

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

Received
8-8-14

Applicant/Program: C.H.O.I.C.E., Inc.

Executive Summary of Request:
C.H.O.I.C.E. (Children Having Options In Choosing Experiences) serves "high-risk" and "at-risk" youth and adolescents, between the ages 9-19 in the Louisville 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.

| | | | |
|------------|---------------------------------------------------------|------------|---------|
| <u>21</u> | <u>Don Johnson</u> <i>by Bill w/ EXPLORE permission</i> | \$6,615.00 | 7/22/14 |
| District # | Primary Sponsor Signature | Amount | 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 |

Clerk's Office Only:

| | |
|-------------------------------|----------------------------------------|
| Request Amount: _____ | Committee Amended Appropriation: _____ |
| Original Appropriation: _____ | Council Amended Appropriation: _____ |

OFFICE OF METRO COUNCIL CLERK
REVIEWED

DATE 8-15-14 TIME 2:50

Mathews, Bryan L

From: Johnson, Dan D
Sent: Thursday, July 24, 2014 4:09 PM
To: Mathews, Bryan L
Subject: Re: signature
Attachments: image001.gif

Follow Up Flag: Follow up
Flag Status: Flagged

You may sign it

Sent from my iPhone

On Jul 24, 2014, at 1:38 PM, "Mathews, Bryan L" <Bryan.Mathews@louisvilleky.gov> wrote:

Councilman – I need your signature on the NDF transmittal and approval form. You can authorize me to sign this on your behalf with express permission via email by responding to this email with authorization.

Please advise

Bryan Mathews
Legislative Assistant
Office of Councilman Dan Johnson
Louisville Metro Council-District 21
601 W. Jefferson Street, Ste. 315
Louisville, KY 40202

502.574.1121

<image001.gif>

Notice of Confidentiality: This e-mail, including any attachments, is intended only for the use of the individual or entity to which it is addressed and may contain confidential information that is legally privileged and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are notified that any review, use, disclosure, distributing or copying of this communication is strictly prohibited. If you have received this communication in error, please contact the sender by reply e-mail and destroy (delete) all forms of the original message.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

| SECTION 1 – APPLICANT INFORMATION | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Legal Name of Applicant Organization: C.H.O.I.C.E. (Children Have Options In Choosing Experiences) Inc. <i>(as listed on: http://www.sos.kv.gov/business/records)</i> | | | |
| Main Office Street & Mailing Address: 3715 Bardstown Road, Suite 303 | | | |
| Website: 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 School | | |
| Council District(s): | District 21 \$9,822.00 | Zip Code(s): | 40215 |
| SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION | | | |
| PROGRAM/PROJECT NAME: "Dare to Dream" Sports Leadership and Mentoring Program and Educational Self Help Group | | | |
| Total Request: (\$) | \$9,822.00 | Total Metro Award (this program) in previous year: (\$) | \$6,615.00 |
| 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 | Amount: (\$) | \$6,615.00 |
| Source: | District 22 | Amount: (\$) | \$7000.00 |
| 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 | | | |

Applicant's Initials *JSD*



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

C.H.O.I.C.E. (Children Have Options In Choosing Experiences), Inc. founded in 1987 to serve "high-risk" and "at-risk" youth and adolescents, between the ages 9 to 19 in the Louisville 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.

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.

C.H.O.I.C.E. Inc. mission is to provide the much needed services that will allow youth and adolescents to reach their maximum potential via a positive, healthy lifestyle that will enhance their progression to adulthood.

The C.H.O.I.C.E. program has developed a curriculum that focuses on valuing self, decision making, goal setting, communication, along with living a healthy, drug free lifestyle. The 28 week program is provided during schools hours in the Jefferson County Public Schools. C.H.O.I.C.E. has provided prevention and early intervention services in the Jefferson County Public Schools for over 26 years.

Handwritten initials in black ink, appearing to be "J.S." or similar, written over the printed text "Applicant's Initials".



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 base program for females at Iroquois High School and one female mentee group at Young Elementary being served indirectly. All programs are set to begin August 18, 2014 and ends May 28, 2015.

