual Report	7/1/1995	1 page	tiff	PDF
Annual Report	7/1/1994	3 pages	tiff	PDF
Annual Report	7/1/1993	1 page	tiff	PDF
Annual Report	7/1/1992	3 pages	tiff	PDF
Annual Report	7/1/1991	1 page	tiff	PDF
Annual Report	7/1/1990	3 pages	tiff	PDF
Annual Report	7/1/1989	2 pages	tiff	PDF
Articles of Incorporation	3/17/1988	4 pages	tiff	PDF

Assumed Names

GLORIA MOORMAN SCHOLARSHIP FUND

Active

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	6/8/2020 3:55:08 PM	6/8/2020 3:55:08 PM	
Added assumed name	5/17/2019 10:40:51 AM	5/17/2019	<u>GLORIA MOORMAN SCHOLARSHIP FUND</u>
Annual report	4/18/2019 3:51:03 PM	4/18/2019 3:51:03 PM	
Annual report	5/10/2018 2:13:40 PM	5/10/2018 2:13:40 PM	
Annual report	5/25/2017 5:34:55 PM	5/25/2017 5:34:55 PM	
Annual report	3/9/2016 3:17:08 PM	3/9/2016 3:17:08 PM	
Annual report	3/31/2015 6:39:49 PM	3/31/2015 6:39:49 PM	
Registered agent address change	3/31/2015 6:30:03 PM	3/31/2015 6:30:03 PM	
Annual report	2/6/2014 4:06:58 PM	2/6/2014 4:06:58 PM	
Annual report	5/15/2013 5:00:52 PM	5/15/2013 5:00:52 PM	
Annual report	2/14/2012 4:25:52 PM	2/14/2012 4:25:52 PM	
Annual report	7/8/2011 11:51:38 AM	7/8/2011 11:51:38 AM	
Annual report	3/8/2010 3:33:48 PM	3/8/2010 3:33:48 PM	
Annual report	7/29/2009 3:18:14 PM	7/29/2009 3:18:14 PM	
Annual report	3/3/2008 2:34:20 PM	3/3/2008	

Annual report	3/19/2007 10:20:41 AM	3/19/2007
Annual report	4/7/2006 12:51:20 PM	4/7/2006

Microfilmed Images

Microfilm images are not available online. They can be ordered by faxing a Request For Corporate Documents to the Corporate Records Branch at 502-564-5687.

Annual Report	3/11/2007	1 page
Annual Report	8/5/2004	1 page
Annual Report	8/5/2003	1 page
Annual Report	7/19/2002	1 page
Annual Report	5/16/2001	2 pages
Annual Report	8/7/2000	1 page
Annual Report	8/4/1999	1 page
Annual Report	7/6/1998	2 pages
Annual Report	7/1/1997	2 pages
Annual Report	7/1/1996	1 page
Annual Report	7/1/1995	1 page
Annual Report	7/1/1994	3 pages
Annual Report	7/1/1993	1 page
Annual Report	7/1/1992	3 pages
Annual Report	7/1/1991	1 page
Annual Report	7/1/1990	3 pages
Annual Report	7/1/1989	2 pages
Articles of Incorporation	3/17/1988	4 pages

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JUL 28 1993

Employer Identification Number:
61-1143413
Case Number:
313194018
Contact Person:
BEA EITH
Contact Telephone Number:
(513) 684-3578
Our Letter Dated:
October 6, 1988
Addendum Applies:
No

received
7/30/93

CHILDREN HAVE OPTIONS IN CHOOSING
EXPERIENCES INC
SUITE 303 - 3715 BARDSTOWN ROAD
LOUISVILLE, KY 40218

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

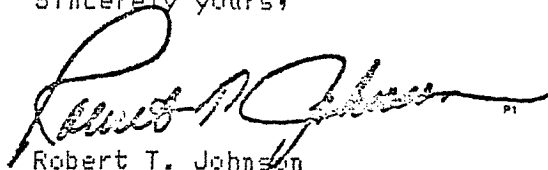
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



Robert T. Johnson
District Director

Children Have Options In Choosing Experiences (C.H.O.I.C.E.) Inc	
EIN: #61-1143413	
2020-2021 Proposed Agency Budget	
Revenue	Amount
Individual/ Business Donations	\$3,500
Corporate Donations	\$0
Fundraising	\$12,000
Grants	\$63,484
Metro United Way	\$7,183
In-kind donations	\$20,000
Volunteer Time	\$16,500
Miscellaneous	\$2,200
Revenue subtotal	\$124,867
Agency Expenses	Amount
Wages & Benefits (list each position)	
Executive Director	\$49,000
Program Coordinator	\$19,500
Profession Seminars/CEUs	\$675
Professional Liability Insurance	\$650
Licenses Certifications	\$450
Office supplies	\$820
Agency Insurance	\$785
Prevention Literature	\$500
Agency Expense Subtotal	\$72,380
Dare to Dream Sports Leadership & Mentoring Program	
Group Facilitator	\$27,000
Group Facilitator II	\$13,500
Bus Transportation (Mentoring Experiences)	\$2,660
Program Materials	\$2,500
Advanced Mentoring Training Phase I & II	\$6,615
Mentors' Field Trip	\$2,500
Conference Graduation	\$3,500
Program Expense Subtotal	\$58,275
Administration	
Administrative Assistant	\$15,000
Telephone/Internet Service	\$2,124
Website	\$144
Equipment/Software Maintenance	\$700
Office space	\$4,200
Printing	\$1,300

Advertising	\$1,000
Fundraising	\$3,000

Administrative Expense Subtotal	\$27,468
Expenses Total	\$158,123
Profit(loss)	-\$33,256

Children Have Options In Choosing Experiences, Inc.

