

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

Applicant/Program: C.H.O.I.C.E., Inc. (Children Have Options In Choosing Experiences) "Dare To Dream" Sports Leadership & Mentoring Program for students.

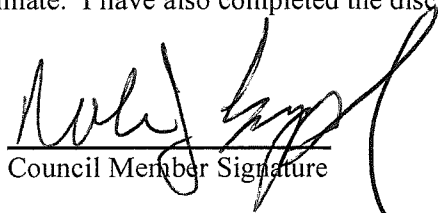
Executive Summary of Request:

District 22 funding supports the C.H.O.I.C.E., Inc. "Dare To Dream" Sports Leadership & Mentoring Program for students. This program was founded in 1987 to serve "high-risk" and "at-risk" youth and adolescents, between the ages of 9 to 19 in the Louisville/Jefferson County community. This comprehensive, non-profit prevention and early intervention program is designed to decrease behavior that negatively impacts students' education, family and the community-at-large, while bolstering resiliency skills necessary for positive progression in school and to adulthood.

Is this program/project a fundraiser?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is this applicant a faith based organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does this application include funding for sub-grantee(s)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

22
District #


Council Member Signature

\$7,000
Amount

1/28/16
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.

None.

Approved by:

_____ Date
Appropriations Committee Chairman

Clerk's Office Only:

Request Amount: _____ Committee Amended Appropriation: _____

Original Appropriation: _____ Council Amended Appropriation: _____


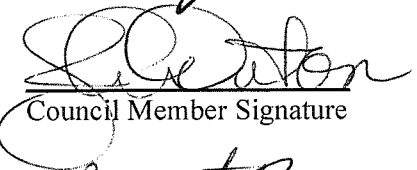

Applicant/Program: C.H.O.I.C.E., Inc. (Children Have Options In Choosing Experiences)

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

None.

<u>6</u> District #	 _____ Council Member Signature	<u>\$200.00</u> Amount	<u>1/28/16</u> Date
<u>19</u> District #	 _____ Council Member Signature	<u>\$100.00</u> Amount	<u>1/28/16</u> Date
<u>20</u> District #	 _____ Council Member Signature	<u>\$500.00</u> Amount	<u>1/28/16</u> Date
<u> </u> District #	<u> </u> Council Member Signature	<u> </u> Amount	<u> </u> Date
<u> </u> District #	<u> </u> Council Member Signature	<u> </u> Amount	<u> </u> Date
<u> </u> District #	<u> </u> Council Member Signature	<u> </u> Amount	<u> </u> Date
<u> </u> District #	<u> </u> Council Member Signature	<u> </u> Amount	<u> </u> Date

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION CHECKLIST

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

Program Name and Request Amount: C.H.O.I.C.E., Inc. "Dare To Dream" Sports Leadership & Mentoring Program for students. Request Amount: \$7,300.00

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A
Is the entity in good standing with: <ul style="list-style-type: none"> • Kentucky Secretary of State? • Louisville Metro Revenue Commission? • Louisville Metro Government? • Internal Revenue Service? • Louisville Metro Human Relations Commission? 	<input type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> Yes
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> Yes
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> N/A
Prepared by: <i>Melissa Hodge</i> <i>District 22</i>	Date: 1/28/16



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: Children Have Options In Choosing Experiences (C.H.O.I.C.E.) Incorporated <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 3715 Bardstown Road Suite 303 Louisville, Kentucky 40228			
Website: http://www.choicelouisville.org			
Applicant Contact:	Liz Sias-Shannon	Title:	Executive Director
Phone:	(502) 456-5137	Email:	choiceinc@bellsouth.net
Financial Contact:	Liz Sias-Shannon	Title:	Executive Director
Phone:	(502) 456-5137	Email:	choiceinc@bellsouth.net
Organization's Representative who attended NDF Training: Liz Sias-Shannon			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Jefferson County Public Schools		
Council District(s):	22	Zip Code(s):	40291, 40218
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: "Dare to Dream" Sports Leadership Mentoring Program and Educational Self Help Group			
Total Request: (\$)	20,836.00	Total Metro Award (this program) in previous year: (\$)	7,000.00
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input checked="" type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input checked="" type="checkbox"/> Staff including the 3 highest paid staff	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	District 21 &3	Amount: (\$)	9,822.00
Source:	District 22	Amount: (\$)	7,000.00
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Vision:

Children Have Options In Choosing Experiences (C.H.O.I.C.E.) Incorporated founded in 1987. C.H.O.I.C.E. Inc. is a comprehensive, community-based prevention and early intervention program designed to guide "high risk"/"at-risk" youth and adolescents into making more positive life choices. C.H.O.I.C.E. believes that the incidence of substance abuse, violence, and negative behaviors will decrease among young people if they have a greater degree of self-esteem and the ability to cope with life's challenges. In order to achieve this goal, students need to have current information and education about drug abuse and dependency and its effect on interpersonal skills.

Mission:

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

Services:

The C.H.O.I.C.E. program is directed toward young people, ages 9 to 19, from mixed social-economic and ethnic backgrounds. The program assists young people in joining together to enhance their ability to make positive choices; increase their sense of self-regard; decrease the incidence of ATOD (alcohol, tobacco and other drugs) abuse; and other unhealthy risk behaviors. This is accomplished through a 28 week two-tiered program comprised of prevention education and bolstering resiliency factors within the young person. CHOICE provides a safe place for children to express their emotions and deal with unhealthy situations in a positive way. We focus on teaching youth and adolescents skills that will be required of them in the 21st Century, including critical thinking, communication, problem-solving, collaboration and teamwork.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 – PROGRAM/PROJECT NARRATIVE

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

C.H.O.I.C.E. Inc. is requesting funding for one: "Dare to Dream" Sports Leadership and Mentoring school based program for males at Fern Creek Traditional High School and one male mentee group at Watterson Elementary. All programs are set to begin August 17, 2015 and ends June 3, 2016.

The C.H.O.I.C.E. "Dare to Dream" Sports Leadership and Mentoring Program was developed at Fern Creek High School in 1994 and in 2002 at Iroquois High School. The program is comprised of male athletes. The program will be conducted in 2015-2016 school year, one class period per week, during school hours at the participants' home school. The mentoring process is both one-on one and group oriented. This 28 week program address the 14 components of prevention and promotes comprehensive risk-avoidance messages for youth and adolescents. Mentors and mentees visit each other's school during their mentoring experiences to participate in various skills building activities such as social and emotional growth, communication skills improvement, decision-making, academic success, critical thinking. (See Attachment)

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

Funding will be used for program expenses and direct services provided to the target population for funds being requested. Facilitator(s) fee, program materials, transportation, administrative cost, office supplies, telephone, machinery equipment, and Advanced Mentoring Training.