The C.H.O.I.C.E. "Dare to Dream" Sports Leadership and Mentoring Program was developed in 1994 at Fern Creek High School and at Iroquois High School in 2002. The program is comprised of female athletes. The program will be conducted the 2014-2015 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 addresses the 14 components of prevention and promotes comprehensive risk-avoidance messages for youth and adolescents. Mentors and mentees visit each other's schools during their mentoring experiences to participate in various skill 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 are being requested. Facilitator(s) fee, program materials, transportation, administrative cost, office supplies, telephone, machinery equipment and 26th C.H.O.I.C.E. Conference Graduation annual event.

Section 4 – PROGRAM/PROJECT NARRATIVE

A - CONTINUED

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.):

Whitney Young Elementary Mentee Group – Indirect Services:

The mentee group at Young Elementary consist of 3rd, 4th and 5th graders. The group will focus on assisting young girls in bolstering resiliency skills, dispelling fears associated with transition to middle school, addressing issues of concerns to girls as they begin to progress through adolescence. Decision making and coping skills are a major teaching focus. There is also an emphasis on positive self regard and enhanced self-esteem to encourage a decrease in alcohol, tobacco and other drug use potential , as well as, the confidence and resiliency needed to face a bully. Provide positive role models to help guide them through this period and in hopes of forming long lasting positive bond.

The program gives the mentors confidence to participant in other school activities and a sense of services that will improve the well being of all. Parental consent must be obtained. The grant will directly serve 15 mentors from Iroquois High School and indirectly 15 female mentees from Whitney Young Elementary School .

This program serves to bolster resiliency skills and decrease the impact of negative influences on our young people. Behavioral assessment and current data shows that students that have completed a C.H.O.I.C.E. program have reduced absenteeism, feel positive about learning and confident in making better choices for themselves. In addition, it has been observed that students in the program have bonded more effectively with family and community as they successfully program through school and toward adulthood. A favorable attitude toward problem behavior resolutions, lack of positive role models, lack of commitment to school and academic failure (starting in late elementary school) are but a few of the dynamics that will be addressed by this program. Group confidentiality will be adhered to by all group members and the group facilitators(s). The confidentiality cause encourages participating young people to be more comfortable and safe within the group atmosphere and encourages more “truthful conversation” than otherwise would not be possible. The “Dare to Dream” Mentoring program provides hope to participants most in need and stability for those in crisis. The 40 developmental assets for healthy communities and youth are incorporated.

C.H.O.I.C.E. over the years have observed and data support that working with children of poverty and children from minority population, it is important to provide programs and services that are community-based and culturally competent as well, with program that services responding to cultural, racial and ethnic difference of the population (Sroul & Friedman, 1986) C.H.O.I.C.E. was founded on the belief that adolescence is a dynamic and challenging time of life, during which education, support, and guidance from adults and peers can nurture positive youth development.

JCPS' Free and Reduced Lunch data for 2013-2014 school year:

Iroquois High School: Enrollment -1,178, total percentage of free and reduced lunch -87%

Whitney Young Elementary: Enrollment - 534, total percentage of free and reduced lunch – 91%

These athletes' mentors will receive two prevention level of comprehensive prepared training. Once trained, they mentor same sex mentees. Iroquois High School – Whitney Young Elementary (females). Mentors are supervised during their mentoring experiences with follow up discussion, during their group time, with focus on concerns/issues, what they learned and how/where to go from that point and continue to make positive impact.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

N/A

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.

Applicant's Initials *LS*



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 to 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. Evaluation is intervention in nature and of a pre/post design. Both Process and Outcome will be assessed. Process evaluation will be examined by monitoring the number of participants who are exposed to each activity or session so 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 used to determine pre and post group educational and behavior change. A pre/post educational learning assessment will measure change in knowledge of group members as a result of this group. A behavioral, assessment tool will be used three times per year by student, significant school personnel, facilitators and others 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.

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 to 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 enables agencies to have an 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)

ASB

SECTION 4 – PROGRAM/PROJECT NARRATIVE

Continuation of 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.

