

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

Applicant/Program: Children Have Options In Choosing Experiences (C.H.O.I.C.E.) Inc.
Applicant Requested Amount: \$35,034
Appropriation Request Amount: \$9,000

Executive Summary of Request
The C.H.O.I.C.E. "Dare to Dream" Sports Leadership and Mentoring program is for high school athletes from Fern Creek High School (15 male mentors +) trained to mentor a 4th grade group (8 male mentees) and a 5th grade group (7 male mentees) at Watterson Elementary. From Iroquois High School (15 female mentors +) are selected to mentor a 4th grade group (15 female mentees) at Young Elementary. The program consists of one class period per week for 28 weeks during school hours at the participant's home school. The program addresses prevention and promotes risk-avoidance messages.

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.

... 21 *Nicole George* \$2,000 August 30, 2019
District # Primary Sponsor Signature *RGR* Amount Date
Councilwoman Nicole George

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: _____

Applicant/Program:

Children Have Options In Choosing Experiences (C.H.O.I.C.E.) Inc.

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:

Children Have Options In Choosing Experiences (C.H.O.I.C.E.) Inc.

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* ^{RGR} \$ 2,000
 Councilwoman Nicole George

District 22 *Robin J. Engel* ^{JMT} \$ 7,000
 Councilman Robin J. Engel District 22

District 23 _____ \$ _____

District 24 _____ \$ _____

District 25 _____ \$ _____

District 26 _____ \$ _____

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

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

Program Name and Request Amount "Dare to Dream" Sports Leadership Mentoring Program: \$35,034

| | Yes/No/NA |
|--|------------------------------|
| Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding? | <input type="checkbox"/> Yes |
| Is the funding proposed by Council Member(s) less than or equal to the request amount? | <input type="checkbox"/> Yes |
| Is the proposed public purpose of the program viable and well-documented? | <input type="checkbox"/> Yes |
| Will all of the funding go to programs specific to Louisville/Jefferson County? | <input type="checkbox"/> Yes |
| Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet? | <input type="checkbox"/> Yes |
| Has prior Metro Funds committed/granted been disclosed? | <input type="checkbox"/> Yes |
| Is the application properly signed and dated by authorized signatory? | <input type="checkbox"/> Yes |
| Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included? | <input type="checkbox"/> Yes |
| 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 |
| 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 |
| Is the current Fiscal Year Budget included? | <input type="checkbox"/> Yes |
| Is the entity's board member list (with term length/term limits) included? | <input type="checkbox"/> Yes |
| Is recommended funding less than 33% of total agency operating budget? | <input type="checkbox"/> Yes |
| Does the application budget reflect only the revenue and expenses of the project/program? | <input type="checkbox"/> Yes |
| Is the cost estimate(s) from proposed vendor (if request is for capital expense) included? | <input type="checkbox"/> N/A |
| Is the most recent annual audit (if required by organization) included? | <input type="checkbox"/> N/A |
| Is a copy of Signed Lease (if rent costs are requested) included? | <input type="checkbox"/> N/A |
| Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included? | <input type="checkbox"/> N/A |
| Are the Articles of Incorporation of the Agency included? | <input type="checkbox"/> Yes |
| Is the IRS Form W-9 included? | <input type="checkbox"/> Yes |
| Is the IRS Form 990 included? | <input type="checkbox"/> Yes |
| Are the evaluation forms (if program participants are given evaluation forms) included? | <input type="checkbox"/> Yes |
| Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)? | <input type="checkbox"/> N/A |
| Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards? | <input type="checkbox"/> Yes |

Prepared by: Rachel Roarx, District 21 Legislative Aide

Date: Aug. 30, 2019

Roarx, Rachel G.

From: George, Nicole A.
Sent: Wednesday, September 4, 2019 11:05 AM
To: Roarx, Rachel G.
Subject: Choice NDF

I approve allocating \$2,000 from NDF to Choice for 2019.

Thanks!

Roarx, Rachel G.

From: Engel, Robin
Sent: Wednesday, September 4, 2019 11:30 AM
To: Ott, Stephen
Cc: George, Nicole A.; Roarx, Rachel G.; Townes, Jared M.
Subject: District 22 Signature Approval for LA Jared Townes CHOICE 2019

Stephen,

This email confirms my request to give my District 22 Legislative Assistant, Jared Townes, signature approval authority to sign on my behalf for the NDF funding request package for the C.H.O.I.C.E., INC. "Dare to Dream" Sports Leadership Mentoring Program. I wish to contribute \$7,000 this year.

Regards,

Robin J. Engel
District 22 Councilman
Louisville Metro Council
City Hall – 2nd Fl.
601 W. Jefferson Street
Louisville, KY 40202
Phone: (502) 574-1122
Email: robin.engel@louisvilleky.gov

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 4/18/2019
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 Gloria Moorman
Secretary Jacqueline Cooper
Treasurer Jacqueline Cooper
Director Gloria Moorman
Director Beverly M. Edwards
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.

| | | | | |
|------------------------------------|----------------------|--------|-------------|------------|
| <u>Certificate of Assumed Name</u> | 5/17/2019 | 1 page | <u>tiff</u> | <u>PDF</u> |
| <u>Annual Report</u> | 4/18/2019 | 1 page | <u>PDF</u> | |
| <u>Annual Report</u> | 5/10/2018 | 1 page | <u>PDF</u> | |
| <u>Annual Report</u> | 5/25/2017 | 1 page | <u>PDF</u> | |
| <u>Annual Report</u> | 3/9/2016 | 1 page | <u>PDF</u> | |
| | 3/31/2015 6:30:03 PM | 1 page | <u>PDF</u> | |