CHOICE, Inc.

Children Have Options In Choosing Experiences

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

Intervention Alcohol/Drug Program

Hello Honorable Metro Council Member Robin Engel,

I am leading the way on requesting financial support from all Metro Council members from their respective neighborhood development funds for the Children Have Option In Choosing Experiences (C.H.O.I.C.E.) Incorporated, a non-profit organization, which serves all 26 Metro Council districts throughout Jefferson County. For 27 years, C.H.O.I.C.E., Inc., has been teaching and mentoring students to make better choices in their life by focusing on alcohol, tobacco, and other drugs education, academics, empathy building, coping skills and sports team building in the Metro Council area.

The program I am highlighting in this letter is the C.H.O.I.C.E "Dare to Dream" Sports Leadership Mentoring Program which has been in existing since 1994. Although currently the program is facilitated at Fern Creek Traditional High School, Iroquois High School, Watterson Elementary, and Whitney Young Elementary students who participate in these services are from all of the 26 Council districts. This program is an important part of the fabric of our community. C.H.O.I.C.E., Inc. has taken a non-traditional approach to mentoring by utilizing cross age peer mentoring rather than traditional adult to youth match. Cross-age peer mentoring is defined as the mentoring process occurring among high school student athletes and elementary students. Community based agencies are constantly searching for adult mentors to be involved. However, these agencies remain with long waiting lists of youth desiring a mentor match. C.H.O.I.C.E., Inc. believes in utilizing the innate leadership skills of high school athletes in our community. The program offers dual benefits for the mentees and mentors. Mentees have demonstrated or reported improvements in attitudes and connectedness to school and peers, self-efficacy, grades, or academic achievement, social skills, and behavior problems, as well as gains in positive decision making attitudes toward prohibited behavior, such as classroom disruption. Mentors who are involved gain in self-esteem and responsible citizenship.

We work hard to reach young people with deep-impact programs that focus on life skills to become productive members of our society and workforce, while arming them with strong personal life basics needed to manage their own responsibilities in making better choices. Our goal is to promote personal growth and bolster resiliency in order for participants to thrive in our community. We focus on teaching youth and adolescents skills that will be required of them in the 21st Century, including critical thinking, communication, problem-solving, collaboration and teamwork. The cost of providing this much needed services to the communities, youth and adolescents has increased 25% in the past seven years.

District 22 Councilman Robin Engel will be a main sponsor of this initiative, and will handle the paperwork of this funding request for this outstanding program. Won't you please join him? Again, this funding will support educational self-help groups and mentoring training for students in all 26 Council districts. If you are interested in participating, please let Councilman Engel know.

Thank you for your consideration of this request, and we hope you join us in making a difference in the life of our students in all Metro Louisville neighborhoods.

Respectfully,

Liz Sias-Shannon
Executive Director



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Not Applicable

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

Effective October 24, 2013, reimbursements should not be made 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.

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.



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:

The overall goal of this program is decrease behaviors that negatively impact education, family, and community membership while bolstering resiliency skills necessary for positive progression to adulthood. Knowledge, behaviors, and attitudes are expected to change (increase positively and decrease negatively) by 15% as a result of participation in this project. Assessment and evaluation is categorized as a pre-post design. Assessment and evaluation will be based both on process and outcome.

Process evaluation will be examined by motoring the number of participants who are exposed to each activity or session so as to determine the extent of the intervention delivered. This will be measured via group and individual contact, and written summary of each activity.

Outcome evaluation will be use to determine pre and past group educational and behavior change. A pre/post educational learning assessment will be given to ascertain the change in knowledge base on each student in the group utilizing the overall learning objectives of the program. In addition, a behavioral evaluation will be completed by facilitators and significant others (e.g., counselors) at least three (3) times during the group experiences to assess change.

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

Collaboration with others builds bridges, among agencies, organizations, and community essential to meet the health, social and mental health needs of low income, ethnic minorities youth, adolescents and families.

C.H.O.I.C.E. has been blessed to have such wonderful community support from a variety of organizations and businesses, not to speak of the volunteer support. C.H.O.I.C.E. Inc. has built a good working relationship that has provided support their mission and philosophy.

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

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

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

A collaboration with PAL-Drug Free Community is an avenue for participants (adolescents and adults) to become involved in the positive changes they can contribute to their neighborhoods. The PAL-Drug Free Community mission is to reduce the incidence of substance abuse by young people residing in the 7th Street Corridor of Central Louisville Through a collaborative coalition that coordinates resources through public policy, laws, revenue and strategy development. This is consistent with C.H.O.I.C.E. goals and objectives. C.H.O.I.C.'s Executive Director serves on the PAL Key Leader Board.

A collaboration with the Louisville Urban League's Director of Youth Development and Education assist by providing training for the "Dare to Dream" Sports Leadership and Mentoring program. The Urban League Youth Development and Education department provides school-aged youth with the pathway to becoming successful academically, personally, and socially. The goal is similar/consistent with C.H.O.I.C.E.'s mission.

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



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits	\$18,936.00	\$0	\$18,936.00
B: Rent/Utilities	\$0	\$0	\$0
C: Office Supplies	\$150.00	\$150.00	\$300.00
D: Telephone	\$300.00	\$300.00	\$600.00
E: In-town Travel	\$0.00	\$0.00	\$0.00
F: Client Assistance (Attach Detailed List)	\$0.00	\$0.00	\$0.00
G: Professional Service Contracts	\$0.00	\$0.00	\$0.00
H: Program Materials	\$200.00	\$75.00	\$275.00
I: Community Events & Festivals (Attach Detail List)	\$0.00	\$0.00	\$0.00
J: Small Equipment	\$300.00	\$150.00	\$450.00
K: Capital Equipment	\$0.00	\$0.00	\$0.00
L: Other Expenses (Attach Detail List)	\$950.00	\$2000.00	\$2950.00
*TOTAL PROGRAM/PROJECT FUNDS	\$20,836.00	\$2,675.00	\$23,511.00
% of Program Budget	%	%	100%

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

Other State, Federal or Local Government	\$2675
United Way	\$0
Private Contributions (do not include individual donor names)	\$0
Fees Collected from Program Participants	\$0
Other (please specify)	\$0
Total Revenue for Columns 2 Expenses **	\$2675