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 consistent with C.H.O.I.C.E. goals and objectives. C.H.O.I.C.E.'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.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

| A: Personnel Costs Including Benefits | 8806 | 0 | 8806 |
|-----------------------------------------------------------------|--------------|-------------|--------------|
| B: Rent/Utilities | 0 | 0 | 0 |
| C: Office Supplies | 75 | 75 | 150 |
| D: Telephone | 113.50 | 113.50 | 227 |
| E: In-town Travel | 0 | 0 | 0 |
| F: Client Assistance (Attach Detailed List) | 0 | 0 | 0 |
| G: Professional Service Contracts | 0 | 0 | 0 |
| H: Program Materials | 75 | 75 | 150 |
| I: Community Events & Festivals (Attach Detail List) | 0 | 0 | 0 |
| J: Small Equipment | 112.50 | 112.50 | 225 |
| K: Capital Equipment | 0 | 0 | 0 |
| L: Other Expenses (Attach Detail List) | 640 | 2060 | 2700 |
| *TOTAL PROGRAM/PROJECT FUNDS | 9,822 | 2436 | 12258 |
| | % | % | 100% |

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

| | |
|---------------------------------------------------------------|-------------|
| Other State, Federal or Local Government | 2436 |
| 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 ** | 2436 |

*Total of Column 1 MUST match "Total Request on Page 1, Section 2"
 **Must equal or exceed total in column 2.

Applicant's Initials *JLB*



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. | 4300.00 | Current Market Value |
| Volunteers | 2081.00 | Minimum wage x hours spent |
| | | |
| | | |
| Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind) | 6,381.00 | |

* 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 ever 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.

Applicant's Initials *JS*



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

BUDGET ATTACHMENT – DISTRICT 21

Other expenses:

| | <u>Proposed Metro Funds</u> | <u>Non-Metro Funds</u> |
|--------------------------------------------------------------|---------------------------------|----------------------------|
| • C.H.O.I.C.E. 26 th Annual Conference Graduation | \$225.00 | |
| • Transportation (buses) | \$290.00 | \$2,060.00 |
| • Dare to Dream Mentoring Training | <u>125.00</u> | |
| TOTAL: | \$640.00 | \$2,060.00 |

C.H.O.I.C.E. will raise the additional funds



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>Liz Sias-Shannon</i> | Date: | 6/26/14 |
| Legal Signatory: (please print): | <i>Liz Sias-Shannon</i> | Title: | <i>Executive Dir</i> |
| Phone: | <i>502-456-5137</i> | Extension: | <i>—</i> |
| | | Email: | <i>choiceinc@bellsouth.net</i> |

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

Dan Johnson
Metro Council – 21st District

Grant
Final Report
Iroquois High School
2013-2014-School Year

C.H.O.I.C.E. "Dare to Dream" Sports Leadership and Mentoring Program (comprised of female athletes) was conduct at Iroquois High School during the 2013-2014 school year. This group met during the Fall semester of 2013 and the Spring semester of 2014. This group was held one class period per week for a total of 28 weeks. Individual sessions were provided when issues being addressed were not conducive to the group, or the nature of the issue did not allow for the facilitator(s) to wait until group time to address them. A total of 19 students were served by this project directly. Indirectly 14 young ladies at Whitney Young Elementary School served as mentees.

The mentors participated in Phase I and Phase II Advance Mentoring with their counterpart (male group) from Fern Creek Traditional High School. The trainings were sponsored through a mini grant from Kentucky Agency for Substance Abuse Policy (KY-ASAP). The Advance Mentoring Training Workshops were facilitated through a collaboration with Louisville Urban League Youth Development Director and Peace Education Center.

The focus of the training were: core issues related to ATOD prevention mentoring, a relationship not an activity, effects of alcohol and other drugs in decision making, how policy changes can be made into reality. What is my role as a mentor, poster of change- the power of voice. As well as, invited mentors to take a more in-depth look at the pivotal role that culture play in their everyday life.

A healthy luncheon was provided and all participants and guest stated they enjoyed the workshops and the interaction.

The mentors stated that the trainings were an eye-opening experience that empowered them to become catalysts for culturally competent change in their school , though their mentoring experience with their mentees, home and community.

The "Dare to Dream" mentors were paired with Sisterhood mentees from Whitney Young Elementary School for their mentoring experiences. 5 new mentors were paired with experienced mentors.

Mentors processed issues mentees were dealing with at the time. The mentors brought a variety of examples and concerns for each topic discussed with the mentees. Prevention simulation activities assisted with bonding between mentors and the mentees. Many of these activities were specifically designed by the Iroquois mentors for their mentees. One of the major highlights for Young's mentees when they visited the mentors' school. Once again, all evaluated this program as one that has a major impact on all participants' lives and needs to be continued.

