

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

Applicant/Program: Self Esteem Inc.  
 Applicant Requested Amount: \$16,574.00  
 Appropriation Request Amount: \$11,800

**Executive Summary of Request**  
*This is an eight week <sup>Sessions</sup> training program of self esteem (1/2 to 1 hour) training sessions after school for JCS. Provided workshops, speakers, reinforced focus goal*

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.

#5  
District #

Cheri B. Hamilton  
Primary Sponsor Signature

\$11,800.00  
Amount

6/14/18  
Date

**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.

**Approved by:**

\_\_\_\_\_  
Appropriations Committee Chairman

\_\_\_\_\_  
Date

Final Appropriations Amount: \_\_\_\_\_

Applicant/Program:



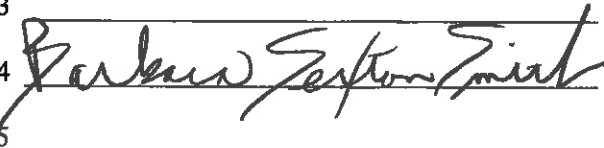
Self Esteem Inc

### 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.

#### Council Member Signature and Amount

District 1		\$ 300.00
District 2		\$ 1,000
District 3		\$
District 4		\$ 500 -
District 5		\$
District 6		\$
District 7		\$
District 8		\$
District 9		\$
District 10		\$
District 11		\$
District 12		\$
District 13		\$
District 14		\$
District 15		\$

Applicant/Program:

Self Esteem, 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.

#### Council Member Signature and Amount

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3	<i>Thayne Strubbe</i>	\$ <i>5,000<sup>00</sup></i>
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	_____	\$ _____
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	_____	\$ _____
District 14	_____	\$ _____
District 15	_____	\$ _____

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**Legal Name of Applicant Organization** *Self Esteem Inc.*  
**Program Name and Request Amount** *Self Esteem Training Program*

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input checked="" type="checkbox"/> YES
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input checked="" type="checkbox"/> YES
Is the proposed public purpose of the program viable and well-documented?	<input checked="" type="checkbox"/> YES
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input checked="" type="checkbox"/> YES
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input checked="" type="checkbox"/> YES
Has prior Metro Funds committed/granted been disclosed?	<input checked="" type="checkbox"/> YES
Is the application properly signed and dated by authorized signatory?	<input checked="" type="checkbox"/> YES
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input checked="" 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 checked="" type="checkbox"/> NO
Is the entity in good standing with: <ul style="list-style-type: none"> <li>▶ Kentucky Secretary of State?</li> <li>▶ Louisville Metro Revenue Commission?</li> <li>▶ Louisville Metro Government?</li> <li>▶ Internal Revenue Service?</li> <li>▶ Louisville Metro Human Relations Commission?</li> </ul>	<input checked="" type="checkbox"/> YES
Is the current Fiscal Year Budget included?	<input checked="" type="checkbox"/> YES
Is the entity's board member list (with term length/term limits) included?	<input checked="" type="checkbox"/> YES
Is recommended funding less than 33% of total agency operating budget?	<input checked="" type="checkbox"/> YES
Does the application budget reflect only the revenue and expenses of the project/program?	<input checked="" type="checkbox"/> YES
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input checked="" type="checkbox"/> YES
Is the most recent annual audit (if required by organization) included?	<input checked="" type="checkbox"/> YES
Is a copy of Signed Lease (if rent costs are requested) included?	<input checked="" type="checkbox"/> YES
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input checked="" type="checkbox"/> YES
Are the Articles of Incorporation of the Agency included?	<input checked="" type="checkbox"/> YES
Is the IRS Form W-9 included?	<input checked="" type="checkbox"/> YES
Is the IRS Form 990 included?	<input checked="" type="checkbox"/> YES
Are the evaluation forms (if program participants are given evaluation forms) included?	<input checked="" type="checkbox"/> YES
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> ...
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input checked="" type="checkbox"/> YES
Prepared by: <i>[Signature]</i>	Date: <i>6/14/18</i>



**June 11, 2018**

**Self Esteem Inc.  
695 South 44<sup>th</sup> Street  
Louisville, KY 40211**

**Councilwoman Cheri Bryant-Hamilton  
Myra Friend-Ellis  
Louisville Metro Council  
601 West Jefferson Street  
Louisville, KY 40202**

**Dear Councilwoman Bryant-Hamilton,**

**Attached is your copy of the NDC fund grant with all the necessary attachments. There will be no financial statement and the total amount requested includes sales tax because I was just informed that I have to apply through the state for a sales tax exempt number and I am in the process of doing that today. I will open an account as well with my new Treasure so that we will be able to show a recent financial statement. I also attached a copy of all the items and pricing for these items in order to show a visual of what we are requesting.**

**As I mentioned before in the last budget hearing, I have been receiving donations from our community partners for the tangible items needed to teach this program and I have been paying out of my pocket to print the materials needed to teach with. For this reason, and due to the high demand of students that participate in the Summer program I am now in dire need of the machinery and equipment needed in order to cut cost. At this point I ask if there is any way possible for this process to be expedited because the Summer program has already started and I now have a waiting list. Again it has been a challenge and (15) schools are requesting our services throughout Jefferson County for the 20018-2019 school year. For this reason after I spoke Councilwoman Woolridge agreed to help with funding as well but suggested that I start the application with you since I scored a 69 on the external agency grant.**

**Thanks so much for your time and your support is greatly appreciated and I am forever grateful.**

**Sincerely,**

**La Glenda Reed, Executive Director/Primary Instructor  
Cc: Councilwoman Mary C. Woolridge**

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b> Self Esteem Inc. <i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i>			
<b>Main Office Street &amp; Mailing Address:</b> 695 South 44th Street Louisville, KY 40211			
<b>Website:</b> laglendareed@aol.com			
<b>Applicant Contact:</b>	La Glenda Reed	<b>Title:</b>	Executive Director/Instructor
<b>Phone:</b>	(502)-471-7930	<b>Email:</b>	Laglendareed@aol.com
<b>Financial Contact:</b>	Susan Butler	<b>Title:</b>	Treasure
<b>Phone:</b>	(502)-762-6524	<b>Email:</b>	Suzyqnky@gmail.com
<b>Organization's Representative who attended NDF Training:</b>			
<b>GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED</b>			
<b>Program Facility Location(s):</b>	Throughout Entire Jefferson County		
<b>Council District(s):</b>	5th District/All Others	<b>Zip Code(s):</b>	40211
<b>PROGRAM/PROJECT NAME:</b> Self Esteem Training Program			
<b>Total Request: (\$)</b>	\$16,574.00	<b>Total Metro Award (this program) in previous year: (\$)</b>	None
<b>Purpose of Request (check all that apply):</b>			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
<b>The Following are Required Attachments:</b>			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget 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	
<b>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.</b>			
<b>Source:</b>	None	<b>Amount: (\$)</b>	None
<b>Source:</b>	None	<b>Amount: (\$)</b>	None
<b>Source:</b>	None	<b>Amount: (\$)</b>	None
<b>Has the applicant contacted the BBB Charity Review for participation?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Has the applicant met the BBB Charity Review Standards?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### Describe Agency's Vision, Mission and Services:

#### MISSION:

Our Mission is to address high levels of poverty and low levels of education in low income neighborhoods throughout our community serving adult women and youth. The main objective is to lead individuals in the right direction and teach them how to cope in every segment of community life, regardless of their background, environment, peer pressure and abuse.

#### PROGRAM GOALS:

Improved Academic Performance  
Improved Behavior  
Improved Family Relationships  
Improved Academic Performance

#### PROGRAM FOCUS GOALS:

Improved Academic Performance  
Improved Self Esteem  
Cultivate the Parent Child Relationship

#### SERVICES:

We offer an eight week self esteem training program that consist of (8) Eight 1 and 1/2 to 2 hour workshops to be taught after school, for the Jefferson County Public School System and other community partners that work with women in transition and homeless youth. During the Summer months we offer additional workshops that reinforce the above program focused goals. Parents are encouraged to attend the sessions that they choose to participate in with their child because it reinforces what we are teaching that overall cultivates the parent child relationship. Upon completion of the program and during we perform an Formative, Summative and Authentic evaluation. (and) Students receive a free T-Shirt and Certification of Completion. This program has proven to be 99% effective at building ones self esteem, cultivating the parent child relationship and improving academic performance. This program services up to 22 students per program student program and 10 students per adult women in transition.

#### CURRICULUM OFFERED:

**SESSION ONE:** Personal Self Esteem Evaluation, Basic Hygiene & Skin Care, Definition of Esteem, The Necessary Steps to Building Your Self Esteem.

**SESSION TWO:** Hair & Nail Care, Personal Self Esteem Evaluation.

**SESSION THREE:** Social & Business Etiquette, Human Relations Taboos, Personal Self Esteem Evaluation.

**SESSION FOUR:** Wardrobe Planning, (Field Trip Optional), Cultivating Positive Relationships, Peer Pressure vs. Positive Relationships, Personal Self Esteem Evaluation.