Registered Agent
name/address change

| | | | |
|----------------------------------|-----------|---------|------------------------|
| <u>Annual Report</u> | 3/31/2015 | 1 page | <u>PDF</u> |
| <u>Annual Report</u> | 2/6/2014 | 1 page | <u>PDF</u> |
| <u>Annual Report</u> | 5/15/2013 | 1 page | <u>PDF</u> |
| <u>Annual Report</u> | 2/14/2012 | 1 page | <u>PDF</u> |
| <u>Annual Report</u> | 7/8/2011 | 1 page | <u>PDF</u> |
| <u>Annual Report</u> | 3/8/2010 | 1 page | <u>PDF</u> |
| <u>Annual Report</u> | 7/29/2009 | 1 page | <u>PDF</u> |
| <u>Annual Report</u> | 3/3/2008 | 1 page | <u>tiff</u> <u>PDF</u> |
| <u>Annual Report</u> | 3/19/2007 | 1 page | <u>tiff</u> <u>PDF</u> |
| <u>Annual Report</u> | 4/7/2006 | 1 page | <u>tiff</u> <u>PDF</u> |
| <u>Annual Report</u> | 5/10/2005 | 1 page | <u>tiff</u> <u>PDF</u> |
| <u>Annual Report</u> | 8/5/2003 | 1 page | <u>tiff</u> <u>PDF</u> |
| <u>Annual Report</u> | 7/19/2002 | 1 page | <u>tiff</u> <u>PDF</u> |
| <u>Annual Report</u> | 5/16/2001 | 2 pages | <u>tiff</u> <u>PDF</u> |
| <u>Annual Report</u> | 8/7/2000 | 1 page | <u>tiff</u> <u>PDF</u> |
| <u>Annual Report</u> | 8/4/1999 | 1 page | <u>tiff</u> <u>PDF</u> |
| <u>Annual Report</u> | 7/6/1998 | 2 pages | <u>tiff</u> <u>PDF</u> |
| <u>Annual Report</u> | 7/1/1997 | 2 pages | <u>tiff</u> <u>PDF</u> |
| <u>Annual Report</u> | 7/1/1996 | 1 page | <u>tiff</u> <u>PDF</u> |
| <u>Annual Report</u> | 7/1/1995 | 1 page | <u>tiff</u> <u>PDF</u> |
| <u>Annual Report</u> | 7/1/1994 | 3 pages | <u>tiff</u> <u>PDF</u> |
| <u>Annual Report</u> | 7/1/1993 | 1 page | <u>tiff</u> <u>PDF</u> |
| <u>Annual Report</u> | 7/1/1992 | 3 pages | <u>tiff</u> <u>PDF</u> |
| <u>Annual Report</u> | 7/1/1991 | 1 page | <u>tiff</u> <u>PDF</u> |
| <u>Annual Report</u> | 7/1/1990 | 3 pages | <u>tiff</u> <u>PDF</u> |
| <u>Annual Report</u> | 7/1/1989 | 2 pages | <u>tiff</u> <u>PDF</u> |
| <u>Articles of Incorporation</u> | 3/17/1988 | 4 pages | <u>tiff</u> <u>PDF</u> |

Assumed Names

GLORIA MOORMAN SCHOLARSHIP FUND

Active

Activity History

| Filing | File Date | Effective Date | Org. Referenced |
|---------------------------------|--------------------------|-------------------------|--|
| 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 |



CHOICE, Inc.

Youth Prevention/Intervention
Alcohol/Drug Program

Children Have Options In Choosing Experiences

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

August 1, 2019

Rachel Roarx
Legislative Aide
21st District
Louisville Metro Council
601 W. Jefferson Street
Louisville, Kentucky 40202

CC: Jared Townes
Legislative Aide
22nd District

RE: Neighborhood Development Fund (NFD)
District 21 & 22
C.H.O.I.C.E. (Children Have Options In Choosing Experiences), Inc.
Application for 2019-2020 School Year
“Dare to Dream” Sports Leadership and Mentoring Program (Iroquois High School and
Educational Self Help Mentee Group Whitney Young & Fern Creek High School Educational Self-Help
Mentee Group at Watterson Elementary)

Dear Rachel,

Enclosed is a 2019-2020 Louisville Metro Council is a completed application for the Neighborhood Development Fund.

Historically, District 22 has been the lead for C.H.O.I.C.E.’s NDF grants. Thank you for taking the lead for the 2019-2020 grant request.

We are thankful for all the support from District 21 & 22 for the C.H.O.I.C.E. “Dare to Dream” Sports Leadership and Mentoring Program over the years. The youth, adolescents, their families, and schools are very appreciative of your ongoing commitment to this community.

Once again, we are requesting your support for the 2019-2020 school year for the “Dare to Dream” program.

If you have any questions, please call or email.

Sincerely,

Liz Sias-Shannon
Executive Director

Enclosure: Grant Application 2019-2020

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): | 21 & 22 | Zip Code(s): | 40212, 40215, 40291, 40218(cont) |
| SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION | | | |
| PROGRAM/PROJECT NAME: "Dare to Dream" Sports Leadership Mentoring Program and Educational Self Help Group | | | |
| Total Request: (\$) | 35,034 | Total Metro Award (this program) in previous year: (\$) | 18,200 |
| Purpose of Request (check all that apply): | | | |
| <input checked="" 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 <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 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: (\$) | 11,200 |
| Source: | District 22 | Amount: (\$) | 7,000 |
| Source: | EAF | Amount: (\$) | 3,000 |
| 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 | | | |

Applicant's Initials 

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Vision:

Children Have Options In Choosing Experiences (C.H.O.I.C.E.) Incorporated founded in 1987. C.H.O.I.C.E. Inc. is a comprehensive, community-based prevention and early intervention program designed to guide youth and adolescents exposed to adverse childhood experiences (ACEs) into making more positive life choices. 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.

Mission:

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

Services:

The C.H.O.I.C.E. program is directed towards Jefferson County Public School students grades 4th through 12th from mixed social-economic and ethnic backgrounds. C.H.O.I.C.E. offers a 28 week research-based curriculum through the C.H.O.I.C.E. Model (Bemker & Sias-Shannon, 2002)] that focus on positive youth development, leadership skills, and civic engagement through group counseling and mentoring services. CHOICE provides a safe place for children to express their emotions and learn skills to have positive interpersonal relationship across settings (home, school, and community). In addition to, the program assists youth with coping with unhealthy situations in a positive way.

Since 1994, C.H.O.I.C.E. has offered The "Dare to Dream" Sports Leadership & Mentoring program at Fern Creek High School. The "Dare to Dream" program is two-tiered prevention education program aimed at bolstering resiliency factors within the young person life to increase their ability to thrive as an adult. C.H.O.I.C.E. focus on teaching youth and adolescents skills that will be required of them in the 21st Century, including but not limited to critical thinking, empathy, effective communication, problem-solving, collaboration and teamwork. The mentor-mentee matched created during the program assists young people in joining together to enhance their ability to make positive choices; increase their sense of self-regard; decrease the incidence of ATOD (alcohol, tobacco and other drugs) abuse; and other unhealthy risk behaviors (bullying, sexual inappropriateness & criminal activity).