When evaluation of C.H.O.I.C.E. group dynamics, family participation/affiliation and school performance (end of year compared to beginning of the year) was conducted, the mean score of the group participants was 1.07 on a Likert type scale, which ranged from 1 (high) through 5 (low). All students rated their overall experiences as positive (very satisfactory range.) "Dare to Dream" mentors attending Iroquois High School next year requested to be retained in this group for the 2014-2015 school year.

The mentors reported enjoying their mentoring process, learned more about themselves, understood the basic need that all people share, appreciated in how to communicate with other whose personalities are different than one's own and the joy of making a difference in a young person's life.

Behavior changes were also evident. Using a tool designed to measure behavior, school staff reported positive changes across the board with "Dare to Dream" mentors (e.g., demonstrated leadership abilities). C.H.O.I.C.E. facilitator(s) also noted this behavior change. "Dare to Dream" mentors were challenged when they made inappropriate choices in and out of group. Whitney Young Elementary mentees spent less time in the counselor's/principal's/resource center coordinator's office instead they used strategies learned in the group and the one-on-one with their mentors to deal with i.e. "bullying" and "engaging in negative confrontation", etc.

All attended the 25th Annual C.H.O.I.C.E. Conference Graduation Anniversary, a milestone for the agency. This event was held on May 1st, 2014 at the Flaget Center (1935 Lewiston Drive). Mentors served as youth staff. They facilitated the welcome and graduation ceremony. They did an outstanding job. All enjoyed a catered lunch by Masterson's Catering. All received a tee shirt from C.H.O.I.C.E. and other incentives. Any member who had participated in C.H.O.I.C.E. for two years received a certificate and three years, a plaque. ***The Eugene Smith Award*** exemplifies "service above self" recipient was Cydnei, a senior. There were seven senior graduates. One will be attending Kentucky State University; two will be attending Western Kentucky University, two will be attending the University of Louisville and three will be attending JCC or other technical training.

Over 20 parents and other adults attended the conference graduation for the day. Parents and other adults who participated in the Parent Workshop also received prevention literature and material designed specifically for them. The parents and other adults survey responded rated the workshop conducted "Financial Plan Not Disaster" as timely and very informative and helpful tips they will use. They also participated in a drawing in the Parent Workshop. All who attended reported enjoying the day event.

The C.H.O.I.C.E. staff enjoyed another exceptional working relationship with students and school personnel, especially our C.H.O.I.C.E. sponsors. The mentors took on their responsibilities with their mentees with pride using techniques learned in their training as well as, role modeled behavior. Evaluation revealed that mentors used the tools learned in their Advanced Training and weekly group sessions to aide them on processing personal issues. Both mentors and mentees wish more time could have been spent together and really will miss the relationship. Both schools, Iroquois and Young Elementary feel this program is a positive experience for their student and have requested C.H.O.I.C.E. provide these services for the 2014 -2015 school year.

Overall

- 100% want the group to continue at their school for 2014-2015 school year
- 83% of mentors maintained grades of C and above for the year
- 86% positive behavior changed
- 89% increased in knowledge based on high risk issues

89.5% of the mentees maintained grades of B and above for the year

This report is submitted on 26th day of June 2014 by:

Liz Sias-Shannon,
Executive Director

e-mail: choiceinc@bellsouth.net

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

DEPARTMENT OF THE TREASURY

Date: JUL 28 1993

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

Employer Identification Number:
61-1143413
Case Number:
313194018
Contact Person:
BEA EITH
Contact Telephone Number:
(513) 684-3576
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).

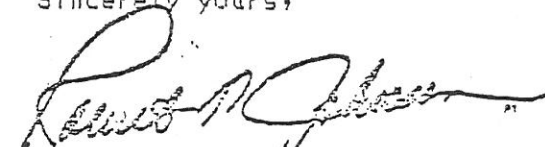
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the 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
 Fiscal Year AUGUST 1, 2013 TO JULY 31, 2014
 Federal ID# 61-1143413

| EXPENDITURES: | AMOUNT |
|----------------------------------|------------------|
| For Direct Services: | |
| Group Facilitator – I | \$ 56,140 |
| Group Facilitator – II | 13,000 |
| Professional Seminars/CEU's | 360 |
| Local Mileage Allowance | 2,500 |
| Professional Liability Insurance | 400 |
| Annual Conference/Graduation | 5,000 |
| Prevention Literature | 300 |
| Total Direct Service | 77,700 |
| Administration Cost: | |
| Administrator | 15,600 |
| Office Rental | 4,200 |
| Telephone/Internet Service | 2,880 |
| Office Supplies & Postage | 820 |
| Agency Insurance | 600 |
| Equipment/Software Maintenance | 800 |
| Licenses & Certifications | 300 |
| Total Administration | 25,200 |
| Total Program Budget | \$102,900 |

In-Kind Services: \$24,705.00 annually; Value of Volunteer Services – \$7,772.00 annually

- Expenditures for the program are submitted by the Executive Director to the C.H.O.I.C.E. Board of Directors who are in charge with making the final approval of all expenditures for the agency.
- In-kind contributions are a large portion of the overall budget and offset it by 15% (NOT included in budgetary funds requested).