Statement of Financial Position

As of July 31, 2020

08/12/20
Accrual Basis

	Jul 31, 20	Jul 31, 19	\$ Change	% Change
ASSETS				
Current Assets				
Checking/Savings				
10005 · B B & T Bank Fund Raising Accou	16,202.11	30,048.29	-13,846.18	-46.1%
10015-1 · PNC Gloria Moorman Scholarship	1,380.12	1,271.00	109.12	8.6%
10015 · PNC Agency Account	41,962.87	9,512.68	32,450.19	341.1%
7001 · PNC Credit Card -Payment	700.00	0.00	700.00	100.0%
Total Checking/Savings	60,245.10	40,831.97	19,413.13	47.5%
Other Current Assets				
12800 · Employee Advances	-10,000.00	0.00	-10,000.00	-100.0%
Total Other Current Assets	-10,000.00	0.00	-10,000.00	-100.0%
Total Current Assets	50,245.10	40,831.97	9,413.13	23.1%
TOTAL ASSETS	50,245.10	40,831.97	9,413.13	23.1%
LIABILITIES & EQUITY				
Equity				
30000 · Opening Balance Equity	28,672.17	28,672.17	0.00	0.0%
32000 · Unrestricted Net Assets	12,159.80	9,697.26	2,462.54	25.4%
Net Income	9,413.13	2,462.54	6,950.59	282.3%
Total Equity	50,245.10	40,831.97	9,413.13	23.1%
TOTAL LIABILITIES & EQUITY	50,245.10	40,831.97	9,413.13	23.1%

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning August 1, 2018, and ending July 31, 2019

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHOICE, Inc.		D Employer identification number 61-1143413
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number 502-456-5137
	3715 Bardstown Road		F Group Exemption Number ▶
	City or town, state or province, country, and ZIP or foreign postal code Louisville, KY 40218		

G Accounting Method: Cash Accrual Other (specify) ▶ _____ **H** Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ _____

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (7) ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	0
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	80
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0	
c Less: direct expenses from gaming and fundraising events	6c	0	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	0	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	0
	13 Professional fees and other payments to independent contractors	13	0
	14 Occupancy, rent, utilities, and maintenance	14	0
	15 Printing, publications, postage, and shipping	15	307
	16 Other expenses (describe in Schedule O)	16	
17 Total expenses. Add lines 10 through 16 ▶	17	0	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	0
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	0
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	0

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2018)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	0 22	0
23 Land and buildings	0 23	0
24 Other assets (describe in Schedule O)	0 24	0
25 Total assets	0 25	0
26 Total liabilities (describe in Schedule O)	0 26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0 27	0

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? _____

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 All funds are used to develop programs to make children aware of alternatives to drugs and alcohol		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	0

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See attached.				
No compensation, contributions to benefit plans, or expense accounts prepaid to any person on list				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		
35b	b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____		
37b	b Did the organization file Form 1120-POL for this year?		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
40b	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
40c	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
40d	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		
41	List the states with which a copy of this return is filed ▶ <u>None</u>		
42a	The organization's books are in care of ▶ <u>Liz Shannon</u> Telephone no. ▶ <u>502-456-5137</u> Located at ▶ <u>3715 Bardstown Road Louisville, KY</u> ZIP + 4 ▶ <u>40218-2268</u>		
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Yes	No
42c	c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
44b	b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		
44c	c Did the organization receive any payments for indoor tanning services during the year?		
44d	d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		
45b	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions		

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Yes No

46

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

Yes No

47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a

b If "Yes," was the related organization a section 527 organization?

49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1: No individuals or total over \$100,000.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All rows are empty.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer (Handwritten: J. M. Cooper), Date (Handwritten: 02/24/20), Type or print name and title (Handwritten: Jacqueline M. Cooper, Sec. Treasurer)

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

May the IRS discuss this return with the preparer shown above? See instructions

ORIGINAL COPY FILED
SECRETARY OF STATE OF KENTUCKY
FRANKFORT, KENTUCKY

MAR 17 1993

Bruce E. Ehrer
SECRETARY OF STATE

ARTICLES OF INCORPORATION

OF

CHILDREN HAVE OPTIONS IN CHOOSING EXPERIENCES, INC.

The undersigned, all of whom are natural persons of the age of twenty-one years or more, desiring to form a non-profit Corporation pursuant to KRS 273 et. seq., do hereby certify and adopt the following Articles of Incorporation:

ARTICLE I

NAME: The name of this Corporation shall be Children have Options In Choosing Experiences, Inc. The principal address shall be Suite 303, 3715 Bardstown Road Louisville, Kentucky 40218.