C.H.O.I.C.E. Inc. is requesting funding for: the "Dare to Dream" Sports Leadership and Mentoring; a positive youth development school based cross-age peer mentoring program; for males at Fern Creek High School which indirectly services a male mentee group at Watterson Elementary. For females at Iroquois High School which indirectly services a female mentee group at Young Elementary.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

| Board Member | Term End Date |
|--|----------------|
| Gloria Moorman, Chairperson, Retiree, Louisville Public Health and Wellness | December, 2021 |
| Jacqueline Cooper, Secretary/Treasury, Adjunct Professor, Webster University | December, 2021 |
| Leigh Anne Parker, Financial Advisor, Edward Jones | December, 2022 |
| Beverly Edward, Executive Director, Episcopal Church Home | December, 2021 |
| Nikki Johnson Licensed Certified Social Worker State of Kentucky | December, 2023 |
| Jackie Pennington, Retired, Credit Union Administrator | December 2023 |
| Carla Robinson, Fund Developing Chair, Associate Dir. of Admission, Spencerian College | December, 2023 |
| Hunter Mills, Former Fern Creek High School "Dare to Dream" Mentor | December, 2023 |
| Antomia Farrell, Cooperative Extension HR Specialist, U.K. College of Agricultural | December, 2023 |
| Ray Brown, President/CEO, RAE POPELKA Consulting | December, 2023 |
| 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 and 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) | 47,000 |
| Group Facilitator (proposed salary) | 25,000 |
| Dawn K. Shannon (proposed salary) | 15,960 |

Applicant's Initials *LJS*

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 2019-2020 school year, one elective class period per week, during school hours at the participants' home school. The "Dare to Dream" Sports Leadership Mentoring program encompasses high school athletes from Fern Creek High School (15 male mentors +) trained to mentor a 4th grade group (8 male mentees total) and a 5th grade group (7 male mentees total) at Watterson Elementary. From Iroquois High School (15 female mentors +) are selected to mentor a 4th grade group (15 female mentees) at Young Elementary. Group counseling occurs with the mentor group weekly as well as the mentees group on separate days of the week. Mentoring experiences occur bi-monthly between the mentors and mentees; typically at the mentee's school. Mentors and mentees visit each other's school 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. 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. Coaches, teachers, counselors, and parents select mentors. Teachers, counselors, principals and parents refer Mentees. The high school athlete mentors are additionally trained through the C.H.O.I.C.E. Advance Mentor Trainings (Phase I & Phase II). All releases from class and or the school are approved by school administration.

(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 31st Annual C.H.O.I.C.E. Conference Graduation.

**Children Have Options In Choosing Experiences
"Dare to Dream" Sports Leadership & Mentoring Program
NDF – District 21& 22
Attachment -Section 5**

Zip Codes Served:

40118, 40203, 40208, 40210, 40211, 40212, 40214, 40215, 40216, 40218, 40219, 40291, 40299

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.):

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). 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

**Children Have Options In Choosing Experiences
"Dare to Dream" Sports Leadership & Mentoring Program
NDF – District 21& 22
Attachment -Section 5**

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. In 2017-2018, 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.

For the 2018-19 school year, 52 students completed the Dare to Dream Sports Leadership and Mentoring Program twenty-eight week program. This is an 80% completion rate. All programs are set to begin August 28, 2019 and ends June 15, 2020.

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.

[Handwritten Signature]

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:

C.H.O.I.C.E. groups offer youth the opportunity to process relationship issue, family dynamics and feelings within a safe environment. The "Dare to Dream" program offers dual benefits for the mentees and mentors. The program offers dual benefits in self-esteem and academic achievement for mentees and mentors. Mentees have demonstrated or reported improvements in attitudes and connectedness to school and peers, self-efficacy, grades, or academic achievement, social skills, and behavior problems, as well as gains in positive decision making attitudes toward prohibited behavior, such as classroom disruption. Mentors who are involved gain in self-esteem and responsible citizenship. The overall goal of this program is decrease behaviors that negatively impact education, family, and community membership while bolstering resiliency skills necessary for positive progression to adulthood.

Please see attachment for program goals and methods of measurement:

CONTINUED ON ATTACHEMENT

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 assists with providing prevention training for the C.H.O.I.C.E. mentors. Peace Education Program strengthens communities and schools by training youth and adults to build and sustain positive relationships. The collaboration with Peace Education Program assist with providing prevention training for the C.H.O.I.C.E. mentors. Peace Education Program strengthens communities and schools by training youth and adults to build and sustain positive relationships. Peace Education focus is consistent with C.H.O.I.C.E.'s philosophy.

(CONTINUED ON ATTACHEMENT)



**Children Have Options In Choosing Experiences
"Dare to Dream" Sports Leadership & Mentoring Program
NDF – District 21& 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 21& 22
Attachment -Section 5**

Measurement: 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. 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. 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.

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

(continued)

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 serves on the 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

Children Have Options In Choosing Experiences
"Dare to Dream" Sports Leadership & Mentoring Program
NDF – District 21& 22
Attachment -Section 5

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.

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

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 | \$27,000.00 | \$19,245.00 | \$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 | 0 | 0 |
| F: Client Assistance (See Detailed List on Page 8) | 0 | 0 | 0 |
| G: Professional Service Contracts | 0 | 0 | 0 |
| H: Program Materials | \$400.00 | \$1,600.00 | \$2000.00 |
| I: Community Events & Festivals (See Detailed List on Page 8) | 0 | 0 | 0 |
| J: Machinery & Equipment | \$650.00 | \$50.00 | \$700.00 |
| K: Capital Project | 0 | 0 | 0 |
| L: Other Expenses (See Detailed List on Page 8) | \$6,155.00 | \$6,620 | \$12,775.00 |
| *TOTAL PROGRAM/PROJECT FUNDS | \$35,034 | \$30,482 | \$65,516 |
| <i>% of Program Budget</i> | 53.5 % | 46.5 % | 100% |

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

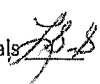
| | |
|---|------------------|
| Other State, Federal or Local Government | \$5,800 |
| United Way | \$7,182 |
| Private Contributions (do not include individual donor names) | \$0 |
| Fees Collected from Program Participants | \$0 |
| Other (please specify) | \$17,500 -Grants |
| <i>Total Revenue for Column 2 Expenses</i> | \$30,482 |

*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 |
| Transportation (buses) | 1,900 | 760 | 2,660 |
| "Dare to Dream" Mentoring Training | 2,455 | 4,160 | 6,615 |
| C.H.O.I.C.E. 31st Conference Graduation | 1,800 | 1,700 | 3,500 |
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| Total | 6,155 | 6,620 | 12,775 |

Applicant's Initials 

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. | \$4,300.00 | Current Market Value |
| Volunteers | \$12,532.00 | \$24.10 * hours reported |
| | | |
| | | |
| <i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i> | \$16, 832 | |


* 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. All non-profit organizations are competing for the same limited dollars. 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 in the Louisville/Jefferson County Metro community. The cost of providing this much needed services to the communities, youth and adolescents has increased 35% in the past five (5)years.