Short Form
Return of Organization Exempt From Income Tax

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning August 1, 2012, and ending July 31, 20 13

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) Room/suite
3715 Bardstown Road 303

City or town, state or country, and ZIP + 4

D Employer identification number: 61 1143413

E Telephone number: 502-456-5137

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ _____

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

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

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

| | | 1 | 2 | 3 | 4 | 5a | 5b | 5c | 6a | 6b | 6c | 6d | 7a | 7b | 7c | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | | | | | | | | | | | | | |
|------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|----|----|----|----|----|----|----|----|----|----|---|--------|----|----|----|----|----|----|----|----|----|----|----|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | | | | | | | | | | | | | | | 9,578 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 | Program service revenue including government fees and contracts | | | | | | | | | | | | | | | 22,615 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 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) | | | | | | | | | | | | | | | 6,020 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | 45,076 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 15 | Printing, publications, postage, and shipping | | | | | | | | | | | | | | | 4,200 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 16 | Other expenses (describe in Schedule O) | | | | | | | | | | | | | | | 39 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



CHOICE, Inc.

Children Have Options In Choosing Experiences

Suite 303, 3715 Bardstown Road, Louisville, KY 40218 • (502) 456-5137 • (502) 456-5842 Fax • www.thechoice-lsypurs.org

Intervention
Alcohol/Drug Program

C.H.O.I.C.E. Inc. BOARD OF DIRECTORS 2014-2015

William Yesowitch, CHAIRMAN

Barber & Banaszynski, PSC
100 N. Sixth Street, Fifth Floor
Louisville, Kentucky 40202

Sharon Fowler

Mayor of West Buechel
3705 Bashford Avenue
West Buechel, Kentucky 40218

Gloria Moorman, SECRETARY/TREASURER

Louisville Public Health and Wellness
4210 Naomi Drive
Louisville, Kentucky 40219

Ms. Barbara Moore

Lessons in Life Production Inc.
4501 Shepherdsville Road
Louisville, Kentucky 40218-3438

Don Perkey, Sr., VICE PRESIDENT

Retired Owner- Perkey Printing
304 Clover Lane
Louisville, Kentucky 40207

KROGER

Co-Manager-Representative
3616 Buechel By-Pass
Louisville, Kentucky 40218

Luke Boyett

Humana, Inc.
1412 Goddard Ave.
Louisville, Kentucky 40204

Liz Sias-Shannon, Executive Director, Ex-Officio
C.H.O.I.C.E., Inc.

3715 Bardstown Road, Suite 303
Louisville, Kentucky 40218

Shannon Gullett, Vice President/Retail Branch Manager

Community Liaison/Representative
PNC Bank
Bardstown Square Financial Center
3603 Bardstown Road
Louisville, Kentucky 40218



CHOICE, Inc.

Children Have Options In Choosing Experiences

Suite 303, 3715 Bardstown Road, Louisville, KY 40218 • (502) 456-5137 • (502) 456-5842 Fax • www.thechoice-isyours.org

Intervention Alcohol/Drug Program

C.H.O.I.C.E. Inc. Members of the Advisory Committee 2014-2015

Mr. Christopher W. D. Jones
Greenebaum Doll & McDonald
3500 National City Tower, 101 S. 5th Street
Louisville, Kentucky 40202
502-587-3633

Michael Richardson
Chain Bridge Bank
1445-A Laughlin Avenue
McLean, VA 22101-5737
703-748-2005

Devon Woodlee
Assistant Principal
Olmsted Academy South
5650 Southern Pkwy
Louisville, Kentucky
502-819-1083

James Kelly
5614 Spicewood Lane
Louisville, Kentucky 40219
502-376-6201

Henry Cook
Sr. Financial Consultant
PNC Investment
3340 Newburg Road
Louisville, Kentucky 40218
502-212-6206