**SESSION FIVE:** Diet, Nutrition & Exercise/Myth vs. Reality, Your Ideal Weight, Your New Life Schedule, Personal Self Esteem Evaluation.

**SESSION SIX:** Education & Career Goals, Personal Self Esteem Evaluation.

**SESSION SEVEN:** Posture & Runway Techniques, Assertive Communication Skills, On the Job Etiquette & Job Interview Skills, Personal Self Esteem Evaluation.

**SESSION EIGHT:** Graduation Reception /Authentic Program Evaluation.

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**GENERAL BOARD OF MEMBERS AND STAFF**

Board Member	Term End Date
La Glenda Reed, Primary Instructor Volunteer	Perpetual
Deborah Barnes-Byers, Instructor Volunteer	Perpetual
Vernita Buckner, Instructor Volunteer	Perpetual
Dr. John Gilderbloom, Program Moderator Volunteer	Perpetual
Anthony Foster Jr., Board Member President Volunteer	Perpetual
John Mackey, Board Member Volunteer	Perpetual
Timothy La Grant Reed, Board Member Volunteer	Perpetual
Gracie Lewis, Secretary Volunteer	Perpetual
Susan Bufler, Treasure Volunteer	Perpetual

**Describe the Board term limit policy:**  
 All Board Member term limits are perpetual.

Three Highest Paid Staff Names	Annual Salary
None <i>NA</i>	
None	
None	



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**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.):**

This is an ongoing program and it started this past 2017-2018 school year. The Summer session meets every Saturday from 1:00-3:00 and continues every Saturday until the Jefferson County Public Schools are back in session. We meet at 1512 Portland Avenue, Louisville, KY 40213. The dates of operation for this program are as follows:

Saturday June 2	Hours	1:00-3:00	Saturday July 30	Hours	1:00-3:00
Saturday June 9	Hours	1:00-3:00	Saturday August 4	Hours	1:00-3:00
Saturday June 16	Hours	1:00-3:00	Saturday August 11	Hours	6:00-8:00 Program Evaluation
Saturday June 23	Hours	1:00-3:00	Every Thursday for Volunteers of America Homeless Youth		
Saturday June 30	Hours	1:00-3:00	Hours from 7:00-8:30		
Saturday July 2	Hours	1:00-3:00	During School Months we meet Monday thru Thursday from 2:30-4:30		
Saturday July 9	Hours	1:00-3:00	and during school hours at Western Middle School for the Arts from		
Saturday July 16	Hours	1:00-3:00	1:00-2:30 p.m. and (15) other schools for JCPS from 2:30-4:30 during		
Saturday July 23	Hours	1:00-3:00	the 2018-2019 school year.		

We currently have (52) students that participate in our Summer program. In addition to each self esteem class we focus on career exploration, and take pictures in order to build students portfolio, and students wear thier T-Shirts.

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

Currently we spend a lot of money out of pocket for the cost of printer ink and paper in order to print program handouts to be used to teach with during all eight sessions. This cost has plaed a financial burden on our company and we are requesting funding to purchase T-Shirts, Office Supplies, Computers, Tablets and Visual Aid Equipment in order to computerize our curriculum and set up our photography studio so that we can cut the cost of printing these materials and service more schools. The supplies and equipment materials that we are requesting are as follows:

ITEMS;	PRICE:
500 T-Shirts @ \$6.00 Per Shirt	\$3,000.00
1 File Cart, 10 Printer Ink, 2 Boxes of Copy Paper Case of 10 Reams Per Box	\$ 781.61
1 Epson Wireless Projotor, 1 Portable Projotor Carry Case, 1 Projector Screen	\$ 731.66
1 Projector Tripod Screen Carry Case	\$ 27.44
1 Laptop W/Warranty/Service Plan	\$ 692.18
1 Computer Charging Cart	\$ 633.99
22 Chromebook Tablets w/Warranty/Service Plan	\$7,238.00
Computer Set-Up, Maintenance/Repair Fees	\$2,500.00
Camera W/ Accessories for Fashion Photography/Photo Backdrop Paper, Lights	\$ 968.68
<b>TOTAL FUNDS REQUESTED.....</b>	<b>\$16,574.00</b>

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

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

None at this time.

**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.



**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:**

Most Recent Evaluation: (Please See Attached 8 Week Program Measurable Evaluation and Outcome)

Population Served: 43 Middle School Age Girls ages 12-13

Overall Program Goals Met:

- Cultivates Parent Child Relationship (100%) - 43 participants parent/ child relationship improved.
- Improved Academic performance (75%) - 32 out of 43 Students improved academic performance.
- Higher Self Esteem (100%) - 43 out of 43 student have higher self esteem.
- Expressed Desire for Continued Participation (100%) - 43 out of 43 students expressed a desire to continue to participate in Summer Program.

At the end of the summer program the program will be evaluated again to show measurable results. Again this program is measured through the use of Formative, Summative and Authentic Evaluation tools. (Please See Attached Evaluation Tools.)

**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.**

THE FOLLOWING SCHOOLS ARE REQUESTING OUR SERVICES FOR THE 2018-2019 SCHOOL YEAR (and) WE SERVICE UP TO 22 STUDENTS AT EACH SCHOOL.

- |                                    |                                |                      |
|------------------------------------|--------------------------------|----------------------|
| The Academy at Shawnee             | Thomas Jefferson Middle School | Cocharan Elementary  |
| Western Middle School for the Arts | Wheatley Elementary School     | Noe Middle School    |
| Newburg Middle School              | Okolona Elementary             | Atkinson Academy     |
| Mazeek Middle School               | Portland Elementary            | Stuart Middle School |
| Atherton High School               | Westport Tapp                  | Byck Elementary      |

- Nativity Academy (Private School) 20 Students
- Volunteers of America (Homeless Students) 10 Students

**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 Metro Request	Column 2 Non-Metro Funds	Column 3 Total Request
<b>A: Personnel Costs Including Benefits</b>	0	0	0
<b>B: Rent/Utilities</b>	0	0	0
<b>C: Office Supplies</b>	781.61	0	781.61
<b>D: Telephone</b>	0	0	0
<b>E: In-town Travel</b>	0	0	0
<b>F: Client Assistance (See Detailed List on Page 8)</b>	0	0	0
<b>G: Professional Service Contracts</b>	2,500.00	0	2,500.00
<b>H: Program Materials</b>	0	0	0
<b>I: Community Events &amp; Festivals (See Detailed List on Page 8)</b>	0	0	0
<b>J: Machinery &amp; Equipment</b>	10,291.88	0	10,291.88
<b>K: Capital Project</b>			
<b>L: Other Expenses (See Detailed List on Page 8)</b>	3,000.00	0	3,000.00
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	<b>\$16,574.00</b>		<b>\$16,574.00</b>
% of Program Budget	100 %	0 %	<b>100%</b>

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

Other State, Federal or Local Government	None
United Way	None
Private Contributions (do not include individual donor names)	None
Fees Collected from Program Participants	None
Other (please specify)	None
Total Revenue for Columns 2 Expenses **	0

\*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
T-Shirts	3,000.00	0	3,000.00
<b>Total</b>	<b>\$3,000.00</b>		<b>\$3,000.00</b>

**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).**

<i>Number of In-Kind Contributions</i>	<i>Value of Contribution</i>	<i>Description of Contribution</i>
None at this time.		
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution &amp; Other In Kind)</i>		

**\* 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:** January 2018 to December 2018

**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:**

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

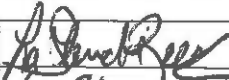
1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the 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.

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:	6/11/18
Legal Signatory: (please print):	LA GLENDA REED	Title:	Executive Director
Phone: (502) 471-7930	Extension:	Email:	LAGLENDAREED@AOL.COM

## SELF ESTEEM INC. COMPANY FACT SHEET

**Executive Director/Founder:** La Glenda Reed

**Address:** 695 South 44<sup>th</sup> Street  
Louisville, KY 40203

www.selfesteeminc.org/  
(502)-471-7930

**Classification:** Self Esteem Inc. Established 1992

**Affiliation:** Non-Profit Organization Tax Id # [REDACTED]

**Purpose:** To address high levels of poverty and low levels of education in low income neighborhoods throughout our community and country, Serving adult women and youth.

**Mission:** Self Esteem Inc.'s main objective is to lead individuals in the right Direction and teach them how to cope in every segment of community Life, regardless of their background, environment, peer pressure And abuse.

**Currently:** Our volunteer staff is consults with various organizations and seeks Various sources in order to cover all administrative cost and to purchase Supplies needed to continue existing programs that have lost funding.

**Program Goals & Long Term Impact:** Commitment to Learning to improve academic performance and promote higher education and career goals and achievement.

Positive Values to promote equality, reduce poverty, teach abstinence, And the consequences of gang violence drug or alcohol abuse and negative peer pressure.

Social Consequences to teach participants how to plan ahead, make positive choices, and cultivate positive meaningful relationships through the use of effective communication skills.

Positive Identity to teach one that he or she has control over negative experiences that they have encountered in life and to value that one has a purpose, a life worth living a job worth doing and a self-worth living with to include esteem training.