ARTICLE II

DURATION: The duration of this Corporation shall be perpetual.

ARTICLE III

ADDRESS: The address of the registered office of the Corporation in the State of Kentucky shall be Suite 303, 3715 Bardstown Road, Louisville, Kentucky 40218, and the name and address of this Corporation's registered agent for service of process is William Yesowitch, Suite 303, 3715 Bardstown Road, Louisville, Kentucky 40218.

ARTICLE IV

INCORPORATORS: The names and addresses of the initial Board of Directors are:

William Yesowitch
1904 Dillon Drive
Louisville, Kentucky 40205

J. Marcus Greer
3809 Chevy Chase Road
Louisville, Kentucky 40218

James Wilson
Medical Arts - Suite 1138
1169 Eastern Parkway
Louisville, Kentucky 40217

ARTICLE V

PURPOSES: This Corporation is organized exclusively as a Charitable Corporation as authorized by KRS 273 et. seq., including but not limited to:

- (1) Providing alternative alcohol/drug ^{free} programs including recreational, social and educational activities for target "high-risk" youth and their families. "High-risk" youth include but are not limited to:
 - a. Youth with alcoholic/drug abusing parents.
 - b. Youth with physically or sexually abusing parents.
 - c. Youth with school problems.
 - d. Delinquent youth.
 - e. Youth suffering economic hardship.
 - f. Illiterate youth.
 - g. Youth lacking job skills.
 - h. Youth lacking social skills.
 - i. Pregnant youth.
 - j. Youth who have had abortions.
 - k. Depressed and suicidal youth.
 - l. Mentally ill youth.

ARTICLE VI

NON-PROFIT CAPITALIZATION: No part of the income of the Corporation shall inure to the benefit of any member, trustee, officer or director of the Corporation, or any private individual (except that reasonable compensation may be paid for services rendered to or for the Corporation in connection with furtherance of its purposes and no member trustee, director or officer of the Corporation or any private person shall be entitled to share in the distribution of any of the Corporate assets on dissolution of the Corporation.

ARTICLE VII

MEMBER LIABILITY: The private property of this Corporation's members, directors or officers shall not be subject to the payment of Corporate debts to any extent whatsoever. No director or officer shall be liable for relying in good faith upon the books or account or reports made to the Corporation by any of its officials, members or by independent accountant selected by the Board of Directors or by any committee so designated by the Corporation, or in relying in good faith upon any other records of the Corporation.

ARTICLE VIII

ACTIVITIES PROHIBITED: No substantial part of the activities of the Corporation shall be carrying on of propanganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these Articles the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from Federal income tax under section 501 (c) (3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law) or (b) by a corporation, contributions to which are deductible under section 170 (c) (2) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law).

ARTICLE IX

DISSOLUTION: Upon dissolution of the Corporation, pursuant and subject to KRS 273 et. seq., the Corporation shall, after paying or making provision for the payment of debts and obligations of the Corporation, distribute the remaining assets and property (after necessary expenses thereof) to such organization as shall qualify as an exempt organization or organizations under Section 501 (c) (3) of the Internal Revenue Code of 1954, as named. Any assets not disposed of shall be disposed by the Circuit Court of the County in which the principal office of Corporation is located, exclusively for such purposes or to such organizations as said Court shall determine, which are organized for such purposes as qualify them as exempt organizations.

ARTICLE X

POWERS: This Corporation shall conduct its affairs, carry on its operations and exercise its powers for all lawful activities under the Kentucky Revised Statutes Chapter 273 et. seq.; and shall make and alter bylaws, have a corporate seal, elect or appoint officers or agents of the Corporation, make contracts, incur liabilities and to have and exercise all powers necessary or convenient to effect any or all of the purposes for which the Corporation is organized.

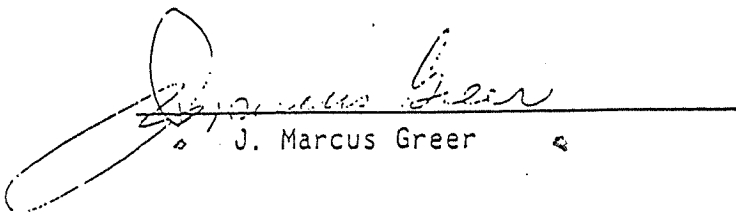
ARTICLE X

POWERS: This Corporation shall conduct its affairs, carry on its operations and exercise its powers for all lawful activities under the Kentucky Revised Statutes Chapter 273 et. seq.; and shall make and alter bylaws, have a corporate seal, elect or appoint officers or agents of the Corporation, make contracts, incur liabilities and to have and exercise all powers necessary or convenient to effect any or all of the purposes for which the Corporation is organized.

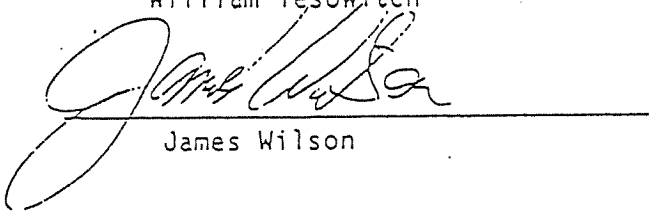
IN WITNESS WHEREOF, we hereunto subscribed our names, as incorporators hereof, this 9th day of March, 1988.