LaKeshia Washington
Assistant Vice President
BB&T Manor Lane
Louisville, Kentucky
502-452-6696

William Yesowitch
Barber, Banaszynski
802 Lily Creek Road
Louisville, Kentucky 40243
502-585-2100

Michael Ratterman
Ratterman & Sons
3800 Bardstown Road
Louisville, Kentucky 40218
502-459-3800

Neal Thomas
Ernst & Young
Suite 2400
400 West Market Street
Louisville, Kentucky 40202
502-585-6459

D'Artagnan Ramsey
Seneca High School Magnet
7921 Grand Cascade Drive
Louisville, Kentucky 40228

Luke Boyett
Humana, Inc.
102 S. Hampton Road
Louisville, Kentucky 40223
646-489-2404

Michael D. Fazio
Financial Advisor
Edward Jones Investment
4601 Wattbourne Lane, Suite 103
Louisville, Kentucky 40299
502-671-6845

Liz Sias-Shannon
Ex-Officio
3715 Bardstown Road, Suite 303
Louisville, Kentucky 40218
502-456-5137

ORIGINAL COPY FILED
SECRETARY OF STATE OF KENTUCKY
FRANKFORT, KENTUCKY

MAR 17 1999

Bruce E. Eber
SECRETARY OF STATE

ARTICLES OF INCORPORATION

OF

CHILDREN HAVE OPTIONS IN CHOOSING EXPERIENCES, INC.

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

ARTICLE I

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

ARTICLE II

DURATION: The duration of this Corporation shall be perpetual.

ARTICLE III

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

ARTICLE IV

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

William Yesowitch
1904 Dillon Drive
Louisville, Kentucky 40205

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

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

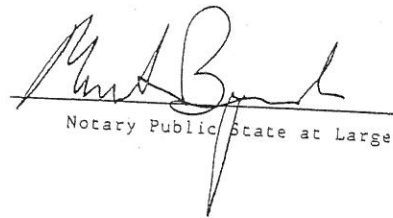
ARTICLE V

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

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

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.



A handwritten signature in cursive script, appearing to read "Paul B. [unclear]", is written over a horizontal line. Below the line, the text "Notary Public State at Large" is printed.

My commission expires June 22, 1990

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/disregarded entity name, if different from above
C.H.O.I.C.E., INC.

Check appropriate box for federal tax classification:
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) a _____
 Other (see instructions) a **NONPROFIT**

Exemptions (see instructions):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____

Address (number, street, and apt. or suite no.)
3715 Bardstown Road, Suite 303

City, state, and ZIP code
Louisville, Kentucky 40218

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the Name line 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.

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

| | | | | | | | | |
|--------------------------------|---|---|---|---|---|---|---|---|
| Social security number | | | | | | | | |
| | | | | | | | | |
| Employer identification number | | | | | | | | |
| 6 | 1 | 1 | 1 | 4 | 3 | 4 | 1 | 3 |

Part II Certification

Under penalties of perjury, I certify that:

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

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person *Liz Dias-Shannon* Date a *6/26/14*

General Instructions

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

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

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, payments made to you in settlement of payment card and third party network transactions, 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, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.

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?
(Please check all that apply)

Zip Code _____

- 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
 - b) Ignore the bully
 - c) Work as a group and talk to 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)

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 |

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?

| | |
|--------------------------------------------------------------------|------------------------|
| <input type="checkbox"/> Group Size | FOR WHAT REASON? _____ |
| <input type="checkbox"/> Methods used to conduct group | _____ |
| <input type="checkbox"/> Amount of time given to individual topics | _____ |
| <input type="checkbox"/> Different topics covered | |
| <input type="checkbox"/> Other <input type="checkbox"/> 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.)

| | | |
|-----------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Teachers | <input type="checkbox"/> Counselors | <input type="checkbox"/> Principals |
| <input type="checkbox"/> Parents | <input type="checkbox"/> Self | <input type="checkbox"/> Other |
| <input type="checkbox"/> 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 |



CHOICE, Inc.