Applicant's Initials 

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.

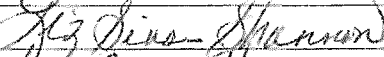
Standard Certifications

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: | 8/28/19 |
| Legal Signatory: (please print): | Biz Sias-Shannon | Title: | Executive Director |
| Phone: (502) 456-5137 | Extension: | Email: | choiceinc@bellsouth.net |

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

DEPARTMENT OF THE TREASURY

Date: JUL 28 1993

CHILDREN HAVE OPTIONS IN CHOOSING
EXPERIENCES INC
SUITE 303 - 3715 BARDSTOWN ROAD
LOUISVILLE, KY 40212

Employer Identification Number:
61-1143413
Case Number:
313194018
Contact Person:
BEA EITH
Contact Telephone Number:
(513) 684-3573
Our Letter Dated:
October 6, 1988
Addendum Applies:
No

received
7/30/93

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).

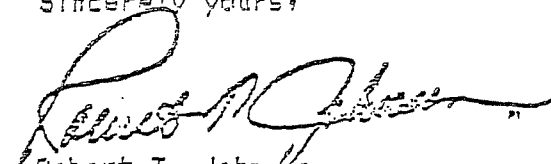
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the 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 | |
| 2019-2020 Agency Budget | |
| Revenue | Amount |
| Individual/ Business Donations | \$3,500 |
| Corporate Donations | \$0 |
| Fundraisers | \$12,000 |
| Grants | \$88,800 |
| Metro United Way | \$10,000 |
| In-kind donations | \$8,600 |
| Volunteer Time | \$16,500 |
| Miscellaneous | \$2,200 |
| Revenue subtotal | \$141,600 |
| Expenses | Amount |
| Wages & Benefits (list each position) | |
| Executive Director | \$49,000 |
| Program Coordinator | \$18,900 |
| Volunteer Time | \$12,533 |
| Profession Seminars/CEUs | \$675 |
| Local Mileage Allowance | \$0 |
| Professional Liability Insurance | \$650 |
| Prevention Literature | \$200 |
| Dare to Dream Sports Leadership & Mentoring Program | |
| Group Facilitator | \$25,000 |
| Group Facilitator II | \$12,500 |
| Bus Transportation (Mentoring Experiences) | \$2,640 |
| Program Materials | \$2,000 |
| Advanced Mentoring Training Phase I & II | \$6,615 |
| Conference Graduation | \$3,500 |
| Administration | |
| Administrator Assistant | \$12,480 |
| Telephone/Internet Service | \$2,976 |
| Website | \$144 |
| Agency Insurance | \$785 |
| Equipment/Software Maintenance | \$700 |
| Office space | \$4,200 |
| Printing | \$1,300 |
| Advertising | \$1,000 |
| Fundraisers | \$3,000 |
| Office supplies | \$820 |
| Licenses Certifications | \$450 |
| Expenses subtotal | \$162,068 |
| Profit(loss) | -\$20,468 |

1:31 PM

Children Have Options In Choosing Experiences, Inc.

08/01/19

Balance Sheet

Accrual Basis

As of July 31, 2019

| | <u>Jul 31, 19</u> |
|--|-------------------------|
| ASSETS | |
| Current Assets | |
| Checking/Savings | |
| 10005 · B B & T Bank Fund Raising Accou | 30,576.08 |
| 10015 · PNC Agency Account | 8,663.98 |
| 10015-1 · PNC Gloria Moorman Scholarship | 1,271.00 |
| Total Checking/Savings | <u>40,511.06</u> |
| Total Current Assets | <u>40,511.06</u> |
| TOTAL ASSETS | <u><u>40,511.06</u></u> |
| LIABILITIES & EQUITY | |
| Equity | |
| 30000 · Opening Balance Equity | 28,672.17 |
| 32000 · Unrestricted Net Assets | 9,697.26 |
| Net Income | 2,141.63 |
| Total Equity | <u>40,511.06</u> |
| TOTAL LIABILITIES & EQUITY | <u><u>40,511.06</u></u> |

Short Form

Return of Organization Exempt From Income Tax

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2017 calendar year, or tax year beginning August 1, 2017, and ending July 31, 20 18

| | | | |
|--|---|--|---|
| 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 3715 Bardstown Road, Suite 303 | | E Telephone number 502-456-5137 |
| | City or town, state or province, country, and ZIP or foreign postal code Louisville, KY 40218 | | F Group Exemption Number ▶ |
| | | | |

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) below) 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

| | | 1 | 2 | 3 | 4 | 5a | 5b | 5c | 6a | 6b | 6c | 6d | 7a | 7b | 7c | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
|------------|--|--|---|---|---|----|----|----|----|----|----|----|----|----|----|--------|--------|----|----|----|----|----|----|----|----|----|----|----|----|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | | | | | | | | | | | | | | | 55,778 | | | | | | | | | | | | |
| | 2 | Program service revenue including government fees and contracts | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 | Membership dues and assessments | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4 | Investment income | | | | | | | | | | | | | | | 2 | | | | | | | | | | | | |
| | 5a | Gross amount from sale of assets other than inventory | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b | Less: cost or other basis and sales expenses | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6 | Gaming and fundraising events | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a | Gross income from gaming (attach Schedule G if greater than \$15,000) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 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) | | | | | | | | | | | | | | | 7,896 | | | | | | | | | | | | |
| c | Less: direct expenses from gaming and fundraising events | | | | | | | | | | | | | | | 3,016 | | | | | | | | | | | | | |
| d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | | | | | | | | | | | | | | 4,880 | | | | | | | | | | | | | |
| 7a | Gross sales of inventory, less returns and allowances | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b | Less: cost of goods sold | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Other revenue (describe in Schedule O) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ | | | | | | | | | | | | | | | 60,660 | | | | | | | | | | | | | |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 11 | Benefits paid to or for members | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 12 | Salaries, other compensation, and employee benefits | | | | | | | | | | | | | | | 41,581 | | | | | | | | | | | | |
| | 13 | Professional fees and other payments to independent contractors | | | | | | | | | | | | | | | 6,373 | | | | | | | | | | | | |
| | 14 | Occupancy, rent, utilities, and maintenance | | | | | | | | | | | | | | | 11,523 | | | | | | | | | | | | |
| | 15 | Printing, publications, postage, and shipping | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 16 | Other expenses (describe in Schedule O) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | Total expenses. Add lines 10 through 16 ▶ | | | | | | | | | | | | | | | 59,477 | | | | | | | | | | | | | |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | | | | | | | | | | | | | | 1,183 | | | | | | | | | | | | |
| | 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) | | | | | | | | | | | | | | | 33,249 | | | | | | | | | | | | |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ | | | | | | | | | | | | | | | 34,432 | | | | | | | | | | | | |