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

**Must equal or exceed total in column 2.



Children Have Options In Choosing Experiences (C.H.O.I.C.E.) Incorporated
3715 Bardstown Road Suite 303
Louisville, Kentucky 40218
(502)456-5137
choiceinc@bellsouth.net

BUDGET ATTACHMENT – DISTRICT 22 NFD Grant 2015

Other expenses:

	<u>Proposed Metro Funds</u>
• Transportation (buses)	\$450.00
• Dare to Dream Mentoring Training	<u>\$500.00</u>
TOTAL:	<u>\$950.00</u>



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
JCPS/space, sponsors, etc.	\$8,600.00	Current Market Value
Volunteers	\$4,872.00	Minimum wage x hours spent
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>	\$13,472.00	

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

Agency Fiscal Year Start Date: August 1st

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

If YES, please explain:

Grant monies for small non-profit organizations are much more difficult to come by. All non-profit organizations are competing for the same limited dollars. In view of today's economy slow down, it is difficult than even to procure the funds necessary to meet the needs of the services C.H.O.I.C.E provides for youths, adolescents and families in the Louisville/Jefferson County Metro community. The cost of providing this much needed services to the communities, youth and adolescents has increased 25% in the past seven years.

Applicant's Initials



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant 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.
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 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.

Standard Certifications

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

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

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:	<i>Biz Sias-Shannon</i>	Date:	<i>7/24/15</i>
Legal Signatory: (please print):	<i>Biz Sias-Shannon</i>	Title:	Executive Director
Phone:	502-456-5137	Extension:	
Email:	choiceinc@bellsouth.net		

Hodge, Monica

From: Engel, Robin
Sent: Thursday, February 04, 2016 3:19 PM
To: Hodge, Monica
Subject: NDF Grant

From: C.H.O.I.C.E. Inc. [<mailto:choiceinc@bellsouth.net>]
Sent: Thursday, February 04, 2016 2:02 PM
To: Engel, Robin
Subject: NDF Grant

Good Afternoon Councilman Engel,

As of January, 2016 there has been no significant changes in the grant application for the 2015-2016 school.

Any additional questions , please email or call.

Thanks!

Liz Sias-Shannon
Executive Director
C.H.O.I.C.E. Inc. (Children Have Options In Choosing Experiences)
3715 Bardstown Road, Suite 303
Louisville, KY 40218
e-mail: choiceinc@bellsouth.net
www.choicelouisville.org
Tel: 502-456-5137
Fax: 502-456-5842

WATTERSON ELEMENTARY

072

SCHOOL INFORMATION 2013-2014

District: Jefferson County Louisville, Kentucky	Grade Span: K - 5	Cluster Schools: Bates, Farmer, Fern Creek, Jeffersontown, Watterson, Wheeler
Principal: Vickie B Talbot	Program Capacity: 615	Programs Offered: Advance Program/ Talent Pool/ Academic Team-Quick Recall & Problem Solving / Student Technology Leadership Program/ National Elementary Honor Society / Student Council /Standards focused instruction
Address: 3900 Breckenridge Lane 40218	School Uniforms: Yes	
Zip: 40218	Title One: Yes	
Telephone No: 502 485-8342	School Board Member: Chris Brady	
FAX: 502 485-8999	Achievement Area: 4	
	Assistant Superintendent: Sandy Ledford	

STUDENT DATA

	ENROLLMENT		ETHNICITY %					% FREE/REDUCED LUNCH	MOBILITY INDEX	STABILITY INDEX	MARKET SHARE %		
	10/1/2013	WHITE	A. AMERICAN	HISPANIC	OTHER	% SUSPENSION INCIDENCES							
2013 - 2014	606	38.1	43.1	8.3	10.6	70.5	Current Year NA	9.5	81.6	79.3			
2012 - 2013	610	36.6	44.3	6.4	12.8	69.8	9.5	81.6	79.3				
2011 - 2012	606	35.5	45.9	7.1	11.6	69.3	10.2	84.9	79.7				
2013 - 2014	N/A*	N/A*	Current Year NA	Current Year NA	18.4	Current Year NA	Current Year NA	132	N/A	19			
2012 - 2013	N/A*	N/A*	20	20	17.8	444	Current Year NA	92					
2011 - 2012	96.2	0.0	16	17	16.2	916							
ECE UNITS													
LDR	2	HI	0	FMD	0	CHILD CARE ENRICHMENT PROGRAM		EARLY CHILDHOOD		SITE BASED DECISION MAKING			
LD SC	0	PD	0	OTHER	0	Tuition-Based	No	Family Ed.	No	Has a SBDM Counsel	YES	Parent	2
EBD	1	VI	0	TOTAL UNITS	3	Head Start	No	JUMP Start/3 Yr. Old	No	Established	3/21/1995	Administrator	1
AUT	0	MD	0	Yes		Pre-Kindergarten	No			Teacher	3	Other	0

PROFESSIONAL STAFF DATA

2013 - 2014 PROFESSIONAL STAFF	American Indian		Asian or Pacific Islander		African American		Hispanic		White		Other		TOTAL	Teaching Staff Degrees 2013 - 2014	% Teacher Attendance 2012 - 2013	% Teacher Retention 2013 - 2014
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE				
Principal/Assistant Principal	-	-	-	-	-	-	-	-	-	-	-	-	1	Doctorate	-	-
Guidance Counselor/Deans	-	-	-	-	-	-	-	-	-	-	-	-	1	Master's +30	10	
Full-time Teachers	-	-	-	-	-	-	-	-	-	-	-	-	31	Master's +15	3	
Part-time Teachers	-	-	-	-	-	-	-	-	-	-	-	-	2	Master's	15	94.9
Librarian/Media Specialist	-	-	-	-	-	-	-	-	-	-	-	-	1	Bachelor's +15	2	87.9
Other Professional Staff	-	-	-	-	-	-	-	-	-	-	-	-	1	Bachelor's	7	
TOTAL	-	-	-	-	-	-	-	-	-	-	-	-	37	Emergency BA	-	
Total (Percent Rounded)	0%	0%	0%	0%	0%	8%	0%	0%	5%	86%	0%	0%	37	Total	37	

* Data not yet available from KDE

WATTERSON ELEMENTARY

072

2012-2013 NEXT GENERATION LEARNERS (NXGL)