Support Role Models teach students how to seek counsel from parents and school officials as well as the important benefits of utilizing healthy life style management skills.

**Curriculum:** We offer the following three curriculums that utilize a variety of instructional methods including lectures, group discussions, outside speakers and problem solving exercises. Pre-Teen/Teen (Ages 7-14) Adult-Pro (Adult Women) Male Image (7-12).



## Esteem Program Budget

Note: Our services are available based on the client's ability to pay.

- **Eight Week Pre-Teen/Teen Self Esteem Program**

Eight 2 Hour Sessions @ \$25.00 Per Hour Total 16 Hours.....	\$400.00
T-Shirts.....	\$200.00
Supplies.....	\$200.00
Transportation Fund ( <i>fieldtrip optional</i> ).....	\$25.00
Program Total Up to 20 Students.....	\$825.00

- **Eight Week Adult Women in Transition Program**

Eight 2 Hour Sessions @ \$25.00 Per Hour Total 16 Hours.....	\$400.00
T-Shirts.....	\$200.00
Supplies.....	\$200.00
Transportation Fund ( <i>fieldtrip optional</i> ).....	\$25.00
Program Total Up to 10 Students.....	\$825.00

- **Pre-Teen/Teen Male Image Program**

Eight 2 Hour Sessions @ \$25.00 Per Hour Total 16 Hours.....	\$400.00
T-Shirts.....	\$200.00
Supplies.....	\$200.00
Transportation Fund ( <i>fieldtrip optional</i> ).....	\$25.00
Program Total Up to 20 Students.....	\$825.00

- **Motivational Guest Speaker**

Welcome To "The Ten Worlds of Success".....	\$500.00
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**Please Visit Our Web Site: [Selfesteeminc.org](http://Selfesteeminc.org).**

**(502)-471-7930**

**[laglendareed@aol.com](mailto:laglendareed@aol.com)**

304466

RESTATED AND AMENDED ARTICLES OF INCORPORATION  
FOR SELF ESTEEM, INC.

RECEIVED & FILED  
APR 20 9 11 AM '93

# 304466

609 CARRAGE  
SECRETARY OF THE STATE  
COMMONWEALTH OF KENTUCKY

The undersigned, acting as the voting members of the Board of Directors of Self Esteem, Inc., under the provisions of the Kentucky Non-Profit Corporation Act, do hereby amend and restate its Articles by unanimous decision of the entirety of the voting members of the Corporation.

ARTICLE III

709047

Said Corporation is organized exclusively for charitable and educational purposes, in accordance with requirements and limitations of exempt organizations under Section 501(C)(3) of the Internal Revenue Code, or the corresponding section of any future Federal Tax Code.

Further, to carry on, engage in, or conduct any business or businesses or do any act or acts which a natural person or persons might do and which are necessary, convenient, or expedient, and to accomplish the purpose for which the corporation is formed and such as are not repugnant to the Commonwealth of Kentucky.

This Corporation is also authorized to exercise the general powers of non-profit corporations under Chapter 273 of Kentucky Revised Statutes, as amended.

ARTICLE VII

The name and address of the persons who are to serve as directors are as follows:



ARTICLE V.

The issuance of shares of stocks and dividends are prohibited pursuant to KRS 273.737.

ARTICLE VI

The initial Board of Directors shall consist of five (5) individuals who need not be residents of the Commonwealth of Kentucky.

ARTICLE VII

As amended above.

ARTICLE VIII

The names and addresses of the incorporators of this corporation are as follows:

1. La Glenda G. B. Reed  
1704 West Breckinridge Street  
Louisville, Kentucky 40201
2. Sophia Winston  
315 North Shawnee Terrace  
Louisville, Kentucky 40212
3. Rev. Walter T. Cosby, Sr.  
100 North Shawnee Terrace  
Louisville, Kentucky 40212
4. William J. Cosby  
100 North Shawnee Terrace  
Louisville, Kentucky 40212

ARTICLE IX

No part of the net earning of the Corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and dis-

1. Nailah Jumoke  
528 Belgravia Court, Apt. 1  
Louisville, Kentucky 40208
2. Larry Palmer  
642 Lindell Avenue  
Louisville, Kentucky 40211
3. Cleah Talbert  
5201 Green Cove Circle  
Louisville, Kentucky 40218
4. Elbert Brown, Jr.  
406 South 44th Street  
Louisville, Kentucky 40211

With the exception of the above amendments the restated Articles of Incorporation currently set forth, without change, corresponding provisions of the Articles of Incorporation is heretofore amended, and the restated Articles of Incorporation together with the designated amendments supersede the original Articles of Incorporation and all amendments thereto.

#### ARTICLE I

The name of the Corporation shall be Self Esteem, Inc.

#### ARTICLE II

The duration of the corporation shall be perpetual.

#### ARTICLE III

As amended above.

#### ARTICLE IV

The address and principal office of the Corporation is 2600 West Broadway, Lyles Mall, Louisville, Kentucky 40211, and the name and address of its registered agent for service of process is: La Glenda G. B. Reed, 1704 West Breckinridge Street, Louisville, Kentucky 40201.

tributions in furtherance of the purposes set forth in Article III hereof. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene (including the publishing and distribution of statements) any political campaign on behalf of or in opposition to 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 incorporation exempt from the Federal Income Tax under Section 501(C)(3) of the Internal Revenue Code, or the corresponding section of any future Federal Tax Code, or (b) by incorporation, contributions to which are deductible under Section 170(C)(2) of the Internal Revenue Code, or the corresponding section of any future Federal Tax Code.


#### ARTICLE X

Upon the dissolution of the Corporation, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(C)(3) of the Internal Revenue Code, or the corresponding section of any future Federal Tax Code, or shall be distributed to the Federal Government, or to a State or Local Government for public purpose. Any such assets not so disposed of shall be disposed of by a Court of competent jurisdiction of the county in which the principal office of the Corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operating exclusively for such purposes.

IN WITNESS WHEREOF, all voting members of the Board of Directors of the aforementioned Corporation by their signatures below do hereby unanimously consent to the above restated Articles and amended Articles.

  
 NAILAH JUMOKE  
 President

  
 LARRY PALMER  
 Treasurer


  
 CLEAH TALBERT  
 Secretary

  
 ELBERT S. BROWN, II

Commonwealth of Kentucky )  
 ) SS:  
 County of Jefferson )

I the undersigned Notary Public, in and for the state and county of the aforesaid, do hereby certify that on the 15 day of April, 1993, the above mentioned members of the Board of Director produced to me the within Restated and Amended Articles for Self Esteem, Inc. of Louisville, Kentucky, and acknowledged same to be their voluntary and consenting act for the uses and purposes therein mentioned.

My commission expires: Notary Public, State at Large, KY. My commission expires May 31, 1994.

  
 NOTARY PUBLIC  
 STATE AT LARGE KENTUCKY

**RAWLINGS & ASSOCIATES**

OFFICES ALSO IN  
CINCINNATI, OHIO  
JEFFERSONVILLE, INDIANA  
NORTH HOLLYWOOD, CALIFORNIA

TELECOPIER  
(502) 584-8280

1700 WATERFRONT PLAZA  
325 WEST MAIN STREET  
P.O. BOX 740027  
LOUISVILLE, KENTUCKY 40201-7427  
(502) 587-1279

GEORGE F. RAWLINGS\*  
HENRY V. SANDERS\*  
PATRICIA A. ABELL  
MARK R. DOBIEZ  
MATTHEW S. TROUTMAN\*  
MICHAEL E. KRAUBER  
DONALD KILLIAN BROWN  
MARK D. FISCHER\*  
MARC L. BREIT

OF COUNSEL  
ROBERTO & SAMUELS\*

\*ALSO ADMITTED IN OHIO  
†ADMITTED IN CALIFORNIA

April 19, 1993

Kentucky Secretary of State  
ATTN: Sandra Perry  
Corporate Filings & Amendments  
P.O. Box 1718  
Frankfort, Kentucky 40602-0708

Re: Restated and Amended Articles of Incorporation  
for Self Esteem, Inc.

Dear Ms. Perry:

Enclosed please find restated and amended Articles of Incorporation for Self Esteem, Inc. Also please find a \$16.00 check to cover the fees for this dual purpose document per our telephone conversation. Please file, date and stamp a copy and send it to me in the enclosed self-addressed stamped envelope.

If there are any questions regarding this request please do not hesitate to contact me.