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 | 36,539 | 22 | 38,369 |
| 23 Land and buildings | 0 | 23 | 0 |
| 24 Other assets (describe in Schedule O) | 0 | 24 | 0 |
| 25 Total assets | 36,539 | 25 | 38,369 |
| 26 Total liabilities (describe in Schedule O) | 3,290 | 26 | 3,937 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 33,249 | 27 | 34,432 |

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

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.

| | | | Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.) |
|-----------|--|------------|--|
| 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 | 59,477 |
| 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 | 59,477 |

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 | | | | |
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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)? | | ✓ |
| 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 | | ✓ |
| 35b | | ✓ |
| 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 | | ✓ |
| 35c | | ✓ |
| 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 _____ | | |
| b Did the organization file Form 1120-POL for this year? | | ✓ |
| 37b | | ✓ |
| 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? | | ✓ |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved | | |
| 38b | | |
| 39 Section 501(c)(7) organizations. Enter: | | |
| a Initiation fees and capital contributions included on line 9 | | |
| 39a | | |
| b Gross receipts, included on line 9, for public use of club facilities | | |
| 39b | | |
| 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____ | | |
| 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 | | ✓ |
| 40b | | ✓ |
| 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 ▶ _____ | | |
| d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____ | | |
| 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 | | ✓ |
| 40e | | ✓ |
| 41 List the states with which a copy of this return is filed ▶ None | | |
| 42a The organization's books are in care of ▶ Liz Shannon Telephone no. ▶ 502-456-5137 Located at ▶ 3715 Bardstown Road Louisville, KY ZIP + 4 ▶ 40218-2268 | | |
| 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). | | ✓ |
| 42b | | ✓ |
| 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: ▶ _____ | | ✓ |
| 42c | | ✓ |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____ <input type="checkbox"/> | | |
| 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | | ✓ |
| 44a | | ✓ |
| 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 | | ✓ |
| 44b | | ✓ |
| c Did the organization receive any payments for indoor tanning services during the year? | | ✓ |
| 44c | | ✓ |
| 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 | | ✓ |
| 44d | | ✓ |
| 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | ✓ |
| 45a | | ✓ |
| 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) | | ✓ |
| 45b | | ✓ |

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 | | ✓ |
| 49a | | ✓ |
| 49b | | ✓ |

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

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

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

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."

| (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 |
|--|--|---|---|--|
| No individuals or total over \$100,000 | | | | |
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| | | | | |

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."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| | | |
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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: Gloria Moorman
 Date: 3/1/19
 Type or print name and title: Gloria Moorman, Board Chair

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 ▶ Yes No

ORIGINAL COPY FILED
SECRETARY OF STATE OF KENTUCKY
FRANKFORT, KENTUCKY

MAR 17 1999

Brewer E. Erber
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.

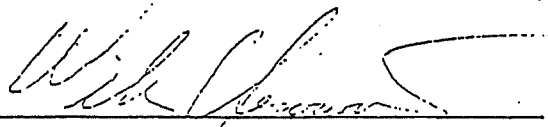
ARTICLE X

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.

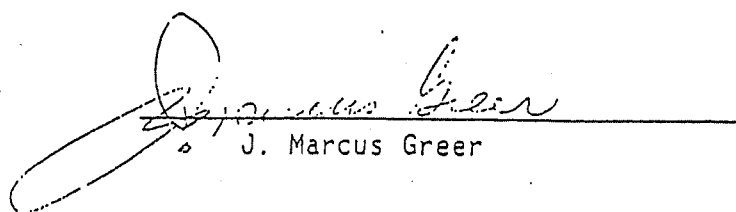
ARTICLE X

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.

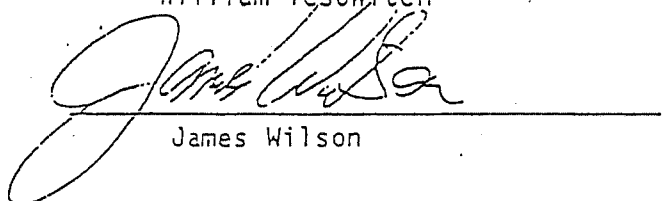
IN WITNESS WHEREOF, we hereunto subscribed our names, as incorporators hereof, this 9th day of March, 1988.



William Yesowitch



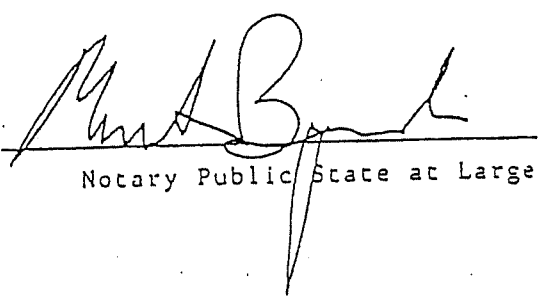
J. Marcus Greer



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

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)

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 ▶ *[Signature]* Date ▶ *8/19/19*

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.*



2019 -20 CHOICE Mentee Pre/Post Test

1. Grade:

- 3rd grade
- 4th grade
- 5th grade

2. What is your age?

3. Sex:

- Male
- Female
- Non-binary

4. Race/ethnicity:

- White or Caucasian
- Black or African American
- Hispanic or Latino
- Asian or Asian American
- Other (please specify)
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Middle Eastern
- Bi-racial

5. Who currently lives with you in your household? Please include permanent residents only. (Please select all that apply.)

Mother

Father

Siblings

Grandparent

Parent's Roommate / Friend

Parent's Romantic partner (spouse, partner, boyfriend, girlfriend, etc.)

Foster Parent or Caregiver

Other (please specify)

6. How many years have you been apart of the C.H.O.I.C.E. program?

1st year

2nd year



2019 -20 CHOICE Mentee Pre/Post Test

Please use this survey to tell us what you do and who you are.

Read each statement. Please select ONE answer for each question

Choose the response that best describes how true that statement is for you.

