

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

Applicant/Program: CHOICE, Inc.

Executive Summary of Request:

 a total of \$9,000 as follows, \$6,000 from District 21 Neighborhood Development Funds and \$3,000 from District 5 Neighborhood Development Funds to CHOICE, Inc. for "Dare to Dream" Sports Leadership Mentoring Program and Educational Self Help Group

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

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

21  \$6,000 7-28-16
 District # Council Member 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: _____

Applicant/Program: CHOICE, Inc. "Dare to Dream" program

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.

| | | | |
|-------------------------------|---|---|---|
| <u>5</u> District # | <u>Chris B. Hammit</u> Council Member Signature | <u>\$3,000</u> Amount | <u>7-25-16</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 |
| <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: CHOICE, Inc.

Program Name and Request Amount: "Dare to Dream" Sports Leadership Mentoring Program and Self Help Group

| | 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"/> N/A |
| 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"/> N/A |
| Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)? | <input type="checkbox"/> N/A |
| Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards? | <input type="checkbox"/> N/A |
| Prepared by: | Date: |



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 40218 | | | |
| 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): | 21 & 5 | Zip Code(s): | 40215, 40212 |
| SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION | | | |
| PROGRAM/PROJECT NAME: "Dare to Dream" Sports Leadership Mentoring Program and Educational Self Help Group | | | |
| Total Request: (\$) | 11,018.00 | Total Metro Award (this program) in previous year: (\$) | 9,000.00 |
| 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 & 5 | Amount: (\$) | 9,000.00 |
| Source: | District 22, 20, 19, & 6 | Amount: (\$) | 7,800.00 |
| 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



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.

Handwritten initials, possibly "JLS", written in black ink over the printed text "Applicant's Initials".

Section 4

A- CONTINUED : Whitney Young Elementary School Mentee Group:

The mentee group will consist of 4th and 5th graders. The group will focus on assisting young girls in bolstering resilience skills, dispelling fears associated with transition to middle school, and 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 an emphasis on positive self-regard, academic achievement, critical thinking, communication, collaboration, teamwork and enhanced self-esteem to encourage a decrease in alcohol, tobacco and other drug use potential and unhealthy risk behaviors. This program provide positive role models to help guide mentees through this period and in hopes of forming long lasting positive bond. In addition to, a focus on teaching the mentees skills that will be required of them in the 21st Century.

The program gives the Iroquois High school mentors confidence to participate in other school and community activities and a sense of services that will improve the well-being of all. Parental consent must be obtained. The grant will service 15 high school female mentors directly and 15 female mentees indirectly.

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 the community as they successfully progress through school and toward adulthood. A lack of a favorable attitude toward problem behavior resolutions, lack of positive role models, and lack of commitment to school and academic failure starts in late elementary school. Group confidentiality will be adheres to by all group members and the group facilitator(s). The confidentiality encourages participating participants to be more comfortable and safe within the group atmosphere and encourages more "truthful conversation" than otherwise would be possible. The 'Dare to Dream" Sports Leadership and Mentoring program provides hope to participants most 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 has 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 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

Section 4 – Whitney Young Elementary School Mentee Group

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.

Research shows that mentoring programs have beneficial and long-term effects, increasing the rate of high school graduation and college attendance and decreasing the likelihood of substance abuse and other risky behaviors.

These athletes' mentors will receive two daylong prevention level comprehensive prepared training. Mentors are provided comprehensive, prepared training in positive leadership, role modeling, culture diversity and community services. Mentors receive 8 weeks of group sessions prior to participating in Phase I of Advance Mentoring Training. Once Phase I training is completed the high school mentors are paired with their gender specific mentees. The purpose of the training is to provide expansion on-going training and support for mentors. The Advance Training and group support for the mentors are opportunities for mentors to enhance skills, knowledge, and abilities in serving as mentors to and in building relationship with mentees. The training focus primarily on building support and development opportunities for mentors that target the skills and abilities to respond to the need of the mentees and support their development. This include, but is not limited to, training in youth development, building relationships, improving communication technique, crisis procedure and response and leadership training. 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.

JCPS plans to offer more free lunches in fall

EDUCATION ([//WWW.COURIER-JOURNAL.COM/BLOG/EDUCATION/](http://WWW.COURIER-JOURNAL.COM/BLOG/EDUCATION/)) Allison Ross (<http://www.courier-journal.com/staff/28235/allison-ross/>), @allisonRoss

12:31 p.m. EDT June 10, 2015

Jefferson County Public Schools is expanding its efforts to offer free lunches to more of its students.

This past school year, 96 JCPS schools with high levels of low-income students [began offering free breakfasts and lunches to all their students](#) ([/story/news/education/2014/06/09/jcps-students-incomes-get-free-meals/10241235/](#)), regardless of income.

This fall, JCPS plans to add 32 more schools to its "community eligibility" list, meaning all students at those schools will also be able to get breakfasts and lunches at no charge.

That leaves only 19 JCPS schools that do not have universal free lunch for kids.

And at this week's board meeting, Jefferson County Board of Education members approved a plan to expand free lunches to more students in those 19 schools.

Students at those schools who qualify for reduced-price lunches, but don't quite meet the federal guidelines for free lunches, will also get free lunches starting this fall.

"We're trying to help as many families as possible," JCPS Chief Operations Officer Mike Raisor said. "We want to increase participation because we do have healthy and nutritious meals."

According to federal guidelines, students whose families have incomes at or below 130 percent of the poverty line are eligible for free lunches, while students whose families have incomes between 130 percent and 185 percent of the poverty line are eligible for reduced-price lunches. (For the 2015-2016 school year (<http://www.gpo.gov/fdsys/pkg/FR-2015-03-31/pdf/2015-07358.pdf>), 185 percent of the poverty level is an annual income of \$44,863 for a family of four.)