Very truly yours,

RAWLINGS & ASSOCIATES

---

LARRY W. CARTER  
Paralegal

LWC/srw  
Enclosures



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

*SELF ESTEEM INCORPORATED*

**Part I Reason for Public Charity Status** (All organizations must complete this part.)

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
- 9  An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part III Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .					0	0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .					0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .					0	0
4 Total. Add lines 1 through 3 . . . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 Public support. Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4 . . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .					0	0
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .					0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .					0	0
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	0
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) . . . . .	14		%
15 Public support percentage from 2016 Schedule A, Part II, line 14 . . . . .	15		%
16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶	<input type="checkbox"/>		
b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶	<input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶	<input type="checkbox"/>		
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶	<input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 Total. Add lines 1 through 5 . . . . .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
c Add lines 7a and 7b . . . . .						
8 Public support. (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6 . . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . .						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15 . . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17 . . . . .	18	%

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b</b> Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> Substitutions only. Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - a**  The organization satisfied the Activities Test. Complete line 2 below.
  - b**  The organization is the parent of each of its supported organizations. Complete line 3 below.
  - c**  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

	Yes	No
<b>2</b> <b>Activities Test. Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> <b>Parent of Supported Organizations. Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>		<b>Current Year</b>	
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes		
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations		
<b>4</b>	Amounts paid to acquire exempt-use assets		
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)		
<b>6</b>	Other distributions (describe in Part VI). See instructions.		
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.		
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
<b>9</b>	Distributable amount for 2017 from Section C, line 6		
<b>10</b>	Line 8 amount divided by line 9 amount		
<b>Section E - Distribution Allocations (see instructions)</b>		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>
<b>1</b>	Distributable amount for 2017 from Section C, line 6		
<b>2</b>	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.		
<b>3</b>	Excess distributions carryover, if any, to 2017		
<b>a</b>			
<b>b</b>	From 2013 . . . . .		
<b>c</b>	From 2014 . . . . .		
<b>d</b>	From 2015 . . . . .		
<b>e</b>	From 2016 . . . . .		
<b>f</b>	<b>Total of lines 3a through e</b>		
<b>g</b>	Applied to underdistributions of prior years		
<b>h</b>	Applied to 2017 distributable amount		
<b>i</b>	Carryover from 2012 not applied (see instructions)		
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
<b>4</b>	Distributions for 2017 from Section D, line 7: \$		
<b>a</b>	Applied to underdistributions of prior years		
<b>b</b>	Applied to 2017 distributable amount		
<b>c</b>	Remainder. Subtract lines 4a and 4b from 4.		
<b>5</b>	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
<b>6</b>	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
<b>7</b>	<b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.		
<b>8</b>	<b>Breakdown of line 7:</b>		
<b>a</b>	Excess from 2013 . . . . .		
<b>b</b>	Excess from 2014 . . . . .		
<b>c</b>	Excess from 2015 . . . . .		
<b>d</b>	Excess from 2016 . . . . .		
<b>e</b>	Excess from 2017 . . . . .		





**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental information to Form 990 or 990-EZ**  
Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

SELF ESTEEM INCORPORATED

OUR ORGANIZATION DID NOT  
RECEIVE ANY FUNDING FOR TAX YEAR 2016

Name of the organization

SELF ESTEEM INCORPORATED



Area with horizontal dashed lines for additional information.

## Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Self Esteem Incorporated</b></p> <p><b>2</b> Business name/disregarded entity name, if different from above</p>	
	<p><b>3</b> 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.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC    <input type="checkbox"/> C Corporation    <input type="checkbox"/> S Corporation    <input type="checkbox"/> Partnership    <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> 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.</p> <p><input checked="" type="checkbox"/> Other (see instructions) ▶ <b>Non-Profit Organization</b></p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions. <b>695 South 44th</b></p> <p><b>6</b> City, state, and ZIP code <b>Louisville, KY 40211</b></p> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

### 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.

<b>Social security number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>			-		
		-			
OR					
<b>Employer identification number</b>					

### Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ▶

Date ▶

## 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](http://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.*

**Commonwealth of Kentucky**  
**Alison Lundergan Grimes, Secretary of State**

Alison Lundergan Grimes  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Certificate of Existence**

Authentication number: 203431  
Visit <https://app.sos.ky.gov/ftshow/certvalidate.aspx> to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**SELF-ESTEEM INC.**

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 273, whose date of incorporation is August 25, 1992 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 7<sup>th</sup> day of June, 2018, in the 227<sup>th</sup> year of the Commonwealth.



*Alison Lundergan Grimes*

Alison Lundergan Grimes  
Secretary of State  
Commonwealth of Kentucky  
203431/0304466

CINCINNATI OH 45999-0038

In reply refer to: 0248206070  
Apr. 19, 2018 LTR 4168C 0  
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00016923  
BODC: TE

SELF ESTEEM INCORPORATED  
% LA GLENDA REED  
695 S 44TH ST  
LOUISVILLE KY 40211

19138

Employer ID number: [REDACTED]  
Form 990 required: Yes

Dear Taxpayer:

We're responding to your request dated Apr. 10, 2018, about your tax-exempt status.

We issued you a determination letter in May 2015, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Section 509(a)(2).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at [www.irs.gov/forms-pubs](http://www.irs.gov/forms-pubs) or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific

0248206070

Apr. 19, 2018 LTR 4168C 0

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SELF ESTEEM INCORPORATED  
% LA GLENDA REED  
695 S 44TH ST  
LOUISVILLE KY 40211

time).

Thank you for your cooperation.

Sincerely yours,



Kim A. Billups, Operations Manager  
Accounts Management Operations I



Louisville Metro Government  
Office of Management and Budget

Neighborhood Development Fund Training Attestation

Grantee Organization Name: SELF ESTEEM INC.

Grantee Representative Name: LA GLENDA REED

I agree that I am an authorized representative and/or signatory of the organization named above and attest to having viewed the Neighborhood Development Fund training presentation. I understand the reporting requirements of the Neighborhood Development Fund grant. Additionally, after viewing the presentation, I have correctly answered the below questions.

Please check:



I viewed the NDF training material on the website

Answer the following questions before signing (Circle or write in the correct answer).

1. The NDF funding your agency received is a gift from LMG? True or False
2. Name the three budget categories that require a detail list.  
CLIENT ASSISTANCE, COMMUNITY EVENTS and OTHER EXPENSES
3. If your agency charged gross pay to NDF, you are required to provide additional documentation to satisfy reporting requirements. True or False
4. Which four questions should your financial support documentation answer at all times?  
\_\_\_\_\_ and \_\_\_\_\_
5. Your agency is considered noncompliant if you do not account for funds received and/or your financial report is missing support documentation? True or False
6. Canceled check, bank statement, invoice and receipt are considered proof of payment. True or False.

La Glenda Reed  
Grantee Representative Signature

6/8/18  
Date

NOTE: Please return to Roxanne Steele

E-mail address: [Roxanne.Steele@louisvilleky.gov](mailto:Roxanne.Steele@louisvilleky.gov)  
Mailing Address: Louisville Metro Government  
ATTN: NDF Coordinator  
611 West Jefferson St.  
Louisville, KY 40202

Fax: 502-574-3219

## **SELF ESTEEM PROGRAM EVALUATION METHODS**

This program is evaluated through Formative, and Summative evaluations and Authentic assessments, to include a scale to show improved academic grade level performance.

### **Formative**

A formative evaluation (sometimes referred to as internal) is a method for judging the worth of a program while the program activities are *forming* (in progress). This part of the evaluation focuses on the process.

Thus, formative evaluations are basically done on the fly. They permit the designers, learners, and instructors to monitor how well the instructional goals and objectives are being met. Its main purpose is to **catch deficiencies** so that the proper learning interventions can take place that allows the learners to master the required skills and knowledge.

### **Summative**

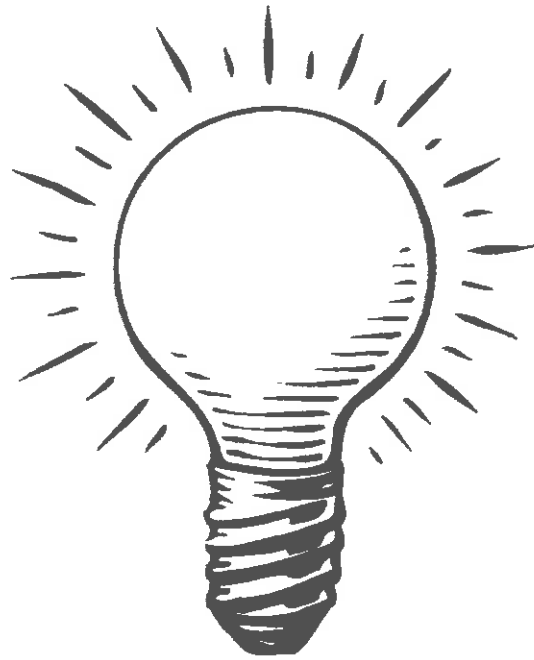
A summative evaluation (sometimes referred to as external) is a method of judging the worth of a program at the end of the program activities (summation). The focus is on the outcome.

### **Authentic**

Authentic assessment is an evaluation process that involves multiple forms of performance measurement reflecting the student's learning, achievement, motivation, and attitudes on instructionally-relevant activities. Examples of authentic assessment techniques include performance assessment, portfolios, and self-assessment.