William Yesowitch



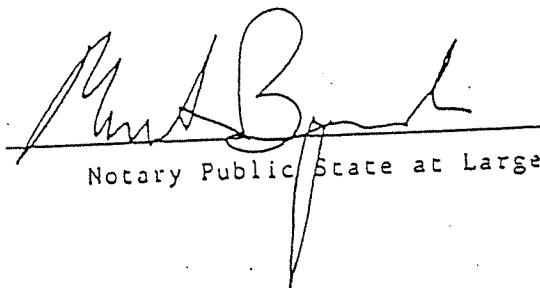
J. Marcus Greer



James Wilson

STATE OF KENTUCKY
COUNTY OF JEFFERSON

THE FOLLOWING PERSONS Marcus Greer James Wilson William Yesowitch
subscribed and sworn to before me on this 9th day of March, 1988.


Notary Public State at Large

My commission expires June 22, 1990

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Children Have Options In Choosing Experiences, Inc.

2 Business name/disregarded entity name, if different from above

C.H.O.I.C.E., Inc.

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

Nonprofit

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

3715 Bardstown Road, Suite 303

6 City, state, and ZIP code

Louisville, Kentucky 40218

7 List account number(s) here (optional)

Requester's name and address (optional)

See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									

or

Employer identification number									
6	1	-	1	1	4	3	4	1	3

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶

Leg Siao - Shannon

Date ▶ *8/13/20*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

PRE-EVALUATION – POST EVALUATION
ELEMENTARY SCHOOL

All of your responses are confidential and will be use anonymously
C.H.O.I.C.E. Inc.
(Children Have Options In Choosing Experiences, Inc.)

Please answer the following questions accurately.
If you have any questions, please ask the facilitator

Age _____ Gender: __ Male __ Female
Date of Birth: _____ / _____ / _____

Grade _____
School _____

What is your race/ethnicity?

1. Black
2. White
3. Hispanic
4. Asian
5. American Indian
6. Other than listed: _____

Who do you live with NOW? Zip Code _____
(Please check all that apply)

Mother
 Father
 Stepmother
 Stepfather
 Mother & other Adults
 Father & other adults
 Guardian
 Other(s) _____

Write T for true statements and F for false statements on each line below. Do not put a question mark or write maybe. If you do not know the answer, leave the space blank.

- _____ 1. Two things that happen in your body when you stop using nicotine are a) your heart rate goes down and b) your anxiety increases.
- _____ 2. Being bored can cause a person to smoke pot, eat too much or act out.
- _____ 3. The best predictor that a teenager will smoke is if he or she thinks its cool to smoke.
- _____ 4. Dealing with stress is a natural part of life.
- _____ 5. It is an adult's responsibility to be a positive role model for young people.
- _____ 6. Five hundred (500) teenagers start smoking each day.
- _____ 7. The amount of alcohol in a 12-ounce can of beer, a 6-ounce glass of wine, and a 2-ounce short of whiskey is all the same.
- _____ 8. Which of the following options are good way to deal with bullying behavior:
a) Don't fight c) Work as a group and talk to the bully
b) Ignore the bully d) All above
- _____ 9. The number of people in a person's family who smoke cigarettes, and what teenager believes about smoking, affects a teen's choice to smoke.
- _____ 10. A person can overdose on alcohol.



CHOICE Pre/Post Test (con't)

- ___ 11. You can say no to a person without losing their friendship.
- ___ 12. One person being violent can lead to a whole community becoming violent.
- ___ 13. Asking yourself if it would be enjoyable, healthy and all right with your parents, are good things to think about when making decisions.
- ___ 14. Drinking alcohol is a good way to stay warm.
- ___ 15. Not doing anything is still making a choice.
- ___ 16. Arguing or fighting are good ways to deal with someone asking you to do something you don't want to do.
- ___ 17. A person from a different culture than yourself is not as trustworthy as someone from your own culture.
- ___ 18. If a person's parents use alcohol or other drugs, is it good for that person not to tell anyone.
- ___ 19. Marijuana is an illegal drug that damages the body as well as the mind with the powerful chemical THC.
- ___ 20. What you think about yourself affects the way others see you and the choices and decisions you make.
- ___ 21. Being aggressive means doing whatever you want even if it hurts other people.
- ___ 22. Regular exercise improves mood; builds strong muscles; improves sleep development; healthy lungs and controls weight.
- ___ 23. There are negative and/or positive consequences to every choice you make.
- ___ 24. A person can deal with inappropriate behavior without using violence.
- ___ 25. A person should be judged by the content of their character and not their gender or race.



CHOICE GROUP EVALUATION
(Elementary)

School: _____ Date: _____

Age: _____ Grade: _____ Sex: _____ Ethnic Race: _____

Answer the following questions in the space provided.