Children Have Options In Choosing Experiences

Intervention
Alcohol/Drug Program

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

STAFFING:

- Executive Director
- Group Facilitator
- Administrative Coordinator

And

A collaboration of professional and other volunteers



Louisville Metro Council

Robin J. Engel
District 22 Councilman

Monica Hodge
Legislative Assistant

April 24, 2014

To Whom It May Concern:

As Councilman of Louisville Metro Council District 22 since 2003, I can attest to the effectiveness of the C.H.O.I.C.E. program. I have supported and worked with this nonprofit organization for more than 10 years.

In this capacity, C.H.O.I.C.E. Inc. has provided prevention and early intervention services to "high-risk"/"at-risk" youth and adolescents for over 26 years that target alcohol, tobacco and other drug abuse; delinquency; violence and gang behaviors; school failure; teen parenthood and other high risk behaviors that impede healthy progression to adulthood. This organization does an exceptional job of collaborating with other agencies to strengthen the services provided.

C.H.O.I.C.E. has been recognized locally and nationally as a program that has made a successful impact with young people, families and in the community at large through providing current information and education regarding drug abuse and dependency and its effect on interpersonal skills which result in young people making positive, alternative, lifestyle choices.

Currently C.H.O.I.C.E. provides an all male, "Dare to Dream" Sports Leadership and Mentoring program at Fern Creek Traditional High School with gender specific mentees from Watterson Elementary School, a program that is co-sponsored by District 22. The Jefferson County Public School system supports C.H.O.I.C.E. in providing the group services during school hours at the student's home school.

C.H.O.I.C.E. is a program that uniquely focuses on "high-risk" and "at-risk" youth and adolescents by bolstering resiliency which leads to a reduction in risk factors. It is a resource that our schools have found to be very beneficial in giving "high-risk" and "at-risk" students a safe environment and an opportunity to develop coping skills and allows them an avenue towards making better choices, healthier lifestyles and more productive futures.

I will continue to financially support and work with C.H.O.I.C.E. Inc. so that their services can be utilized with youth and adolescents and empowering them to make alternative, healthy, lifestyle choices. C.H.O.I.C.E. is in need of additional financial support because of the very successful programs they provide and which are much-needed in our community.

Again, we are excited about the opportunity this program will provide to the young people, families and the Louisville Metro area.

Regards,


District 22 Councilman Robin Engel



June 6, 2014

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,

Diane Foster
Director of Special Programs



Administrative Offices

VanHoose Education Center
P.O. Box 34020
Louisville, Kentucky 40232-4020
(502) 485-3011



RECEIVED
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June 5, 2014

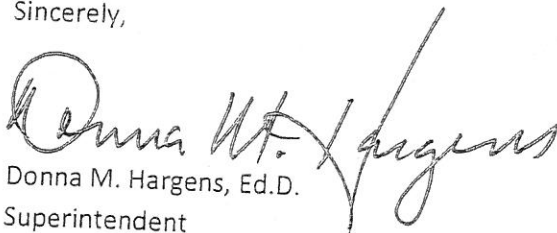
Liz Sias-Shannon
Executive Director
C.H.O.I.C.E., Inc.
3715 Bardstown Road, Suite 303
Louisville, KY 40218

Dear Ms. Sias-Shannon:

I want to personally congratulate you on earning a Jefferson County Public Schools (JCPS) Golden Oar Award, one of our district's highest honors. During a recent administrators' meeting, you were nominated for your exemplary display of the Core Values in our *Strategic Plan: Vision 2015*. I will be publicly announcing your award today via my Twitter account @JCPSSuper. Please visit my office on the third floor of the VanHoose Education Center any time between 7 a.m. – 4:30 p.m. to receive your official Golden Oar and certificate.

Thank you for your dedication to ensuring all students graduate prepared.

Sincerely,


Donna M. Hargens, Ed.D.
Superintendent

DMH:scf

8:00—8:40 Registration
8:45—9:30 Welcome & Opening Remarks

- “Dare to Dream” Mentor—Cydney Iroquois High School
- “Dare to Dream” Mentor—Joe Fern Creek Traditional High School
- Presentation of Colors
Iroquois High School N. J.R.O.T.C.
- America the Beautiful
Katelyn and the Iroquois High School Ensemble
- William Yesowitch, President
C.H.O.I.C.E. Board of Directors
- Shelley Spratt
Office of 3rd District Congressman John Yarmuth
- Lawrence Wilbon, Director
Youth Department of Education
Louisville Urban League
- Poem: Be True to You
“Dare to Dream” Mentor - Colton Fern Creek Traditional High School
- Tim Barry, Director
Louisville Metro Housing Authority
- Candice Johnson, KHEEA
Louisville Metro East
- Liz Sias-Shannon, Executive Director
C.H.O.I.C.E. Inc.