**PRE-TEEN/TEEN CO-ED SESSION ONE:**  
**THE DEFINITION OF SELF ESTEEM**



**You owe it to yourself, to learn how, to feel good, about who you are.**

**HIGH SELF ESTEEM**

**LOW SELF ESTEEM**

**School Activities/Improve Academic Performance**

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**Home Family Activities/Improved Family Relationships**

---

---

**Physical Activities Keep You Healthy and Attractive to Yourself.**

---

---

**Cultivating Positive Friendships**

---

---

**PRE-TEEN/TEEN CO-ED SESSION ONE:**  
**PERSONAL SELF ESTEEM EVALUATION**

**Name** \_\_\_\_\_ **School** \_\_\_\_\_ **Age** \_\_\_\_\_ **Ph#** \_\_\_\_\_

What builds your self-esteem in your life right now? Which friends, family or personal activities?

---

---

---

Are there any personal obstacles, setbacks or people in your life right now that you feel depressed or angry about?

---

---

---

Which short and long-term goals do you plan on achieving that will boost your self-esteem right now?

---

---

---

Do you like your body Image? What about your body makes you feel good about yourself and what part of your body do you not like? Are you happy with your hair, face and nails? Please tell why you do or do not like your overall body image of yourself.

---

---

---

Do you like school? Why or why not? What is your favorite class and list your worst class.

---

---

---

What is your GPA \_\_\_\_\_ Who is your favorite Teacher? \_\_\_\_\_

In what areas of your life do you need help with so that your self-esteem can be higher? List any physical or mental changes you feel we can help you with.

---

---

---

What can we add to this program, that you are personally interested in learning that will help build your self-esteem?

---

---

---



**Western Middle School for the Arts  
Pre-Teen/Teen Co-Ed Self Esteem Program  
Program/Project/Presentation/Assessment  
Prepared For the Following:**

**The Jefferson County Public School Board Curriculum  
Development and Implementation Department  
Community Partners  
Community Sponsors  
Parents**



***Western Middle School for the Arts, Program Graduation on May 30, 2018***

**Curriculum Development and Implementation**  
Jefferson County Public Schools  
VanHoose Education Center  
3332 Newburg Road  
Louisville, KY 40218

**Program/Project/Presentation Assessment**

- 1. Please list the JCPS district school (s) you have been working with since your program, project or presentation was approved by BCPS.**

The Academy at Shawnee H.S.	Thomas Jefferson Middle School	Cochran Elementary
Wheatley Elementary School	Noe Middle School	Stuart Middle School
Newburg Middle School	Westport Tapp	Portland Elementary
Okolona Elementary	Atkinson Academy	Atherton H.S
Byck Elementary School	Mazeek Middle School	

- 2. Please provide the date (s) that the program, project or presentation was implemented.**

Every Wednesday, during School hours from February 27 to April 25, 2018

A total of 8 sessions were planned and 2 of those sessions were not well attended due to time constraints, a lack of transportation, testing, or fieldtrips.

One (optional) field trips was not attended due to a lack of transportation.

As Coordinator agreed we broke this program down to 8 1 hour sessions and we were only able to utilize 45 actual class time minutes. We agreed that this program is hoped to be an **ongoing program** within Western Middle School for the Arts and the Jefferson County Public Schools.

A total of 7 of the sessions were taught the first 2 sessions are planned to be repeated for the late coming students.

Overall this program succeeded its goals with the exception to this incomplete evaluation.

- 3. Please provide outcomes (data) demonstrating the effectiveness of the implemented program, project or presentation (attach separately if necessary).**

**Over All Program Goals Met**

**Cultivates Parent Child Relationship**

(100%)- 43 parent/child relationship improved.

**Improved Academic Performance**

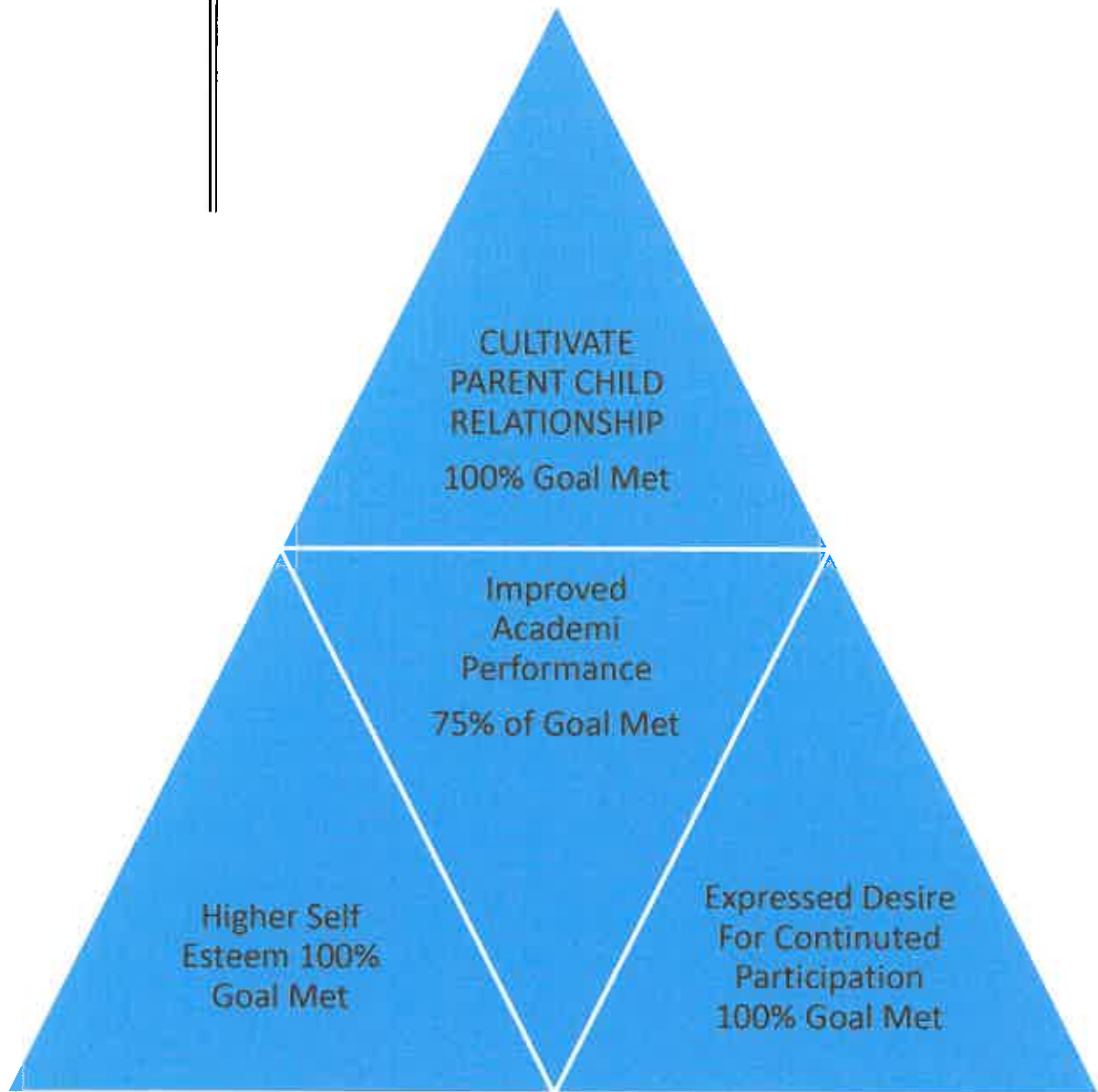
(75%) – 32 out of 11 students improved a letter grade.

**Higher Self Esteem**

(100%) –43 out of 43 students have higher self-esteem.

**Expressed Desire for Continued Participation**

(100%) – 43 out of 43 students expressed a desire to continue in Summer program.



**4) Please provide student and /or parent feedback from each school (s) where the program, project or presentation was implemented (attach separately if necessary).**

All 43 student's parents expressed a desire to continue participating in the self-esteem program during the Summer months and during the following 2017-2018 School Year.

## 6<sup>th</sup> Grade Participants

1. Jamaya Anthony 12 “My favorite class was the dinner table and because it taught me how to have class and keep my grades up.”
2. Ryan Brown 11 “We learned everything we need in this program and to never think that you are not pretty and the importance of education”
3. Kayla Pryor 11 “I learned that you can be beautiful and be happy with your body and now I have high self esteem and am working on better grades”
4. Nevaeh Roberts 12 “I learned more about myself and how to make an oatmeal facial for my face, this program will help me later in life because I will teach my experience and tips to my kids because no one but Ms. Reed taught me.”
5. Ta’Niya Fields 11 “I learned a lot about me and I really want Ms. Reed to come back to our school most of all how to keep my grades up.”
6. Kendyl Cooksey 12 “This class will help me later in life to always have high self-esteem.”
7. Jadag Rigsby 12 “I learned a lot about my body type and proper diet and nutrition class showed me how to feel good about myself and how to have high good grades and high self-esteem because we are three people spiritual, mental and physical.
8. Isabel Perry 12 “I learned about my body and how to have high self esteem.”
9. Asha Mohamed 12 “I have better grades and I learned how to not let people make me feel bad about myself because I have high self- esteem and I can teach my friends and family.”
10. Madison West 12 “This program really help me to have high self-esteem and to keep my grades up.”
11. Zerahiah Franklin 12 “This program is so much fun and I learned how to take care of my body and have high self-esteem that I never knew before.
12. Alia Abdi 12 “The models walk taught me how to walk with confidence.”
14. Nabiha Hassan 12 “This program is showing me how have a good education and how to be a role model, how to feel better about myself, and this program help me with growing up.”
15. Nylah Flowers 11 “My favorite class was the etiquette class and I learned how to treat people that do things for you about education and my body type.”
16. Amya Leach 11 “I learned the importance of keeping my grades up in school so that I can have a career later in life and about my hair, skin, nails and body and most of all how to have high self esteem so I can have a good education.”
17. Sanai Geer 12 “My favorite class would have to be the modeling class. This Class will help me in the future to prepare for interviews, parties, meetings and so on and how to be a role model with high self-esteem. I love this self-esteem class.”