												NXGL OVERALL SCHOOL SCORE: 53.5															
												GROWTH		COLLEGE CAREER READINESS		GRADUATION RATE											
												Points	Weighted Score	Points	Weighted Score	Points	Weighted Score	Points	Weighted Score								
ACHIEVEMENT																											
		Percentage		NAPD Calculation		Percentage		NAPD Calculation		GROWTH		COLLEGE CAREER READINESS		GRADUATION RATE													
		Novice	Apprentice	Proficient	Distinguished	P&D + A/2 + Bonus(D/N)/2 = NAPD	Novice	Apprentice	Proficient	Distinguished	P&D = NAPD																
Reading	33.8	28.9	28.9	8.3	37.2	14.5	0.0	51.7	37.0	29.5	26.9	6.6	33.5	33.5	55.2												
Mathematics	28.2	34.6	26.3	10.9	37.2	17.3	0.0	54.5	31.3	34.8	25.6	8.4	33.9	33.9	62.4												
Science	7.0	29.1	40.7	23.3	64.0	14.6	16.3	86.7	7.9	30.3	40.8	21.1	61.8	61.8													
Social Studies	16.7	41.7	31.0	10.7	41.7	20.9	0.0	62.6	19.4	44.4	27.8	8.3	36.1	36.1													
Writing	27.4	47.6	25.0	0.0	25.0	23.8	0.0	48.8	29.2	51.4	19.4	0.0	19.4	19.4													
Language Mech	17.4	29.1	26.7	26.7	53.5	14.6	9.3	72.7	19.7	30.3	26.3	23.7	50.0	50.0													
Please refer to the front of this publication for a description of the Next Generation Learners accountability model.												Points	61.7			Points	38.2			Points	58.8			Points	NA		
												Weighted Score	18.5			Weighted Score	11.5			Weighted Score	23.5			Weighted Score	NA		

2011-2012 NEXT GENERATION LEARNERS (NXGL)

												NXGL OVERALL SCHOOL SCORE: 50.2															
												GROWTH		COLLEGE CAREER READINESS		GRADUATION RATE											
												Points	Weighted Score	Points	Weighted Score	Points	Weighted Score	Points	Weighted Score								
ACHIEVEMENT																											
		Percentage		NAPD Calculation		Percentage		NAPD Calculation		GROWTH		COLLEGE CAREER READINESS		GRADUATION RATE													
		Novice	Apprentice	Proficient	Distinguished	P&D + A/2 + Bonus(D/N)/2 = NAPD	Novice	Apprentice	Proficient	Distinguished	P&D = NAPD																
Reading	36.2	25.2	28.7	9.8	38.6	12.6	0.0	51.2	40.2	26.9	24.7	8.2	32.9	32.9	62.9												
Mathematics	32.7	39.0	21.3	7.1	28.3	19.5	0.0	47.8	35.2	39.3	20.5	5.0	25.6	25.6	57.6												
Science	16.7	30.0	34.4	18.9	53.3	15.0	1.1	69.4	18.2	32.5	35.1	14.3	49.4	49.4													
Social Studies	18.1	48.2	27.7	6.0	33.7	24.1	0.0	57.8	21.4	51.4	22.9	4.3	27.1	27.1													
Writing	24.1	54.2	21.7	0.0	21.7	27.1	0.0	48.8	28.6	52.9	18.6	0.0	18.6	18.6													
Language Mech	30.0	28.9	16.7	24.4	41.1	14.5	0.0	55.6	33.8	28.6	16.9	20.8	37.7	37.7													
Please refer to the front of this publication for a description of the Next Generation Learners accountability model.												Points	55.3			Points	31.5			Points	60.3			Points	NA		
												Weighted Score	16.6			Weighted Score	9.5			Weighted Score	24.1			Weighted Score	NA		

JEFFERSON COUNTY PUBLIC SCHOOLS - Data Management, Planning, & Program Evaluation - RJRC/MLW/MS 9/2014

FERN CREEK TRADITIONAL HIGH

012

SCHOOL INFORMATION 2013-2014

District:	Jefferson County Louisville, Kentucky	Grade Span:	PreK, 9-12	Middle Feeder Schools:	NEWBURG, RAMSEY
Principal:	Nathan Meyer	Program Capacity:	1,575	Programs Offered:	5 Star School for Communications, Media, and the Arts/ Computer Science Academy/ Advanced Placement/ AP College Courses/ MTRP/ Go College/ Choices Brotherhood Program/ Big Brother Big Sister Program/ Principals Advisory Program/Peer Meditation Program/Freshmen Academy/Creek Advisory
Address:	9115 Fern Creek Road	Title One:	No		
Zip:	40291	School Board Member:	Chris Brady	Achievement Area:	4
Telephone No:	(502) 485-8251	Assistant Superintendent:	Lynne Wheat		
FAX:	(502) 485-8032				

STUDENT DATA

	ENROLLMENT		ETHNICITY %				% FREE/REDUCED LUNCH	MOBILITY INDEX	STABILITY INDEX	MARKET SHARE %
	10/1/2013	WHITE	A. AMERICAN	HISPANIC	OTHER					
2013 - 2014	1,419	48.3	37.6	7.5	6.5	62.6	Current Year Not Available	91.2	83.4	
2012 - 2013	1,435	50.9	38.0	6.3	4.7	57.4	10.13	88.1	81.4	
2011 - 2012	1,433	52.3	40.3	5.0	2.4	57.5	10.80			
	%	%	%	%	%					
	ATTENDANCE	DROPOUTS	RETENTION	SUSPENSION INCIDENCES	NO. 25 OR MORE DAYS ABSENT	PUPIL/TEACHER RATIO	PARENT/TEACHER CONFERENCES **	PTA MEMBERSHIP	ESL	LEP
2013 - 2014	N/A*	N/A*	N/A*	Current Year Not Available	Current Year Not Available	17.6	Current Year Not Available	Current Year Not Available	74	87
2012 - 2013	N/A*	N/A*	N/A*	521	166	17.1	175	0		
2011 - 2012	92.0	3.1	13.2	520	155	17.2	1,228	206		
ECE UNITS	LDR 9	HI 0	FMD 1	CHILD CARE ENRICHMENT PROGRAM	Tuition-Based Head Start Pre-Kindergarten	EARLY CHILDHOOD	SITE BASED DECISION MAKING			
	LD SC 0	PD 0	OTHER 0			No Family Ed. JUMP Start/3 Yr. Old	Has a SBDM Counselor Established Administrator	Yes 4/2/1996	Teacher Parent Other	3 2
	EBD 0	VI 0	TOTAL UNITS 10			Yes		1		
	AUT 0	MD 1								