9:30—10:40AM
Workshops Presentations

- Room A “Me, Myself, and I: A Love Story”
Terra Epps, Minister
Burnett Avenue Baptist Church
- Room C “Stepping UP -Positive Way”
Mozell Axson, Insurance Agent- New York Life
- “SL”
TLC - Pillowcase
Chelsi Monroe - American Red Cross
- “CH”
Financial Plan not Disaster (Parent Workshop)
Marcus Hester, Insurance Agent -New York Life
- 11:00—11:50 Lunch - Masterson’s Catering Service
- 12:00—1:15 Graduation Activities
- “Dare to Dream” Mentor— Jada Iroquois High School
- “Dare to Dream” Mentor— Dertick Fern Creek Traditional High School
- Poem: The Best Ship of All - DeAira, Mentor - Iroquois High School
- Performance by Drumline Band - Central High School
- Raffle - Mentors - Earlisha, Iroquois High School and Daylin, Fern Creek Traditional High School
- What MENTORING Meant to Us” - Skyler Mentor-
Fern Creek Traditional High School
- “What C.H.O.I.C.E. Meant to Us” - C.H.O.I.C.E. Participants
- Bronze and Gold Awards - “Dare to Dream” Mentors
- EUGENE SMITH AWARD RECIPIENTS**
Community Goody Bag Giveaway
- Closing Comments

**WELCOME TO
C.H.O. I.C.E. INC 6TH ANNUAL AWARENESS AND
FUNDRASING EVENT**

Mistress of Ceremony, Vicki Roger Middy Air Personality and
Assistant Director, Lite 106.9 FM

Greetings

Christopher Jones, C.H.O.I.C.E Advisory Committee

Agency History

William Yesowitch, Chairman of C.H.O.I.C.E. Board of Directors

Remarks

United States Congress John Yarmuth (KY-3)

CHOICE Mentors Speak for a "Better Tomorrow"

Dr. D'Artagnan Ramsey
Skyfar (Fern Creek HS)

Introduction of Keynote Speaker

Dawn Shannon, Coordinator of Volunteer Services

Charla Young, Keynote Speaker

Television Talk show host "Power to Change
Empowerment reality talk show

**CHOICE Mentors Speak for a
"Better Tomorrow"**

DeAira (Iroquois HS)
Mario Urrutia

Entertainment

The Artistic Beaus of Burnett Avenue "He + Art = Heart"
Lead by Troy Bell, Director of Music/ Worship Arts,
Burnett Avenue Missionary Baptist Church

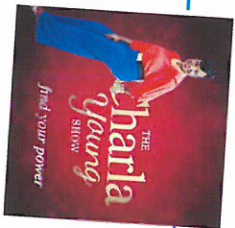
Silent Auction

Door Prize Giveaway

Closing Remarks

Liz Sias-Shannon, Executive Director, C.H.O.I.C.E., Inc.

More Charla Young
Check Out
<https://vimeo.com/84924004>



Gold Donors

3800 Bardstown Road
Louisville, KY 40218
(502) 459-3800



**Thelma Sias and Stephen P. Adams
Milwaukee, Wisconsin**

Barber, Banaszynski PSC
Attorneys At Law
www.bbalaw.justia.net
(502) 585-2100

MR/ Logic Financial Consulting
LLC
Mike Richardson, President
2966 S. Columbus St. Unit A2
Arlington, VA
571-765-0590

Silver Donors

Burnett Avenue Missionary Baptist Church
6800 S Hustrbourne Parkway
Louisville, Kentucky 40291
(502) 491-8301
Pastor: Rev Daniel Corrie Shull

Bronze Donors



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 | 2/6/2014 |
| Principal Office | STE. 303, 3715 BARDSTOWN, RD. LOUISVILLE, KY 40218 |
| Registered Agent | WILLIAM YESOWITCH STE. 303, 3715 BARDSTOWN RD. LOUISVILLE, KY 40218 |

Current Officers

| | |
|----------------|--------------------------|
| President | <u>William Yesowitch</u> |
| Vice President | <u>Don Perkey</u> |
| Secretary | <u>Gloria Moorman</u> |
| Treasurer | <u>Gloria Moorman</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 | 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 | 3/19/2007 | |