## 7th Grade Participants

1. Ramona Brannon 12 “This program taught me about table manners, healthy eating, how to take care of my hair nails and to keep my grades up so that late in life I can be a respected young lady and know how to present myself in a job interview or an important meeting with my boss, most of all I am happy with myself and my grades and future education.”

2. Macy Stone 13 (Academic Grade 4.0 all year) “I learned how to accept me for me and I will be more confident in the future. In the future or present I am definitely going to use the tips, and dinner set-up, body care and nail care and possibly even the model walk that teach you how to walk proud. I need these things to help me and others around me. I would be glad to come back next year to continue gaining self-esteem.”

3. Madeleine Von Amburgh 13 “Ms. Reed taught me how to have high self-esteem and helped me to raise my grades. The models walk helped me to walk with confidence.” I want other girls to experience this too.”

4. Rodrionna Burns 12 “The new techniques I learned in the self-esteem class will help me in the future because more people will respect me and most important I will respect myself. This will help me in education and what I want to be in life.”

5. Asia Stallard 13 “I learned about the definition of self-esteem and how it affects my life as a kid and an adult. Also, this program help me to think better about my body shape and facial features. I also will try harder to keep my grades up and I thank Ms. Reed for this program and want her to come back to our school.”

6. Anabelgica Rodriguez 13 “We learned some really healthy ways to eat and how to feel better about my body , my education and how to walk with confidence and I now have high self-esteem.”

7. Fatimah Alawami 12 “This program has been very fun to be better mannered and to learn to be more of a confident lady overall. I recommend to come to this class because you will learn a lot of helpful and useful things and you will have a wonderful teacher to teach you these things and most of all about our education.”

8. Brianna Woods 13 “Thank you to everyone that make this program possible. I think that Ms. Reed should come back and help other students learn how to take care of themselves. I learned how to be a successful young woman and how to care for my hygiene, self and organization.

9. Eva McGhee 13 “ I learned how to treat myself and others with respect, proper etiquette, and how to stay healthy. There are so many things I could say about this program that is during school hours but, it would take a long time overall I am a better student at getting good grades.”

10. Autumn Williams 12 “I really enjoy this program because it taught me how to take care of my hair, skin, nails, proper table manners, and how to have a healthy diet. It will help me in my future to respect myself in a decent and respective manner.”





**Western Middle School for the Arts 2201 West Main Street, Louisville Kentucky 40212**

---

**5) Please provide any longitudinal research findings demonstrating the effectiveness of the approved program, project or presentation if any exists (attach separately if necessary).**

**Formative Evaluation of Self Esteem Program**

**100% of All 43 Students Met These Goals:**

- Program Positively Influences School Performance
- Students Demonstrate Motivation to Achieve Individual Potential
- Improved Attitude Toward School
- Improved School Attendance
- Improved Academic Performance

**This program expanded its training to include the areas of image, education goals, self-esteem, responding to stress, peer pressure, and cultivating positive relationships.**

**Program Goals:**

**Commitment to Learning** To improve academic performance and promote higher education and career goals and achievement.

**Positive Values** To promote equality, reduce poverty, teach abstinence, and the consequences of gang violence drug or alcohol abuse and negative peer pressure.

**Social Consequences** To teach participants how to plan, make positive choices, and cultivate positive meaningful parent child relationships through the use of effective communication skills, and parent participation.

**Positive Identity** To teach one that he or she has control over negative experiences that they have encountered in life and to value that one has a purpose, a life worth living, a job worth doing and a self-worth living with to include esteem training.

**Support Role Models** Teach students how to seek counsel from parents and school officials

**100% of All 43 Students met all or part of these Goals**

## **Summative Evaluation of Self Esteem Program**

### **Conclusion**

The present evaluation provides quantitative data that show significant positive changes for girls in key areas of their development: their sense of belonging, their perception and acceptance of their own bodies, and their belief in their ability to accomplish meaningful actions and goals in their lives.

While this is a study of the Self Esteem Inc. Self Esteem Training Program for Jefferson County Public Schools it is important because it provides evidence for the effectiveness of providing a female responsive format that serves girls' developmental needs.

### **Program Deficiencies:**

\*Lack of Transportation

\*In School Suspension (ISAP) created absences that should not affect attendance of program because the certificate of completion authenticates that all 8 valuable sessions have been completed. Therefore it is mandatory that they take all 8 sessions because a complete assessment cannot be made if all sessions are not attended.

\*More time needed for make-up sessions due to snow days, testing and holidays.

\*Due to the high volume of student participation request there is a dire need to computerize this program in order to reduce the cost of printing materials.

This summary report was prepared by **La Glenda Reed, Instructor and Former, Executive Director for Self Esteem Inc.** All original participant evaluation instruments used to prepare this report can be furnished upon request. If you should need any further additional information please contact the following:

Self Esteem Inc. and all staff and supporters would like to thank the Jefferson County Public Schools and the staff at Western Middle School for the Arts for their continued support of this worthwhile Self-Esteem Training Program.

**La Glenda Reed  
Self Esteem Inc.  
695 South 44<sup>th</sup> Street  
Louisville, KY 40211  
(502)-471-7930**

**cc: Parents, Sponsors, School Administration, Community Partners**



Taking care of business

### Shopping Cart

Your current delivery zip code **40201** Change Zip



**Innovative Storage SpaceMaker™  
Fold 'N Roll™ Cart System, 21 3/4"H  
x 14 1/2"W x 18 1/2"D  
Item # 391601**

**Pickup or Delivery**

Delivery  
Estimated delivery 1-3  
business days To 40201  
Store Pickup Not Available

**Unit Price**

**\$47.49 each**

**Qty.**

**Subtotal**

\$47.49

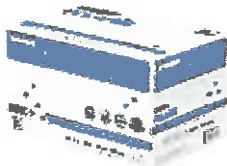


**HP 61XL/61 Black/Tricolor Original  
Ink Cartridges (CZ138FN), Pack Of  
2  
Item # 493814**

Delivery  
Estimated delivery 1-3  
business days To 40201  
FREE Store Pickup  
3 out of 10 available at your  
selected store

**\$62.99 pack**

\$629.90



**Boise POLARIS® Premium  
Multipurpose Paper, Letter Paper  
Size, FSC® Certified, White, 500  
Sheets Per Ream, Case Of 10  
Reams  
Item # 196697**

Delivery  
Estimated delivery 1-3  
business days To 40201  
FREE Store Pickup  
Ready for pickup today  
141 Available

~~\$63.99 carton (Reg)~~  
**\$29.99 Sale**

\$59.98

Limit: 4

10% subscription discount



**Save \$50 on your purchase with the Office  
Depot OfficeMax Business Card**

0201 1234 5678 9123  
000 0000 01

Current Subtotal: \$781.61  
Credit on Statement: -\$50.00  
\$731.61

Cost After Statement Credit  
Learn More  
1.800.463.3768

### Order summary

**Items (13) Subtotal \$737.37**  
Delivery FREE  
Estimated Sales Tax \$44.24  
Are you tax exempt?  
**Estimated Total \$781.61**

You are saving **\$68.00** on this order



\*Paid as a statement credit.  
 Can't be combined with other offers.  
 Subject to credit approval.

La+Glenda, save **\$25\*** when you open an account online & spend \$25 on your first online purchase today.

Purchase Amount	\$731.66
Credit on Billing Statement	-\$25.00
Cost after Statement Credit	<b>\$706.66</b>
<a href="#">Learn more</a>   <a href="#">Open account</a>	

Est. total **\$731.66**

### Epson EX5260 Wireless XGA 3LCD Projector

**\$599.99**

2-day shipping

Pickup

Order soon, only 2 left!