1. How would you rate the group overall?

Very Satisfactory		Okay		Poor
1	2	3	4	5

2. What did you learn from the C.H.O.I.C.E. group that you felt was most important?

3. One a scale of one (1) to five (5) how would you rate your group Facilitators?

Excellent	Good	Average	Fair	Poor
1	2	3	4	5

(Names of facilitators go on long lines below; rating go on short lines beside names)

_____	_____
_____	_____

(Continue on back)

CHOICE GROUP EVALUATION

(Elementary)

Continue

4. On a scale of one (1) to five (5) how would you rate what you have gained from being in the C.H.O.I.C.E. group?

Excellent	Good	Average	Fair	Poor
1	2	3	4	5

5. On a scale of one (1) to five (5) has your participation in the group increased your awareness of what alcohol, tobacco and other drug abuse can do to an individual's life?

Increased a lot		Same		Decreased a lot
1	2	3	4	5

6. Would you like to see this group continued at your school?

Yes _____ No _____

7. Would you like to continue to be a part of this group?

Yes _____ No _____

8. Please give any additional comments you wish to make

PRE-EVALUATION – POST EVALUATION

Middle and High School

All of your responses are confidential, and will be use anonymously

C.H.O.I.C.E., Inc.

(Children Have Options In Choosing Experiences, Inc.)

Please answer the following questions accurately.
If you have any questions, please ask the facilitator

Age _____ Gender: Male Female _____
Date of Birth _____ / _____ / _____
Month Day Year

Grade _____
School _____

What is your race/ethnicity?

1. Black
2. White
3. Hispanic
4. Asian
5. American Indian
6. Other than listed: _____

Who do you live with NOW? Zip Code _____
(Please check all that apply.)

- Mother
 Father
 Stepmother
 Stepfather
 Mother & other Adults
 Father & other adults
 Guardian
 Other(s) _____

A. The questions in Section A are related to your description of your family. Using the following scale as a guide, mark the correct number beside each sentence as it relates to YOUR family. Each number can be used more than once.

Almost Never Once in a While Sometimes Often Almost Always
1 2 3 4 5

In my family.....

- _____ We help each other out when it is needed.
_____ We arrive at a compromise when there is a difference of opinion.
_____ We approve of each other's friends and associates.
_____ We enjoy doing things together.
_____ All family members act as leaders at some time.
_____ Rules change in my family.

B. Write T for true statements and F for false statements next to each of the following sentences. Do not put a question mark or maybe. If you do not know the answer, leave the space blank. Please write the T and F legibly.

- _____ 1. The amount of **alcohol** in a 12-ounce can of beer, a 6-ounce glass of wine and a two-ounce shot of whiskey is all the same.
- _____ 2. Dealing with stress is a natural part of life.
- _____ 3. It is **not** helpful for children of alcoholics or addicts to cover up their parent's drinking from other family members, friends, and others.
- _____ 4. You can say NO to someone without losing his or her friendship.
- _____ 5. A person can overdose on alcohol.
- _____ 6. A person's values plays a role in the choices that he or she makes.
- _____ 7. Drinking alcohol is a good way to stay warm.
- _____ 8. If one or both of a person's parents are chemically dependent, the chances are high that person will develop the disease of chemical dependency.
- _____ 9. A person from a different cultural background than yourself is not as trustworthy as someone who shares your cultural background.
- _____ 10. Drinking a bottle of cough syrup is all right since it is not a prescription drug.
- _____ 11. Getting enough sleep, eating well, **not** using alcohol and other drugs, and getting daily exercise is the prescription to a healthy life.
- _____ 12. Being aggressive means doing anything to get what you want, even if it hurts someone else.
- _____ 13. How well you like yourself plays a major role in the choices that you make.
- _____ 14. A person can deal with inappropriate behavior **without** the use of violence.
- _____ 15. It is an adult's responsibility to be a positive role model for young people.

C. **PLEASE CIRCLE YOUR RESPONSE:**

	Disagree	Strongly Disagree	Neutral	Agree	Strongly Agree
16. I believe not responding to a situation is still making a choice.	1	2	3	4	5
17. Boredom can lead to inappropriate behavior is still making a choice like smoking pot, over-eating, delinquent behavior, or drinking too much alcohol.	1	2	3	4	5
18. Alcoholics are weak willed people who do not have enough willpower to pull themselves together and stop drinking.	1	2	3	4	5
19. I believe a person should be judged by the way they treat you, not by the cultural background from which they come.	1	2	3	4	5
20. Individual violence can lead to community violence.	1	2	3	4	5
21. Leisure or "free time" does not need to be planned.	1	2	3	4	5
22. Views of friends are important to middle and high school students.	1	2	3	4	5
23. There are negative and/or positive consequences to every decision that you make.	1	2	3	4	5
24. I believe your opinion of yourself affects the way others see you.	1	2	3	4	5
25. You cannot become an alcoholic if you only drink beer.	1	2	3	4	5
26. A person should be judged by the content of his or her character, and not by their gender.	1	2	3	4	5

CHOICE GROUP EVALUATION
(MIDDLE AND HIGH SCHOOL)



School: _____ Date: _____

Age: _____ Grade: _____ Sex: _____ Ethnic Race: _____

A. Number your response to each of the following questions as would best describe your feelings when you are part of the group.