PROFESSIONAL STAFF DATA

2013-2014 PROFESSIONAL STAFF	American Indian Alaskan Native		Asian or Pacific Islander		African American		Hispanic		White		Other		TOTAL	Teaching Staff Degrees 2013-2014	% Teacher Attendance 2012-2013	% Teacher Retention 2013-2014
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE				
Principal/Assistant Principal	-	-	-	-	-	-	3	1	-	-	-	-	5	Doctorate	-	-
Guidance Counselor/Deans	-	-	-	-	-	-	-	-	-	-	-	-	4	Master's +30	-	-
Full-time Teachers	-	-	-	-	3	1	2	-	39	36	-	-	81	Master's +15	96.7	91.5
Part-time Teachers	-	-	-	-	-	-	-	-	-	-	-	-	-	Master's		
Librarian/Media Specialist	-	-	-	-	-	-	-	-	-	1	-	-	1	Bachelor's +15		
Other Professional Staff	-	-	-	-	-	-	-	-	1	1	-	-	2	Bachelor's		
TOTAL	-	-	-	-	3	3	2	-	43	42	-	-	93	Emergency BA	-	-
Total (Percent Rounded)	0%	0%	0%	0%	3%	3%	2%	0%	45%	45%	0%	0%	93	Total		

* Data not yet available from KDE **2012-13 was a pilot year for recording parent teacher conferences in Infinite Campus.

FERN CREEK TRADITIONAL HIGH

012

2012-2013 NEXT GENERATION LEARNERS (NXGL)

2012-2013 NEXT GENERATION LEARNERS (NXGL)						NXGL OVERALL SCORE SCHOOL SCORE: 56.1		
	ACHIEVEMENT		GAP		GROWTH	COLLEGE CAREER READINESS		GRADUATION RATE
	Percentage Novice Apprentice Proficient Distinguished	NAPD Calculation PAD + A2 + Bonus(Q)/N/2 = NAPD	Percentage Novice Apprentice Proficient Distinguished	NAPD Calculation PAD = NAPD	Points 59.5	College Ready Career Ready	Points 151 12	Points 81.9
Reading	45.3 11.9 36.9 5.9	42.8 6.0 0.0 48.8	54.0 12.6 30.5 2.9	33.5 33.5				
Mathematics	29.0 41.5 26.8 2.7	29.5 20.8 0.0 50.3	30.6 43.9 23.1 2.4	26.5 25.5	59.5	151		
Science	19.3 44.1 31.8 4.7	36.6 22.1 0.0 56.7	24.8 48.4 24.4 2.4	26.8 26.8	56.4	12		
Social Studies	41.3 15.2 21.7 21.7	43.5 7.6 0.0 51.1	53.1 18.8 6.3 21.9	28.1 28.1		Non Duplicated College and/or Career Ready Total 152	81.9	
Writing	10.3 42.8 44.7 2.2	46.9 21.4 0.0 68.3	13.4 47.1 37.3 2.2	39.6 39.6		Total 152		
Language Mech	29.9 36.3 26.2 7.6	33.8 18.2 0.0 52.0	33.5 38.3 22.2 6.0	28.2 28.2	Points 58.0	Percent 49.2	Points 81.9	
Please refer to the Special Notes Section for test score definitions.						Points 54.8	Points 57.7	Points 16.4
						Weighted Score 11.0	Weighted Score 11.1	Weighted Score 16.4

2011-2012 NEXT GENERATION LEARNERS (NXGL)

2011-2012 NEXT GENERATION LEARNERS (NXGL)						NXGL OVERALL SCORE SCHOOL SCORE: 50.4		
	ACHIEVEMENT		GAP		GROWTH	COLLEGE CAREER READINESS		GRADUATION RATE
	Percentage Novice Apprentice Proficient Distinguished	NAPD Calculation PAD + A2 + Bonus(Q)/N/2 = NAPD	Percentage Novice Apprentice Proficient Distinguished	NAPD Calculation PAD = NAPD	Points 58.7	College Ready Career Ready	Points 113 8	Points 67.4
Reading	43.6 11.3 38.8 6.3	45.1 5.7 0.0 50.8	52.9 10.1 30.3 6.7	37.0 37.0	58.7	113		
Mathematics	25.3 29.5 41.7 3.5	45.1 14.8 0.0 59.9	32.7 32.1 32.1 3.1	35.2 35.2	60.1	8		
Science	23.7 44.2 27.3 4.7	32.0 22.1 0.0 54.1	31.1 45.6 20.6 2.6	23.2 23.2		Non Duplicated College and/or Career Ready Total 114	67.4	
Social Studies	32.0 24.0 30.2 13.8	44.0 12.0 0.0 56.0	43.5 26.9 22.2 7.4	29.6 29.6		Percent 37.5		
Writing	19.8 48.1 29.8 2.4	32.2 24.1 0.0 56.3	24.4 50.3 23.4 1.9	25.3 25.3		Total 114		
Language Mech	30.6 35.9 23.5 10.0	33.5 18.0 0.0 51.5	36.8 36.8 19.2 7.2	26.4 26.4	Points 59.5	Percent 37.5	Points 67.4	
Please refer to the Special Notes Section for test score definitions.						Points 55.3	Points 39.3	Points 67.4
						Weighted Score 11.1	Weighted Score 7.9	Weighted Score 13.5

ACT (SCALE SCORES)				COLLEGE ENTRANCE EXAMS 2012-2013				TRANSITION TO ADULT LIFE					
ACT PLAN (State Mandated)		ACT - College Entrance		COMPOSITE SCORE		ACT		% College in KY		% College out of KY		% Work/School Combined	
Grade 10 2011-2012	Grade 10 2012-2013	Class of 2013		18.1	18.1	323	323	55.5	6.0	3.9	6.0	3.9	6.0
English	14.3	14.6	17.3	CRITICAL READING		WRITING		% Voc/Tech	2.7	3.6	2.7	3.6	2.7
Math	15.6	15.3	17.8					% Military	3.6	3.6	3.6	3.6	3.6
Reading	15.1	15.0	18.3	MATH		# TESTED	4	% Employed	14.3	14.3	14.3	14.3	14.3
Science	16.5	17.0	18.6					% Unsuccessful	14.0	14.0	14.0	14.0	14.0
Composite	15.5	15.6	18.1										