Protect your product with a [care plan](#)

**None**    3 Years - \$69.00    4 Years - \$105.00

Qty:

1

[Remove](#) | [Save for later](#)

### Epson ELPKS64 Carrying Case for Projector

~~\$31.02~~

**\$28.25**

2-day shipping

Pickup

Protect your product with a [care plan](#)

**None**    2 Years - \$3.00

Qty:

1

[Remove](#) | [Save for later](#)



### Pyle Home PRJTP52 Floor-Standing Portable Tripod Manual Projector Screen, 50"

~~\$59.99~~

**\$57.00**

Shipping  
Pickup

Protect your product with a [care plan](#)

None    **2 Years - \$5.00**

Qty:

1 ▼

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Subtotal (3 items)	\$690.24
Shipping	Free
Est. taxes & fees (Based on <a href="#">33027</a> )	\$41.42

Est. total **\$731.66**

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Products Services & Solutions Deals Business Resources Membership

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FREE shipping when you spend \$49.99 - **\$32.50 to go!**

### ORDER SUMMARY

Items (1):	\$17.49
<a href="#">Add Coupons:</a>	—
Subtotal::	\$17.49
Shipping:	<b>\$9.95</b>
<b>Pre-Tax Subtotal:</b>	<b>\$27.44</b>

CHECKOUT

Hamilton Buhl™ Carrying Bag with Shoulder Strap for TPS-T50 Tripod, Black (HBCB50)

[Add to Favorites](#) [Remove from Cart](#)



Ship to Address

Pick Up in Store

1 at \$17.49 Each

\$17.49

Delivered by Tuesday, June 19

\$17.49

Item: 2411107 | Model: HBCB50



Targus® Laser Presentation Remote

\$51.99

- 2.4 GHz wireless radio frequency maintains control to 50 feet away
- Laser pointer draws attention to the most important content
- Simplistic layout enables users to open and operate a presentation with ease

[View Full Product Details](#)

ADD TO CART

#### Terms and Conditions

The tax shown is estimated. Your Order Confirmation Email will include shipment details, product availability and estimated tax. If you are a tax-exempt customer please see our Tax-Exempt Information. Important information concerning coupons and sales tax and our return policy.

Not responsible for typographical errors. Our prices may vary from store and catalog prices. Not all items available. We reserve the right to limit quantities, including the right to prohibit sales to resellers.

### ORDER SUMMARY

Items (1):	\$17.49
<a href="#">Add Coupons:</a>	—
Subtotal::	\$17.49
Shipping:	<b>\$9.95</b>
<b>Pre-Tax Subtotal:</b>	<b>\$27.44</b>

CHECKOUT

### CONSIDER BEFORE CHECKOUT



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 Subject to credit approval.

La+Glenda, save **\$25\*** when you open an account online & spend \$25 on your first online purchase today.

Purchase Amount	\$692.18
Credit on Billing Statement	-\$25.00
Cost after Statement Credit	<b>\$667.18</b>
<a href="#">Learn more</a>   <a href="#">Open account</a>	

Est. total **\$692.18**

[Check Out](#)



HP Pavilion 15-au020wm 15.6" Manhattan Gold Laptop, Windows 10, Intel Core i5-6200U Processor, 8GB Memory, 1TB Hard Drive  
 Sold by El Chasqui USA Company

**\$558.00**

Shipping  
 Order soon, only 4 left!

Protect your product with a [care plan](#)

None    2 Years - \$59.00    3 Years - **\$95.00**

Qty:

[Remove](#) | [Save for later](#)

Subtotal (1 item)	\$653.00
Shipping	Free
Est. taxes & fees (Based on <a href="#">33027</a> )	\$39.18
Est. total	<b>\$692.18</b>

[Check Out](#)

Shop Categories


Help

Welcome Log In  
Account Tools

(0)  
Lists

All

## Shopping Cart

Item	Item Number	Price	Quantity	Add-ons
 <p><b>Mobile Storage &amp; Charging Cart for 24 Laptop &amp; Chromebook™ and Tablets, Putty, Assembled</b> Sold By: <b>Shipping:</b> Usually ships in 2 to 5 days <b>Please Note:</b> This item cannot be cancelled or returned.</p>	T9A251761PYA	\$589.00	1	Available add-ons

Print Cart | Email Cart | Save Cart

**Subtotal (1 Item)**  
**\$633.99**

[Calculate shipping](#)

[Delete](#) | [Keep for Later](#)

 <p><b>Extended Service Plan 1 Yr Replacement - Starts after the Mfr. warranty expires</b></p>	T9A516407	\$64.99	1	
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**Please note:** When using PayPal, the shipping address selected in PayPal will override the one selected on the Global Industrial website.



### Need More Information?

Information about our 30 Day Satisfaction Guaranteed Return Policy, Shipping, Rebates and more is available through [help](#). For further assistance, please call 1-888-628-3466 or email [service@globalindustrial.com](mailto:service@globalindustrial.com).

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Shipping charges are based upon weight, dimensions, distance traveled and type of shipping service you specify (ground, next day, second day).

All shipments are F.O.B. shipping point. Shipping method is determined by size and weight of each item. Items of differing size and weight may ship independently, by different methods, even if ordered together. Items that are too large or too heavy for UPS will be shipped motor freight. Someone must be present to accept truck deliveries. Standard truck delivery is to a facility with a dock designed to receive freight. Twenty-four hour notification, residential deliveries, lift gate, or inside deliveries are available each with an additional charge.

To view shipping charges, use the Shipping Calculator featured in the Shopping Cart. Unless otherwise stated, freight and shipping fees will be charged for shipments to anywhere in the contiguous United States, using a carrier of our choice. Other terms apply to Alaska, Hawaii, Puerto Rico, and export orders. Any extra charges incurred for additional services, such as customer's carrier or special handling by the carrier, must be paid by the consignee. Items backordered from an order qualifying for prepaid shipping charges will be shipped prepaid. Title and risk of loss pass to the customer upon tender of shipment to the carrier. Certain restrictions apply to Free Shipping promotions. These include use of our choice of carriers and shipping methods as well as other limitations.

### Recently Viewed Items



Mobile Storage & Charging Cart for 24

**\$589.00**

Qty:  Add



Mobile Storage & Charging Cart for 36

**\$499.95**

Qty:  Add



Luxor Tablet/Chromebook

**\$199.95**

Qty:  Add





Search



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La+Glenda, save **\$25\*** when you open an account online & spend \$25 on your first online purchase today.

Purchase Amount	\$329.38
Credit on Billing Statement	-\$25.00
Cost after Statement Credit	<b>\$304.38</b>
<a href="#">Learn more</a>   <a href="#">Open account</a>	

Est. total **\$329.38**



HP 14-ak040wm 14" Chromebook, Chrome, Full HD IPS Display, Intel Celeron N2940 Processor, 4GB RAM, 16GB eMMC Drive

~~\$279.00~~

**\$242.73**

2-day shipping

Pickup

Protect your product with a [care plan](#)

None    3 Years - **\$68.00**

Qty:

1 ▼

[Remove](#) | [Save for later](#)

Subtotal (1 item)	\$310.73
Shipping	Free
Est. taxes & fees (Based on <a href="#">33027</a> )	\$18.65
Est. total	

22 X \$329.38  
# 7,238.00



1 **Printed Vinyl Fabric Party Decorations Background Screen Props**

Sold by LUCK GLOBAL SHOP

**\$12.99**

Shipping

Qty:

1

[Remove](#) | [Save for later](#)

REDUCED PRICE



**Canon EOS Rebel T6 / 1300D DSLR Camera + 18-55mm IS+ 75-300 III  
-64GB Kit Bundle**

Sold by Tri State Camera

List ~~\$717.00~~

**\$525.99**

Shipping

Order soon, only 7 left!

Protect your product with a [care plan](#)

None    3 Years - \$69.00    4 Years - \$105.00

Qty:

1

[Remove](#) | [Save for later](#)

Subtotal (6 items)	\$944.35
Shipping	Free
Est. taxes & fees (Based on <a href="#">33027</a> )	\$24.33
<b>Est. total</b>	<b>\$968.68</b>

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Congrats — you get free shipping on all items sold by Walmart!

Free pickup available.

[Learn more](#)



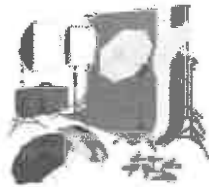
La+Glenda, save **\$25\*** when you open an account online & spend \$25 on your first online purchase today.

\*Paid as a statement credit.  
Can't be combined with other offers.  
Subject to credit approval.

Purchase Amount	\$968.68
Credit on Billing Statement	-\$25.00
<b>Cost after Statement Credit</b>	<b>\$943.68</b>
<a href="#">Learn more</a>   <a href="#">Open account</a>	

Est. total **\$968.68**

[Check Out](#)



LimoStudio Continuous Lighting Photo & Video Studio Kit with Photo Background Muslin and Umbrella Reflector, Softbox, Backdrop Support Structure System with Cross Bar, Photo Studio Bundle, LIWA55

**\$169.99**

Shipping  
Pickup

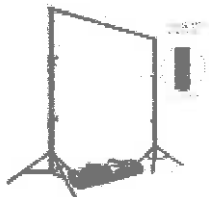
Protect your product with a [care plan](#)

**None**   3 Years - \$19.00   4 Years - \$26.00

Qty:

1 ▼

[Remove](#) | [Save for later](#)



Limo Studio Photo Video Studio Adjustable Muslin Background Backdrop Support System Stand & Cross Bar, LIWA18

\$43.46 ea.