Use the chart below as a guideline.

High					Low
1	2	3	4	5	

- ___ 1. My freedom to express yourself.
- ___ 2. The extent to which my ideas and opinions are heard.
- ___ 3. The way decisions are made in group.
- ___ 4. The group's process in producing desired results.
- ___ 5. The degree of trust and openness that I feel in the group.
- ___ 6. The way we manage conflict.
- ___ 7. The extent to which I feel a part of the group.
- ___ 8. The ability find new ways to deal with conflicts.
- ___ 9. The ability to communicate feelings.
- ___ 10. My own feeling of self-worth.
- ___ 11. The ability to help others who need assistance.

CHOICE EVALUATION (CONT)



- ___ 12. Quality of relationships in my family and my role in making them positive.
- ___ 13. My personal attitude toward school as opposed to the beginning of the year.

B. Answer the following questions in space provided.

1. How would you rate the group overall?

Very Satisfactory Okay Poor
1 2 3 4 5

2. How many weeks do you think a student should be in C.H.O.I.C.E. group before being rotated out?

___ 14 weeks (one semester) FOR WHAT REASON? _____

___ A year _____

___ other _____

3. How long do you think a C.H.O.I.C.E. group meeting should last?

___ One class period FOR WHAT REASON? _____

___ 1.5 Periods _____

___ Two class periods _____

___ Other _____

4. How often during a week should a group meet?

___ Once per week FOR WHAT REASON? _____

___ Twice per week _____

___ Other _____

___ Amount of time given to individual topics



10. On a scale of one (1) to five (5) how would you rate the level of the personal satisfactions/reward/help that you gained from participation in the C.H.O.I.C.E. Program?

Excellent	Good	Average	Fair	Poor
1	2	3	4	5

11. Has your drinking and/or drug use changed as a result of being in the C.H.O.I.C.E. Program?

Never used Use Less Stopped
 Use More Use the same amount

12. Have you noticed any changes in the drinking/other drug use of the students in your group?

Don't know Stopped Use More
 Use Less Usage the same

13. On a scale of one (1) to five (5) has your participation in the group increased your awareness of what chemical dependency (alcohol and other drug addiction) can do to one's life?

Increase		Same		Decrease
1	2	3	4	5

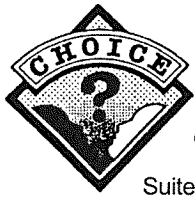
14. Would you like to see this group continued at your school? FOR WHAT REASON?

YES NO

15. Would you like to continue in the group? FOR WHAT REASON?

YES NO

16. Please give any additional comments you wish to make:



CHOICE, Inc.

Children Have Options In Choosing Experiences

Suite 303, 3715 Bardstown Road, Louisville, KY 40218 • (502) 456-5137 • (502) 456-5842 Fax • E-mail: choiceinc@bellsouth.net

Intervention Alcohol/Drug Program



C.H.O.I.C.E. Behavioral Checklist

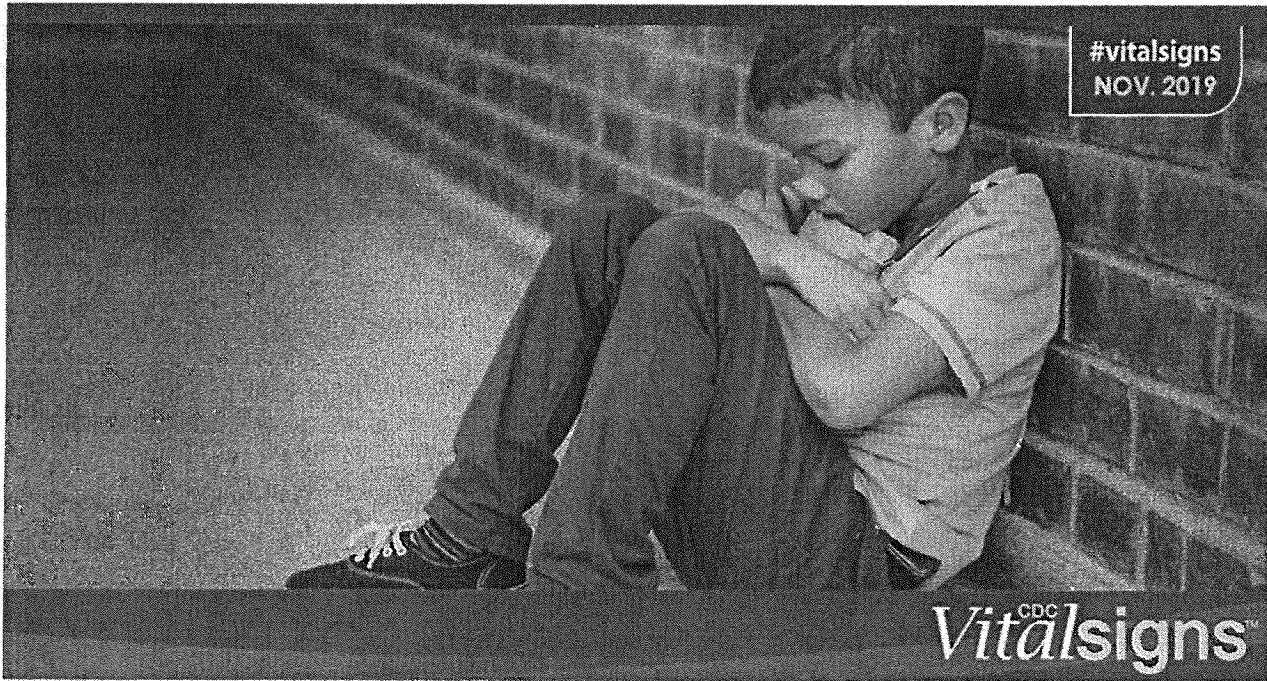
	STUDENT NAME																		
1. Needs direction to complete work																			
2. Work completed and turned in on time																			
3. Verbally abusive to others																			
4. Physically abusive to others																			
5. Cut school/class																			
6. Late to school																			
7. Absent from school																			
8. Received grade below C																			
9. Threw a temper tantrum																			
10. Did not participate in class																			
11. In detention, ISAP, etc.																			
12. Used profanity/inappropriate language																			
13. Out of seat/off task																			
14. Displayed leadership skills																			
15. Appropriate interaction with others																			
16. On task/doing work																			
17. Student of the week/other recognition																			
18. Suspended from school																			