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

DEPARTMENT OF THE TREASURY

Date: JUL 28 1993

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

Employer Identification Number:
[REDACTED]

Case Number:
313194018

Contact Person:
BEA EITH

Contact Telephone Number:
(513) 684-3578

Our Letter Dated:
October 6, 1988

Addendum Applies:
No

received
7/30/93

Dear Applicant:

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

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

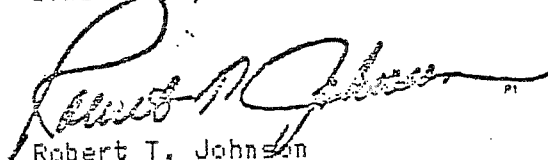
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the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

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

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

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

Sincerely yours,



Robert T. Johnson
District Director

C.H.O.I.C.E. (Children Have Options in Choosing Experiences) Inc. PROGRAM BUDGET SUMMARY

PROGRAM BUDGET SUMMARY

Fiscal Year 2015-2016

Federal ID # 611143413

EXPENDITURES:	AMOUNT
For Direct Services:	
Group Facilitator – I	\$25,000.00
Group Facilitator-II	\$12,500.00
Professional Seminars/CEUs	\$860.00
Local Mileage Allowance	\$2,500.00
Professional Liability Insurance	\$675.00
Annual Conference Graduation	\$6,000.00
Prevention Literature	\$450.00
<i>Total Direct Services</i>	<i>\$47,985.00</i>
Administration Cost:	
Executive Director	\$47,000.00
Administrator	\$12,480.00
Office Rental	\$4,200.00
Telephone/Internet Service	\$2,976.00
Office Supplies & Postage	\$820.00
Agency Insurance	\$785.00
Equipment/Software Maintenance	\$800.00
Licenses & Certifications	\$450.00
<i>Total Administration</i>	<i>\$69,511.00</i>

TOTAL PROGRAM BUDGET:

\$117,496.00

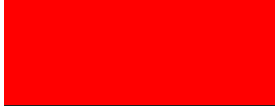
In-kind contributions are a large portion of the overall budget and offset it by 15% (Not included in budgetary funds required)

**C.H.O.I.C.E. Inc.
BOARD OF DIRECTORS
2015-2016**

Gloria Moorman, Acting Chairperson - 1st term
Retiree, Louisville Public Health and Wellness



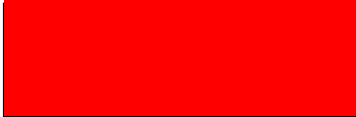
Lawrence Wilbon, Director -1st term
Youth Development & Education- LUL



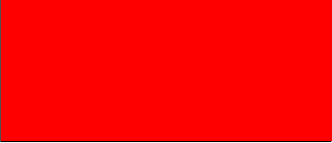
Beverly Edwards, Director-1st term
Heartland of Louisville



Sharon Fowler - 4th term
Former Mayor of West Buechel



Don Perkey, Sr., Vice Chairman - 3rd



Mr. Michael Richardson - 1st term
Board Liaison
Vice President of Chain Bridge Bank



Jacqueline M. Cooper, Ed.D -1st term
Webster University



William Baylor - 1st term
WVB Video Inc.



Thomas Billingham - 1st term
One Thing Marketing



Luke Boyett - 2nd term
Humana, Inc



Michael D.Fazio - 1st term
Edward Jones



D'Artegnan Ramsey- 1st term
JCPS



Vicki Rogers 1st term



William Yesowitch, Emeritus - 1st term



Liz Sias-Shannon, Executive Director, 502-456-5137 - choiceinc@bellsouth.net
Dawn K. Shannon, Volunteer Coordinator - dawnk.shannon@gmail.com

BY-LAWS: Each director shall be elected to serve for a term of five(5) years and until their successor is elected and qualified or until their earlier death, resignation, or removal.

CHILDREN HAVE OPTIONS IN CHOOSING EXPERIENCES, INC.**General Information**

Organization Number	0241449
Name	CHILDREN HAVE OPTIONS IN CHOOSING EXPERIENCES, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	3/17/1988
Organization Date	3/17/1988
Last Annual Report	3/31/2015
Principal Office	STE. 303, 3715 BARDSTOWN, RD. LOUISVILLE, KY 40218
Registered Agent	GLORIA MOORMAN STE. 303, 3715 BARDSTOWN RD. LOUISVILLE, KY 40218

Current Officers

President	<u>Gloria Moorman</u>
Secretary	<u>Don Perkey</u>
Treasurer	<u>Don Perkey</u>
Director	<u>Gloria Moorman</u>
Director	<u>Don Perkey</u>
Director	<u>Beverly Edwards</u>

Individuals / Entities listed at time of formation

Director	<u>WILLIAM YESOWITCH</u>
Director	<u>J MARCUS GREER</u>
Director	<u>JAMES WILSON</u>
Incorporator	<u>WILLIAM YESOWITCH</u>
Incorporator	<u>JAMES WILSON</u>
Incorporator	<u>J MARCUS GREER</u>

Images available online

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

<u>Registered Agent name/address change</u>	3/31/2015 6:30:03 PM	1 page	<u>PDF</u>
<u>Annual Report</u>	3/31/2015	1 page	<u>PDF</u>
<u>Annual Report</u>	2/6/2014	1 page	<u>PDF</u>
<u>Annual Report</u>	5/15/2013	1 page	<u>PDF</u>
<u>Annual Report</u>	2/14/2012	1 page	<u>PDF</u>
<u>Annual Report</u>	7/8/2011	1 page	<u>PDF</u>

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

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	3/31/2015 6:39:49 PM	3/31/2015 6:39:49 PM	
Registered agent address change	3/31/2015 6:30:03 PM	3/31/2015 6:30:03 PM	
Annual report	2/6/2014 4:06:58 PM	2/6/2014 4:06:58 PM	
Annual report	5/15/2013 5:00:52 PM	5/15/2013 5:00:52 PM	
Annual report	2/14/2012 4:25:52 PM	2/14/2012 4:25:52 PM	
Annual report	7/8/2011 11:51:38 AM	7/8/2011 11:51:38 AM	
Annual report	3/8/2010 3:33:48 PM	3/8/2010 3:33:48 PM	
Annual report	7/29/2009 3:18:14 PM	7/29/2009 3:18:14 PM	
Annual report	3/3/2008 2:34:20 PM	3/3/2008	
Annual report	3/19/2007 10:20:41 AM	3/19/2007	
Annual report	4/7/2006 12:51:20 PM	4/7/2006	

Microfilmed Images

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

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

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) Children Have Options In Choosing Experiences, Inc.	
	Business name, if different from above C.H.O.I.C.E., Inc.	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input checked="" type="checkbox"/> Other (see instructions) ▶ NONPROFIT	
	Address (number, street, and apt. or suite no.) 3715 Bardstown Road, Suite 303	Requester's name and address (optional)
	City, state, and ZIP code Louisville, Kentucky 40218	
	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

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

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 on page 4.