7. Do you have people you want to be like?

- No
- Sometimes
- Yes

8. Is doing well in school important to you?

- No
- Sometimes
- Yes

9. Do you feel that your parent(s) caregiver know a lot about you (for example what makes you happy, what make you scared)?

- No
- Sometimes
- Yes

10. Do you try to finish activities that you start?

- No
- Sometimes
- Yes

11. When things don't go your way, can you fix it without hurting yourself or other people (for example, without hitting other or saying nasty things?)

- No
- Sometimes
- Yes

12. Do you know where to go to get help?

- No
- Sometimes
- Yes

13. Do you feel you fit in with other children?

- No
- Sometimes
- Yes

14. Do you think your Family cares about you when times are hard (for example if you are sick or have done something wrong)?

- No
- Sometimes
- Yes

15. Do you think your Friends care about you when things are hard (for example if you are sick or have done something wrong)?

- No
- Sometimes
- Yes

16. Are you treated fairly?

- No
- Sometimes
- Yes

17. Do you have chances to show other that you are growing up and can do things by yourself?

- No
- Sometimes
- Yes

18. Do you like the way your family celebrates things (like holidays or learning about your culture)?

- No
- Sometimes
- Yes



2019-20 C.H.O.I.C.E. Inc Pre/Post Test (Mentors)

1. What is your gender?

- Female
- Male

* 2. Which race/ethnicity best describes you? (Please choose only one.)

- American Indian or Alaskan Native
- Asian / Pacific Islander
- Black or African American
- Other (please specify)
- Hispanic
- White / Caucasian
- Multiple ethnicity

* 3. Who, if anyone, currently lives with you in your household? Please include permanent residents only. (Please select those who live with you everyday)

- Mother
- Father
- Both Parents
- Grandparents
- Other (please specify)
- Aunt and/or Uncle
- Mother & Significant Other /Stepparent)
- Father & Significant Other /Stepparent)
- Guardian/Foster Parent

* 4. In what ZIP code is your home located? (enter 5-digit ZIP code; for example, 00544 or 94305)

5. What is your age?

* 6. What grade are you in?

- 9th
- 10th
- 11th
- 12th

* 7. How many school years have you participated in the C.H.O.I.C.E. "Dare to Dream" Sports Leadership & Mentoring Program?

- less than 1 school year
- more than 1 school year
- 2 school years
- more than 2 school years
- 3 school year
- more than 3 school year

* 8. During the last 12 months, how many times have you been a leader in a group, team or organization?

- Never
- Once
- Twice
- 3-4 times
- 5 or more times



2019-20 C.H.O.I.C.E. Inc Pre/Post Test (Mentors)

* 9. Please select ONE Answer for each question

| | No | Sometimes | Yes |
|--|-----------------------|-----------------------|-----------------------|
| Do you have people you want to be like? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Is doing well in school important to you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Do you feel that your parent(s)/ caregiver(s) know a lot about you (for example, what makes you happy, what makes you scared)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



| | No | Sometimes | Yes |
|--|-----------------------|-----------------------|-----------------------|
| Do you try to finish activities that you start? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| When things don't go your way, can you fix it without hurting yourself or other people (for example, without hitting others or saying nasty things)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Do you know where to go to get help? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Do you feel you fit in with other children? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Do you think your FAMILY cares about you when times are hard (for example, if you are sick or have done something wrong)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Do you think your FRIENDS care about you when times are hard (for example if you are sick or have done something wrong)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Are you treated fairly? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Do you have chances to show others that you are growing up and can do things by yourself? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Do you like the way your family celebrates things (like holidays or learning about your culture)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



2019-20 C.H.O.I.C.E. Inc Pre/Post Test (Mentors)

* 10. How well does each of these statements describe you?

| | Not Well | | | | Very Well |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| When I see someone being taken advantage of I want to help them | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| When I see someone being treated unfairly, I don't feel sorry for them | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel sorry for other people who don't have what I have | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

* 11. How often do you do each of the following activities?

| | Never | Seldom | Sometimes | Often | Very Often |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Help make your city or town a better place to live | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Help out your church, synagogue or other place of worship | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Help a neighbor | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Help out at school | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

* 12. How much do you agree or disagree with each of the following statements?

| | Strongly Disagree | Neither Disagree or Agree | | | Strongly Agree |
|--|-----------------------|---------------------------|-----------------------|-----------------------|-----------------------|
| Adults in my town or city listen to what I have to say | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Adults in my town or city make me feel important | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| In my town or city I feel like I matter to people | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| In my neighborhood, there are lots of people who care about me | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If one of my neighbors saw me do something wrong, he or she would tell one of my parents | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My teachers really care about me | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



* 13. Dealing with stress is a natural part of life

- True
 False

* 14. There are negative and/or positive consequences to every decision

- True
 False

* 15. Binge drinking with friends often on the weekends is not considered being an alcoholic

- True False

* 16. Marijuana does not have a negative effect on my brain development

- True False

* 17. A person with a family history of drug use and/or abuse has a higher chance of developing substance abuse issues

- True False

* 18. A person who use drugs and/or alcohol often cannot overdose

- True False

* 19. I have the right to say "NO" to someone without losing his or her friendship.

- True
 False

* 20. Boredom can lead to inappropriate behavior such as smoking marijuana, over-eating, stealing, or overuse of alcohol

- True False



2019-20 C.H.O.I.C.E. Inc Pre/Post Test (Mentors)

* 21. I believe your opinion of yourself affect the way others (family, friends, and community members) see you

Strongly agree

Disagree

Agree

Strongly disagree

Neither agree nor disagree

* 22. I believe people who are addicted to alcohol and/ or other drugs lack the strength to stop using

Strongly agree

Disagree

Agree

Strongly disagree

Neither agree nor disagree

* 23. I believe not responding to a situation is still making a choice

Strongly agree

Disagree

Agree

Strongly disagree

Neither agree nor disagree

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 CHOICE program is one of those valued support systems"

Pattie Henry, Waterson Elementary
2016 CHOICE School Sponsor

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

Barbara Gumbhart, Kern Creek HS,
2016 CHOICE School Sponsor

I will continue to financially support and work with CHOICE, 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

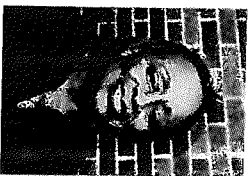
"Circumstances and situations do color life, but you have been given the mind to choose what the color shall be."