Mark in the appropriate box your response for each of the above students that you have in your class for _____ Please use a "+" if behavior is present, a "-" if a behavior is absent, and "NI" if improvement is needed. Any additional comments can be placed on the back of this form or attached. Thank you for your support and participation. Students' behaviors are a key focus to the school intervention components, and your assistance is valued greatly.

TEACHER: _____

CLASS: _____

Vital Signs



Adverse Childhood Experiences (ACEs)
Preventing early trauma to improve adult health

1 in 6

1 in 6 adults experienced four or more types of ACEs.

5 of 10

At least 5 of the top 10 leading causes of death are associated with ACEs.

44%

Preventing ACEs could reduce the number of adults with depression by as much as 44%.

Highlights this Issue

[JAMA Viewpoint – Identifying and Preventing Adverse Childhood Experiences: Implications for Clinical Practice](#)

Overview

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood. ACEs can include violence, abuse, and growing up in a family with mental health or substance use problems. Toxic stress from ACEs can change brain development and affect how the body responds to stress. ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood. However, ACEs can be prevented.

Preventing ACEs can help children and adults thrive and potentially:

Problem

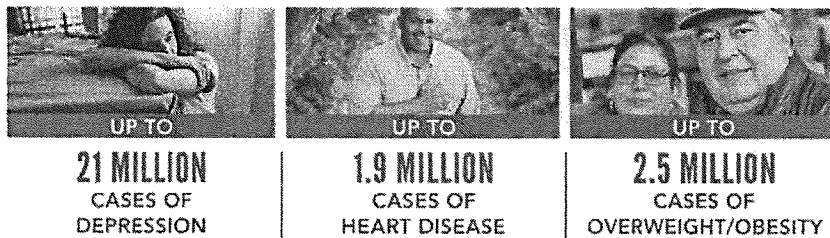
Adverse Childhood Experiences impact lifelong health and opportunities.

ACEs are common and the effects can add up over time.

- 61% of adults had at least one ACE and 16% had 4 or more types of ACEs.

- Lower risk for conditions like depression, asthma, cancer, and diabetes in adulthood.
- Reduce risky behaviors like smoking and heavy drinking.
- Improve education and employment potential.
- Stop ACEs from being passed from one generation to the next.

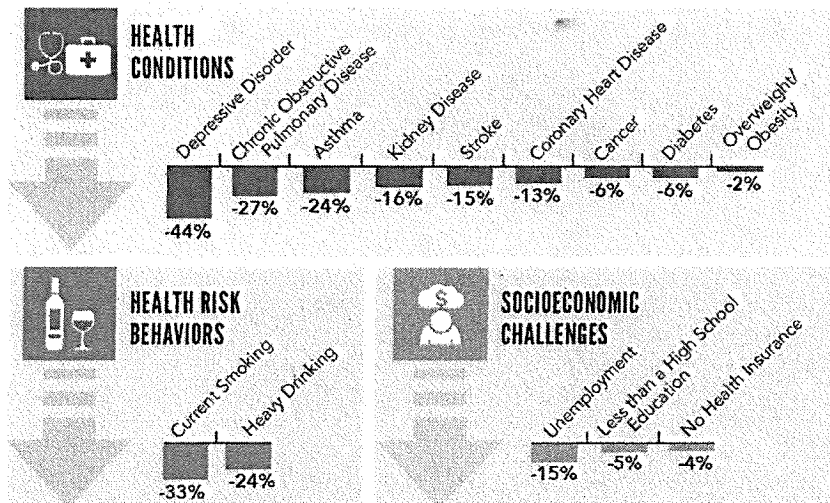
Preventing ACEs could reduce a large number of health conditions.