Sign Here	Signature of U.S. person ▶ <i>Liz Sias-Shannon</i>	Date ▶ <i>7/24/15</i>
------------------	--	-----------------------

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2013

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

Open to Public Inspection

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning August 1, 2013, and ending July 31, 2014

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization: **CHOICE, Inc.**

Number and street (or P.O. box, if mail is not delivered to street address): **3715 Bardstown Road**

Room/suite: **303**

City or town, state or province, country, and ZIP or foreign postal code: **Louisville, KY 40218**

D Employer identification number: **[REDACTED]**

E Telephone number: **502-456-5137**

F Group Exemption Number: **[REDACTED]**

G Accounting Method: Cash Accrual Other (specify) **[REDACTED]**

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: **[REDACTED]**

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

K Form of organization: Corporation Trust Association Other

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

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
Revenue	1	Contributions, gifts, grants, and similar amounts received																3,000												
	2	Program service revenue including government fees and contracts																	31,966											
	3	Membership dues and assessments																												
	4	Investment income																												
	5a	Gross amount from sale of assets other than inventory																												
	b	Less: cost or other basis and sales expenses																												
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																												
	6	Gaming and fundraising events																												
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																												
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)									7,300																			
c	Less: direct expenses from gaming and fundraising events										0																			
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																													
7a	Gross sales of inventory, less returns and allowances																													
b	Less: cost of goods sold																													
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																													
8	Other revenue (describe in Schedule O)																													
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																													
Expenses	10	Grants and similar amounts paid (list in Schedule O)																												
	11	Benefits paid to or for members																												
	12	Salaries, other compensation, and employee benefits																												
	13	Professional fees and other payments to independent contractors																												
	14	Occupancy, rent, utilities, and maintenance																												
	15	Printing, publications, postage, and shipping																												
	16	Other expenses (describe in Schedule O)																												
	17	Total expenses. Add lines 10 through 16																												
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																												
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																												
	20	Other changes in net assets or fund balances (explain in Schedule O)																												
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																												

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

- 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name.
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities...
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year?
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization...
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect...
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee...
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction...
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers...
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country...
42c See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
43 At any time during the calendar year, did the organization maintain an office outside the U.S.?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

Table with columns for question numbers (33-45b) and Yes/No checkboxes. Includes a sub-table for question 42 with Yes/No columns.

ORIGINAL COPY FILED
SECRETARY OF STATE OF KENTUCKY
FRANKFORT, KENTUCKY

MAY 17 1988

Brent E. Ehr
SECRETARY OF STATE

ARTICLES OF INCORPORATION

OF

CHILDREN HAVE OPTIONS IN CHOOSING EXPERIENCES, INC.

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

ARTICLE I

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

ARTICLE II

DURATION: The duration of this Corporation shall be perpetual.

ARTICLE III

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

ARTICLE IV

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

William Yesowitch
1904 Dillon Drive
Louisville, Kentucky 40205

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

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

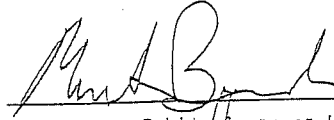
ARTICLE V

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

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

STATE OF KENTUCKY
COUNTY OF JEFFERSON

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



Nocary Public State at Large

My commission expires June 22, 1990



CHOICE, Inc.

Children Have Options In Choosing Experiences

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

**Intervention
Alcohol/Drug Program**

STAFFING

- Executive Director
- Group Facilitator
- Administrator Assistant

And

A collaboration of professionals and other volunteers.

Fern Creek Traditional High School

2115 Fern Creek Road
Louisville, Kentucky 40291
(502) 485-8251
Fax: (502) 485-8032



June 5, 2015

Robin J. Engel
Twenty Second District Councilman
Louisville Metro Council
601 West Jefferson Street
Louisville, KY 40202-2741

Dear Councilman Engel,

The need for positive modeling and instruction to help young men make wise choices in life is an invaluable resource. The C.H.O.I.C.E., Inc. Sports Leadership Program provides guidance and support for the "Dare to Dream" chapter of Fern Creek Traditional High School.

For the past twenty seven years C.H.O.I.C.E., Inc. has been a model program for our athletes. As these young men mature, learn and commit to healthy decisions, they become ready to face the challenges ahead to be the best they can be.

Their commitment is transparent as they also serve as mentors to their "younger brothers" at Watterson Elementary. These young men already look up to the high school students and will be challenged and learn at their side.

As the Fern Creek Traditional High School faculty sponsor, I see first hand the value and success of the program. I strongly urge your continued support of this program for the 2014-2015 school years. Ms. Shannon has definitely affected the lives of each of these young men and we all expect great things from each of them.

Thank you for your contributions and support of the C.H.O.I.C.E. Program helping youth and adolescents with the increasing challenges from generation to generation.

Sincerely,

Handwritten signature of Barbara Grumblatt in cursive.

Barbara Grumblatt, Career Planner
C.O.I.C.E., Inc. Faculty Sponsor

Handwritten signature of Dr. Nate Meyer in cursive.

Dr. Nate Meyer, Principal
Fern Creek Traditional High School

Watterson Elementary School

3900 Breckenridge Lane
Louisville, Kentucky 40218
(502) 485-8342



June 8, 2015

Dear Councilman Engel,

I am writing this letter in support of the C.H.O.I.C.E. program. Watterson Elementary has had the privilege of working with Liz Shannon for the past 16 plus years. We have seen the positive impact that she has had on the students she has worked with through the Watterson Brotherhood Group and the "Dare to Dream" Mentoring Program. The mentoring relationship that our students form with the participants from Fern Creek High School over the course of the school year is special to watch. Our boys look forward each month to their visit and definitely look toward their mentors for direction. The High School boys have responded by embracing their role as positive male models and I see them maturing over their time in the program.