**\$130.38**

Shipping  
Pickup

Qty:

3 ▼

[Remove](#) | [Save for later](#)



La+Glenda, save **\$25\*** when you open an account online & spend \$25 on your first online purchase today.

\*Paid as a statement credit.  
Can't be combined with other offers.  
Subject to credit approval.

Purchase Amount	\$968.68
Credit on Billing Statement	-\$25.00
<b>Cost after Statement Credit</b>	<b>\$943.68</b>
<a href="#">Learn more</a>   <a href="#">Open account</a>	

Est. total **\$968.68**

[Check Out](#)



**LimoStudio Continuous Lighting Photo & Video Studio Kit with Photo Background Muslin and Umbrella Reflector, Softbox, Backdrop Support Structure System with Cross Bar, Photo Studio Bundle, LIWA55**

**\$169.99**

Shipping  
Pickup

Protect your product with a [care plan](#)

None    3 Years - \$19.00    4 Years - \$26.00

Qty:

**1** ▼

[Remove](#) | [Save for later](#)



**Limo Studio Photo Video Studio Adjustable Muslin Background Backdrop Support System Stand & Cross Bar, LIWA18**

\$43.46 ea.

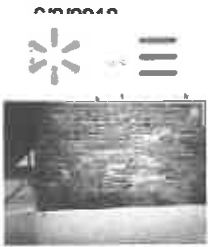
**\$130.38**

Shipping  
Pickup

Qty:

**3** ▼

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Backdrops Colorful Brick Wall  
Printed Vinyl Fabric Party Decorations Background Screen Props

Sold by LUCK GLOBAL SHOP

**\$12.99**

Shipping

Qty:

1

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REDUCED PRICE

Canon EOS Rebel T6 / 1300D DSLR Camera + 18-55mm IS+ 75-300 III  
-64GB Kit Bundle

Sold by Tri State Camera

List ~~\$717.00~~

**\$525.99**

Shipping

Order soon, only 7 left!

Protect your product with a [care plan](#)

None    3 Years - \$69.00    4 Years - \$105.00

Qty:

1

[Remove](#) | [Save for later](#)

Subtotal (6 items)	\$944.35
Shipping	Free
Est. taxes & fees (Based on <a href="#">33027</a> )	\$24.33
<b>Est. total</b>	<b>\$968.68</b>

[Check Out](#)

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Free pickup available.

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# ESTIMATE

Grand Total (USD)  
**\$33.00**

**BILL TO**  
**Self Esteem Inc.**  
Laglenda kentucky  
  
5024717930  
Laglendareed@aol.com

**Estimate Number:** 3  
**Estimate Date:** June 10, 2018  
**Expires On:** June 10, 2018

Items	Quantity	Price	Amount
<b>White Shirt</b> Front Only S-L	1	\$6.00	\$6.00
<b>White Shirt</b> Front Only XL-6X	1	\$7.00	\$7.00
<b>Art work</b> Art work	1	\$20.00	\$20.00
<b>Total:</b>			<b>\$33.00</b>
<b>Grand Total (USD) :</b>			<b>\$33.00</b>



**Kingdom Workshop Graphic and Printing**  
3161 West Oakland Park Boulevard  
SUITE 840  
Oakland Park, FL 33311  
United States

**Contact Information**  
754-214-1757

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## SELF-ESTEEM INC.

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### General Information

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<b>Organization Number</b>	0304466
<b>Name</b>	SELF-ESTEEM INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	8/25/1992
<b>Organization Date</b>	8/25/1992
<b>Last Annual Report</b>	6/7/2018
<b>Principal Office</b>	LA GLENDA G.B. REED 695 SOUTH 44TH STREET LOUISVILLE, KY 40211
<b>Registered Agent</b>	LA GLENDA G. B. REED 695 SOUTH 44TH STREET LOUISVILLE, KY 40211

### Current Officers

---

<b>President</b>	<a href="#">ANTHONY EUGENE FOSTER, JR.</a>
<b>Secretary</b>	<a href="#">GRACIE LEWIS</a>
<b>Treasurer</b>	<a href="#">SUSAN BUTLER</a>
<b>Director</b>	<a href="#">TIMOTHY LA GRANT REED</a>
<b>Director</b>	<a href="#">JOHN MACKEY</a>
<b>Director</b>	<a href="#">ANTHONY EUGENE FOSTER JR.</a>

### Individuals / Entities listed at time of formation

---

<b>Director</b>	<a href="#">LA GLENDA G B REED</a>
<b>Director</b>	<a href="#">GEORGELYNETTA V REED</a>
<b>Director</b>	<a href="#">SOPHIA WINSTON</a>
<b>Director</b>	<a href="#">REVEREND WALTER T COSBY</a>
<b>Director</b>	<a href="#">WILLIAM J COSBY</a>
<b>Incorporator</b>	<a href="#">LA GLENDA G B REED</a>
<b>Incorporator</b>	<a href="#">SOPHIA WINSTON</a>
<b>Incorporator</b>	<a href="#">REVEREND WALTER T COSBY</a>
<b>Incorporator</b>	<a href="#">WILLIAM J COSBY</a>

### Images available online

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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.

<a href="#">Annual Report</a>	6/7/2018	1 page	<a href="#">PDF</a>
<a href="#">Reinstatement Certificate of</a>	8/28/2017 2:49:08 PM	2 pages	<a href="#">PDF</a>

<a href="#">Existence</a>				
<a href="#">Reinstatement</a>	8/28/2017 2:46:30 PM	2 pages	<a href="#">PDF</a>	
<a href="#">Principal Office Address Change</a>	8/28/2017	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Registered Agent name/address change</a>	8/28/2017	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Administrative Dissolution</a>	9/30/2014	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	9/9/2013	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	8/24/2012	1 page	<a href="#">PDF</a>	
<a href="#">Principal Office Address Change</a>	6/2/2011 1:50:22 PM	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	6/2/2011	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	10/18/2010	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	9/24/2009	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	10/14/2008	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	6/26/2007	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	5/2/2006	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	5/5/2005	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	5/5/2005	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Reinstatement</a>	3/21/2005	3 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Administrative Dissolution Return</a>	1/6/2005	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	10/30/2003	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Reinstatement</a>	10/10/2002	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Administrative Dissolution</a>	11/1/2001	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/2001	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Reinstatement</a>	9/11/2000	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	9/11/2000	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Administrative Dissolution</a>	11/2/1993	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Amended and Restated Articles</a>	4/20/1993	6 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Amendment</a>	3/29/1993	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Articles of Incorporation</a>	8/25/1992	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>

## Assumed Names

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## Activity History

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Filing	File Date	Effective Date	Org. Referenced
Annual report	6/7/2018 3:32:43 PM	6/7/2018 3:32:43 PM	
Registered agent address change	8/28/2017 2:58:38 PM	8/28/2017	
Principal office change	8/28/2017 2:57:31 PM	8/28/2017	
Reinstatement	8/28/2017 2:49:03 PM	8/28/2017	
Admin Dis. A. report not in	9/30/2014	9/30/2014	
Annual report	9/9/2013 1:07:35 AM	9/9/2013 1:07:35 AM	



Annual report	8/24/2012 8:12:24 AM	8/24/2012 8:12:24 AM	
Annual report	6/2/2011 2:19:06 PM	6/2/2011 2:19:06 PM	
Principal office change	6/2/2011 1:50:22 PM	6/2/2011 1:50:22 PM	
Annual report	10/18/2010 4:04:20 PM	10/18/2010 4:04:20 PM	
Annual report	9/24/2009 6:54:32 PM	9/24/2009 6:54:32 PM	
Annual report	10/14/2008 1:15:30 PM	10/14/2008	
Annual report	6/26/2007 6:21:59 PM	6/26/2007	
Annual report	5/2/2006 1:51:16 PM	5/2/2006	
Registered agent address change	5/5/2005 9:39:28 AM	5/5/2005	
Annual report	5/5/2005 9:37:56 AM	5/5/2005	
Principal office change	3/21/2005 1:10:22 PM	3/21/2005	
Reinstatement	3/21/2005 1:06:29 PM	3/21/2005	
Admin Dis. A. report not in	11/9/2004	11/8/2004	
Principal office change	9/9/2003 2:28:09 PM	9/9/2003	
Principal office change	10/10/2002 3:28:01 PM	10/10/2002	
Reinstatement	10/10/2002 3:27:00 PM	10/10/2002	
Admin Dis. A. report not in	11/1/2001	11/1/2001	
Principal office change	9/11/2000 12:03:46 PM	9/11/2000	
Registered agent address change	9/11/2000 12:01:47 PM	9/11/2000	
Reinstatement	9/11/2000 12:00:03 PM	9/11/2000	
Admin Dis. A. report not in	11/2/1993	11/2/1993	
Amendment - Miscellaneous amendments	4/20/1993	4/20/1993	
Restated articles	4/20/1993	4/20/1993	
Amendment previous name	3/29/1993	3/29/1993	<a href="#">MODELS MINISTRY INCORPORATED</a>

## 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.

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