—The Color of Life J.H. Miller

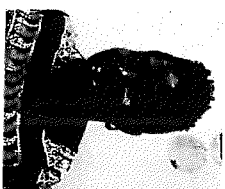


CHILDREN HAVE OPTIONS IN
CHOOSING EXPERIENCES

For more information, please contact



Liz Sias-Shannon,
Executive Director



Dawn K. Shannon,
Program Coordinator

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 and
designed to steer high risk/at risk
youth and adolescents into
making more positive life choices.*

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

www.choicelouisville.org ♦ choiceinc@bellsouth.net

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

Proudly Serving the Louisville Community for 32 years

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. 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

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.



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

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.

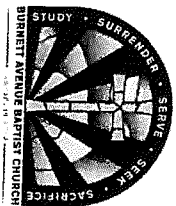
Advance Mentor Training Institute

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.

C.H.O.I.C.E. Inc. would like to thank all of our Sponsors and Donors for helping to make our 11th Annual Awareness Event a great success! Your generous acts of kindness helps to sustain our program and strengthen our community.

A Taste of the Community Event Sponsors

Senior Chef Sponsor



**Burnett Avenue
BAPTIST CHURCH**

Sous Chef Sponsor



Personal Chef Sponsor



FEDERAL CREDIT UNION

Sayles Plumbing & Heating

(In Honor of Bennie & Mary Sayles)



Donors

| | | |
|---|-------------------------------|-------------------------------------|
| 3D's & Associates | Hurstbourne Animal Hospital & | Nothing Bundt Cakes |
| Actors Theatre | iHeartMedia | O'Charley's #215 |
| AMC Stonybrook | Indiana Racers | Outback Steakhouse |
| Auto Zone | Indianapolis Colts | Pampered Nails |
| Angel's Envy | Jackie Pennington | Pampered Pup |
| Beech Bend Park and Splash Lagoon-Bowling Green, KY | James Edmonds' Photography | Papa Murphy's Fern Creek |
| C.J. Fletcher | Jamon Brown Foundation | Park Community Federal Credit Union |
| Chick-fil-A | JD Becker | PPG Paint |
| Chuck E Cheese | Johnnie Smith Detergent King | Puzzle's Fun Dome |
| Cincinnati Reds | Keeneland | Ratterman Funeral Home |
| Commonwealth Theatre Center | Kicking It ATX | Reliable Rentals LLC |
| Courtyard Marriott | Kim Pennington | Safari Coffee |
| Dannanna Smith | Kroger's | Sam's Club |
| Derby Dinner Playhouse | Kentucky Opera | Sias Farm Inc. |
| Double Dragon II | Lazy Boy | SideBar at Whiskey Row |
| Fantastic Sam's | Leigh Anne Parker | Smokey Bones |
| Fresh Thyme Market | Longhorn Steakhouse | Sparkle Bright |
| Glamour Shots | Louisville Bats | Starbucks |
| Golf Headquarters | Lynn Wurfel | Seve Pennington |
| Goodyear Tire | Photography | Target-Hurstbourne Pkway |
| Guitar Emporium | Main Event | Thelma Sias, Sias Group LLC |
| Half Price Books | Entertainment | Thirty - One Bags - Holly Ringo |
| Hampton Inn & Suites | Marks Barbershop | Thomas Car Wash-Hurstbourne |
| Hilton Garden Inn Louisville East | Marks Feed Store | Tire Discounters |
| Home Depot | Marriot Louisville East | Total Wine |
| Homemade with Love | Mary Kay Consultant | Truth Tattoos |
| Hound Dog Press | Reita Wrefield | V Media Group |
| House of Boom | Mary Sayles | Wicks Pizza |
| House of Gelish Nail | Massage Envy (St. Matthews) | |
| | Nail Talk | |



A Taste of the Community

Presented by CHOICE, Inc. Louisville

August 23, 2019

Burnett Avenue Baptist Church
6800 S Hurstbourne Pkwy
Louisville, Kentucky 40291



www.choicelouisville.org

*Striving For A Better
Tomorrow
Since 1987*



A Taste of the Community

Presented by CHOICE, Inc., Louisville

Cuisine Tasting

Appetizers

The Popcorn Station -

Gourmet Popcorn Buffet

Shell Select—Pimento Cheese, Bacon

Tomato Jam with House hot sauce

Island Soul Catering -Philly Delights

Entrées

Blessing Catering— Angle's Great Crab Pasta Salad

Big Lew's Catering - Soft Taco Lasagna

Brooklyn & the Butcher - Korean BBQ

Dasha Barbour's Southern Bistro-

Fried Chicken Wings

Kingsley's Meat & Catering - White

Cheddar Mac & Cheese

Louisville Mobile Kitchen- Catfish &

Potatoes

Mark's Feed Store - Pulled Pork

Children Have Options in Choosing Experiences

3715 Bardstown Road, Suite 303
Louisville, KY. 40218

502-456-5137

www.choiceoflouisville.org



Order of Program

Welcome.....Antomia Farrell

Board of Directors

Beverly Edwards

Board of Directors

Master of Ceremony.....Eric King

Director of Communications & Engagement

Fund for the Arts

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

The Story of C.H.O.I.C.E

Sequoia Brown

Past Iroquois HS Dare to Dream Mentor

Brett Bibb

Past Fern Creek HS Dare to Dream Mentor

Hassan Latifalia

Past Fern Creek HS Dare to Dream Mentor

Invocation.....Deacon Darryl K. Shannon

Burnett Avenue Baptist Church

Cuisine Tasting

Silent Auction Winners Will Be Announced Throughout the Evening

Thelma A. Sias

Live Auction.....CEO, Sias Group LLC

Fashion Show

Live Entertainment.....Monica Edmonds

Dawn K. Shannon

Closing Remarks.....Program Coordinator, C.H.O.I.C.E. Inc

Liz Sias-Shannon

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

Dance the night away to the
sounds of iHeartRadio's 98.9

RadioNow's DJ Kobi

Cuisine Tasting

Entrées

Marinations Catering - Turkey Ribs, 2oz
Burger, Baked Bean, and Mac & Cheese

Open Caribbean—Caribbean Dish

Ramen House - Noodle Dish

TBA Dinners - Goat cheese infused with
fennel with an apricot jam crostini

Desserts

Tasty Treasures Cupcake Co. -

Cupcake Assortments

Mark's Feed Store -

Buttermilk Pie

Beverages

In Da Mix Bar Services—Mocktails

Interactive Kid's Corner

Pizza provided by Old Chicago's Pizza

Jeffersonstown



Play Cousins
COLLECTIVE

Special Thank You



JANON BROWN
FOUNDATION

RAE POPELKA
CONSULTING

THE TRUTH ABOUT ACEs

WHAT ARE THEY?