View Larger
[View Text Description](#)

SOURCE: National Estimates based on 2017 BRFSS; Vital Signs, *MMWR* November 2019.

Potential reduction of negative outcomes in adulthood



View Larger
[View Text Description](#)

SOURCE: BRFSS 2015-2017, 25 states, CDC Vital Signs, November 2019.

The Way Forward

Healthcare Providers Can:

- Anticipate and recognize current risk for ACEs in children and history of ACEs in adults. Refer patients to effective services and support.
- Link adults to family-centered treatment approaches that include substance abuse treatment and parenting interventions.

Employers Can:

- Adopt and support family-friendly policies, such as paid family leave and flexible work schedules.

States and Communities Can:

- Improve access to high-quality childcare by expanding eligibility, activities offered, and family involvement.
- Use effective social and economic supports that address financial hardship and other conditions that put families at risk for ACEs.
- Enhance connections to caring adults and increase parents' and youth skills to manage emotions and conflicts using approaches in schools and other settings.

Everyone Can:

- Recognize challenges that families face and offer support and encouragement to reduce stress.
 - Support community programs and policies that provide safe and healthy conditions for all children and families.
- <http://go.usa.gov/xVvqD>

Raising awareness about ACEs can help:



- Change how people think about the causes of ACEs and who could help prevent them.
- Shift the focus from individual responsibility to community solutions.
- Reduce stigma around seeking help with parenting challenges or for substance misuse, depression, or suicidal thoughts.
- Promote safe, stable, nurturing relationships and environments where children live, learn, and play.

Issue Details

Related Pages and Resources

- [Vital Signs: Press Release – Preventing Adverse Childhood Experiences \(ACEs\) to improve U.S. health \[English\]](#)
- [Vital Signs: Press Release – Cómo prevenir las experiencias adversas en la niñez \(ACE\) para mejorar la salud en los EE. UU. \[Spanish\]](#)
- [Morbidity and Mortality Weekly Report \(MMWR\): Vital Signs: Estimated Proportion of Adult Health Problems Attributable to Adverse Childhood Experiences and Implications for Prevention — 25 States, 2015–2017](#)
- [CDC's Adverse Childhood Experiences](#)
- [CDC's Behavioral Risk Factor Surveillance System](#)
- [CDC's Division of Adolescent and School Health](#)
- [ACE Journal Articles by Topic Area](#)
- [CDC Essentials for Childhood](#)
- [CDC's Technical Packages to Prevent Violence](#)
- [CDC's Preventing Adverse Childhood Experiences \(ACEs\): Leveraging the Best Available Evidence](#) ■ [3.6 MB, 40 pages]
- [CDC's Essentials for Parenting](#)
- [CDC's Health Impact in 5 Years: Earned Income Tax Credits](#)

Resources:

- [Preventing Adverse Childhood Experiences Training](#)
- [ACE Study Infographic](#)

THE TRUTH ABOUT ACEs

WHAT ARE THEY?

ACEs are
 ADVERSE
 CHILDHOOD
 EXPERIENCES

The three types of ACEs include

ABUSE	NEGLECT	HOUSEHOLD DYSFUNCTION	
Physical Abuse	Physical Neglect	Mental Illness	Incarcerated Relative
Sexual Abuse	Emotional Neglect	Mother Treated Violently	Substance Abuse
Sexual Neglect		Divorce	

HOW PREVALENT ARE ACEs?

The ACE study* revealed the following estimates:

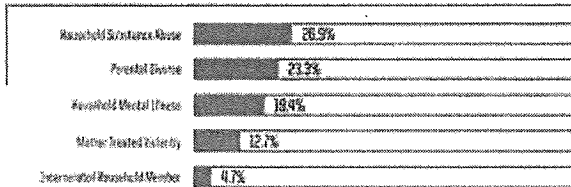
ABUSE



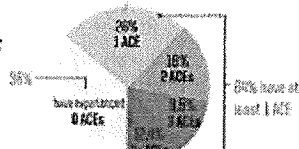
NEGLECT



HOUSEHOLD DYSFUNCTION

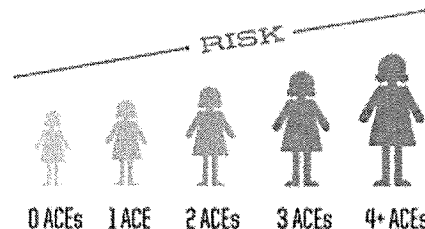


Of 17,000 ACE study participants:



WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes



Possible Risk Outcomes:

BEHAVIOR				
Lack of physical activity	Smoking	Alcohol use	Drug use	Missed work
PHYSICAL & MENTAL HEALTH				
Severe obesity	Diabetes	Depression	Suicide attempter	STDs
Heart disease	Cancer	Stroke	COPD	Broken bones

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
Bus Transportation (Miller Transportation)	1,000	1,660	2,660
"Dare to Dream" Mentoring Training	1,455	5,160	6,615
C.H.O.I.C.E. 32nd Conference Graduation	1,000	2,500	3,500
Total	3,455	9,320	12,775

Applicant's Initials *J.S.*