At Watterson, our students come from all socio-economic backgrounds and it seems that each year they face increasingly more difficult situations in their young lives. As a school we are always looking for positive supports in the community that will help them as they move on into Middle School. The C.H.O.I.C.E. program is one of those valued support systems. We appreciate your past support of C.H.O.I.C.E. and ask that you continue to support the program at Watterson Elementary School.

Sincerely,

A handwritten signature in black ink, appearing to read "Vickie Talbott".

Vickie Talbott, Principal
Watterson Elementary School

A handwritten signature in black ink, appearing to read "Pattie Harry".

Pattie Harry, Coordinator
Helping Hearts and Hands Family Resource Center
Watterson Elementary School
491-0169/479-8971



June 1, 2015

To Whom It May Concern:

The Louisville Metro Housing Authority is pleased to have partnered with C.H.O.I.C.E. Inc., (Children Have Options In Choosing Experiences) for more than 20 years to provide support services as a prevention strategy to LMHA's at-risk youths. The services offered have been in collaboration with the Jefferson County Public Schools, namely at Meyzeek and Noe Middle schools.

Over the years, hundreds of students at these schools have participated in group sessions that cover a range of topics including positive decision-making, coping skills, self-esteem, AIDS education, assertiveness vs. aggressiveness, refusal skills, school success/behavior/attendance, family issues, relationships, multicultural heritage explanation, etc. By developing these skills, students can feel more secure in their "choice" not to use drugs or alcohol, or not to exhibit negative behavior. The program is so popular among students that there is always a waiting list for participation.

The C.H.O.I.C.E. program is highly recommended and has received national and local recognition for its efforts. This reflects the quality with which the program is administered by Ms. Shannon and the other C.H.O.I.C.E. staff and volunteers.

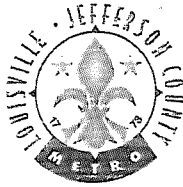
The Housing Authority has enjoyed the partnership with C.H.O.I.C.E over the years and look forward to working with them in the future. If you have any questions or need additional information, please do not hesitate to contact me at 502.569.3422.

Sincerely,

A handwritten signature in cursive script that reads "Diane Foster".

Diane Foster
Director of Special Programs





Louisville Metro Council

Dan Johnson
District 21 Councilman
dan.johnson@louisvilleky.gov

June 8, 2015

To Whom It May Concern:

C.H.O.I.C.E. Inc. has operated in Louisville, Kentucky since 1987 and provides our community with an invaluable resource working with children and teens that are considered "high-risk" and "at-risk" youth. Ages served from this program range from the nine and ten year olds from Whitney Young Elementary School, to the teenage youth of Iroquois High School. C.H.O.I.C.E believes that the incidence of substance abuse and violence will decrease among young people if they have a greater degree of self-esteem and the ability to cope with life's challenges.

C.H.O.I.C.E. provides the young a safe place to discuss the many challenges and pressures facing today's young people, as well as, an environment that supports social and emotional growth. The C.H.O.I.C.E program has measurable outcomes and the data shows that participation in this program leads to reductions in risk factors, such as substance abuse, violence, school failure, gang membership and other unhealthy risky behaviors. These youth and adolescents are better prepared to make positive, healthy, lifestyle choices.

District 21 has sponsored of the C.H.O.I.C.E. "Dare to Dream" Sports Leadership and Mentoring Sisterhood program at Iroquois High School for over twelve years and will continue to support such a positive influence for the youth of our community. The "Dare to Dream" leadership program serves young girls at both Iroquois High School and Whitney Young Elementary and the C.H.O.I.C.E program is in need of additional financial support. The youth that are helped by this program will truly appreciate any assistance that you can contribute.

Respectfully Yours,

Dan Johnson
District 21 Councilman



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

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

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

TEACHER: _____

CLASS: _____

PRE-EVALUATION – POST EVALUATION
ELEMENTARY SCHOOL

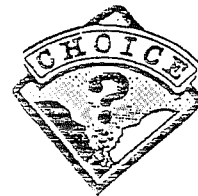
All of your responses are confidential and will be use anonymously
C.H.O.I.C.E. Inc.
(Children Have Options In Choosing Experiences, Inc.)

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

Age _____ Gender: ___ Male ___ Female Date of Birth: _____ / _____ / _____	Grade _____ School _____
What is your race/ethnicity? 1. Black 2. White 3. Hispanic 4. Asian 5. American Indian 6. Other than listed: _____	Who do you live with NOW? Zip Code (Please check all that apply) _____ ____ Mother ____ Father ____ Stepmother ____ Stepfather ____ Mother & other Adults ____ Father & other adults ____ Guardian ____ Other(s) _____

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

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



CHOICE GROUP EVALUATION
(Elementary)

School: _____ Date: _____

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

Answer the following questions in the space provided.

1. How would you rate the group overall?

Very Satisfactory		Okay		Poor
1	2	3	4	5

2. What did you learn from the CHOICE group that you felt was most important?

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

Excellent	Good	Average	Fair	Poor
1	2	3	4	5

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

(Continued on back)

CHOICE GROUP EVALUATION
(MIDDLE AND HIGH SCHOOL)



School: _____ Date: _____

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

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

Use the chart below as a guideline.

High					Low
1	2	3	4	5	

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



5. If this group was to be held again, what changes would you like to see made?

___ Group Size	FOR WHAT REASON? _____
___ Methods used to conduct group	_____
___ Amount of time given to individual topics	_____
___ Different topics covered	
___ Other	___ None

6. What did you learn from the C.H.O.I.C.E. group that you felt was most beneficial to you?

7. Do you feel your attitude/behavior has changed since being in the C.H.O.I.C.E. group?
___ YES ___ NO

How has it changed? _____

8. Which source(s) do you believe are the best for obtaining a student's name for groups?
(Check all that apply.)

___ Teachers	___ Counselors	___ Principals
___ Parents	___ Self	___ Other
___ Other students		

Comments: _____

9. On a scale of one (1) to five (5) how would you rate your group's facilitator(s)?

Excellent	Good	Average	Fair	Poor
1	2	3	4	5
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PRE-EVALUATION - POST EVALUATION

Middle and High School

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

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

(Children Have Options In Choosing Experiences, Inc.)

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

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

Grade _____
School _____

What is your race/ethnicity?

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

Who do you live with NOW? Zip Code

- (Please check all that apply.) _____
- Mother
- Father
- Stepmother
- Stepfather
- Mother & other Adults
- Father & other adults
- Guardian
- Other(s) _____

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

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

In my family.....

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

C. PLEASE CIRCLE YOUR RESPONSE:

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