ACEs are
 ADVERSE
 CHILDHOOD
 EXPERIENCES

The three types of ACEs include

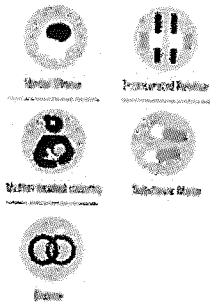
ABUSE



NEGLECT



HOUSEHOLD DYSFUNCTION



HOW PREVALENT ARE ACEs?

The ACE study* revealed the following estimates:

ABUSE



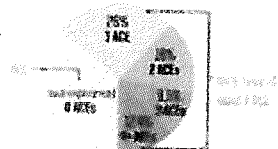
NEGLECT



HOUSEHOLD DYSFUNCTION

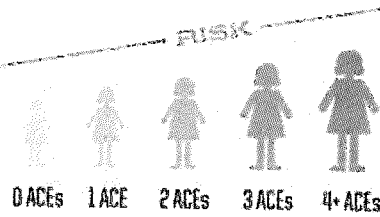


OF 17,000 ACE study participants:



WHAT IMPACT DO ACEs HAVE?

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

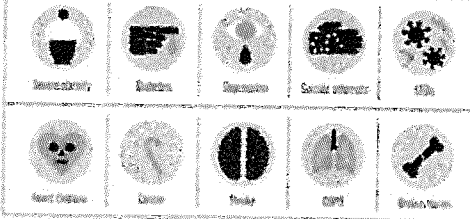


Possible Risk Outcomes:

BEHAVIOR







































PHYSICAL & MENTAL HEALTH

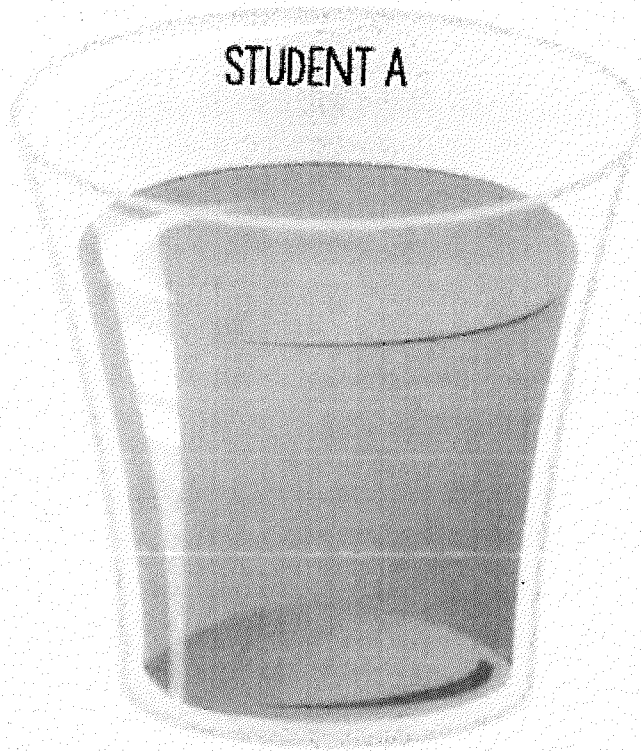


OPTION 1: SECTION C

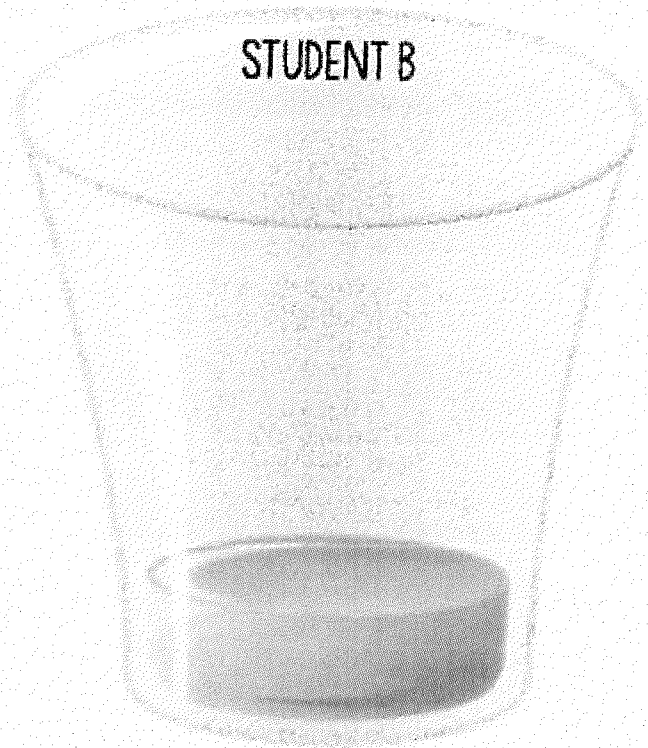
Please circle one answer for each question.

| | No | Sometimes | Yes |
|--|---|---|---|
| 1. Do you have people you want to be like? |  |  |  |
| 2. Do you share with people around you? |  |  |  |
| 3. Is doing well in school important to you? |  |  |  |
| 4. Do you know how to behave/act in different situations (such as school, home and church or mosque)? |  |  |  |
| 5. Do you feel that your parent(s)/caregiver(s) know where you are and what you are doing all of the time? |  |  |  |
| 6. Do you feel that your parent(s)/ caregiver(s) know a lot about you (for example, what makes you happy, what makes you scared)? |  |  |  |
| 7. Is there enough to eat in your home when you are hungry? |  |  |  |
| 8. Do you try to finish activities that you start? |  |  |  |
| 9. Do you know where your family comes from or know your family's history? |  |  |  |
| 10. Do other children like to play with you? |  |  |  |
| 11. Do you talk to your family about how you feel (for example when you are hurt or feeling scared)? |  |  |  |
| 12. When things don't go your way, can you fix it without hurting yourself or other people (for example, without hitting others or saying nasty things)? |  |  |  |

THESE CUPS REPRESENT A STUDENT'S CAPACITY FOR STRESS OR DIFFICULTIES THEY EXPERIENCE AT SCHOOL.



Student A comes to school with her cup already full. At home, she may experience hunger, violence, or abuse. Small difficulties or challenges at school may send her over the edge.



Student B comes to school with her cup almost empty. At home, she experiences support, a loving family, and security. She can handle difficulties and challenges at school without being sent over the edge.