Students on reduced-price lunches pay 40 cents for a school lunch and 30 cents for a school breakfast.

Students above 185 percent of the poverty line pay for their school lunches. School lunch costs \$2.75 at the secondary level and \$2.60 at the elementary level.

Raisor said reduced-price lunch students at those 19 schools bring in about \$42,000 a year for the district.

But Raisor said he expects to see an increase in students participating in free school lunches with the change, which would mean more federal money that would therefore make up the lost revenue.

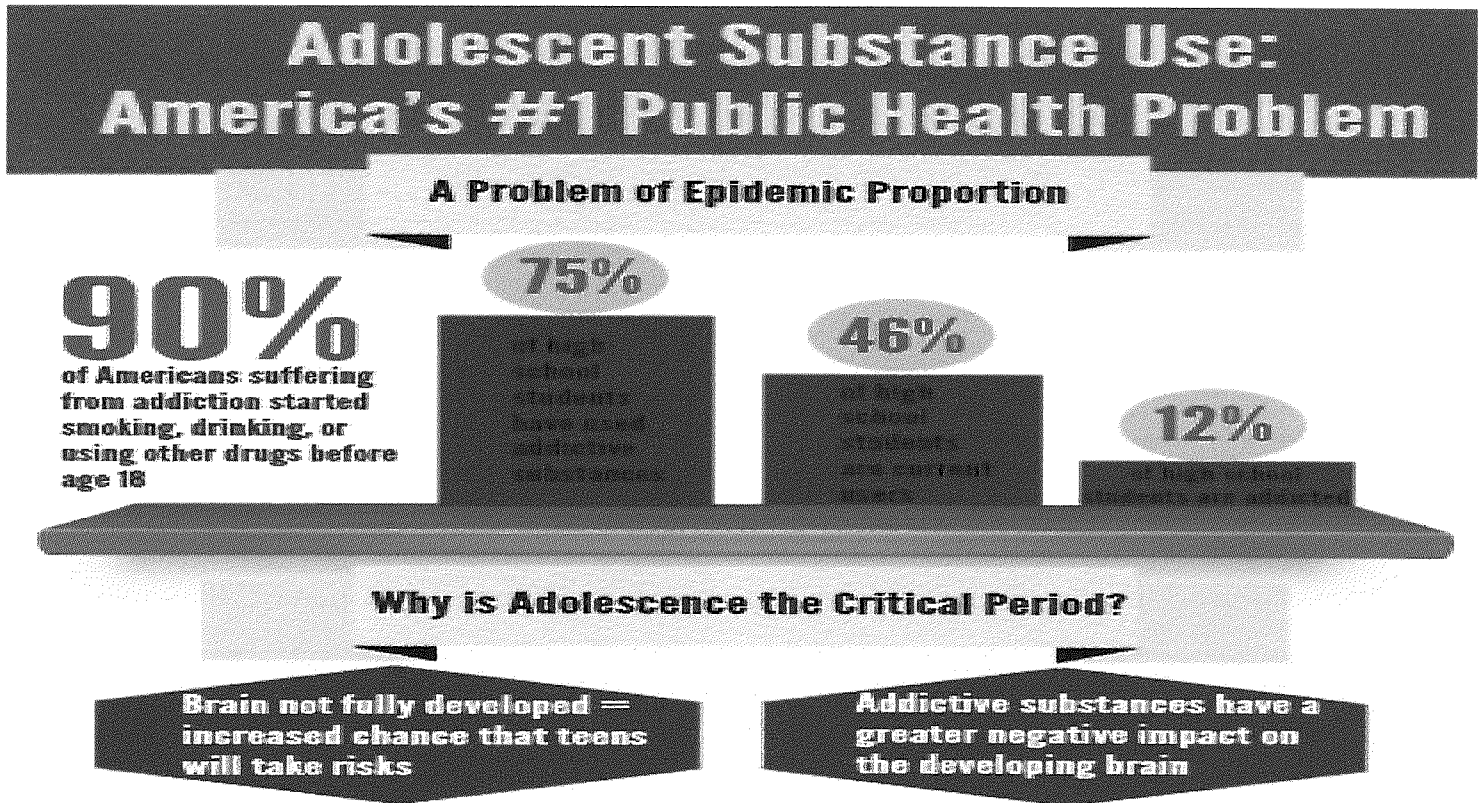
Both Raisor and Julia Bauscher, JCPS' director of school and community nutrition services, said that although the reduced-price lunch fee is not high, it can add up for families struggling to get by.

Bauscher said that, generally, about 60 percent of students who qualify for reduced-price lunches eat those subsidized school lunches.

"Reduced-price families are some of our most vulnerable families," Bauscher said. "They can now feed their children at no charge."

Continued on back

National Center on Addiction and Substance Abuse at Columbia University 2014, CASA Columbia Addiction Science, Prevention and Treatment Research, April 3, 2014 stated "school and community-based addiction prevention programs can help children, teens and adolescents."



From the National Center on Addiction and Substance Abuse at Columbia University 2014, Casa Columbia Addiction Science-Prevention and Treatment Research, April 3, 2014

ADDICTION PREVENTION STRATEGIES

Messages that parents, doctors, teachers, the media and others in the community send about addiction and substance use can be extremely influential in helping to prevent addiction and reduce substance use.

SCHOOL AND COMMUNITY-BASED ADDICTION PREVENTION PROGRAMS CAN HELP CHILDREN, TEENS AND ADOLESCENTS:

- Resist social pressures to engage in substance use
- Strengthen their self-esteem
- Improve decision-making and communication skills
- Manage stress and anxiety



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 monitoring 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 used to determine pre and post 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 for 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 further 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 Rotary District 6710 spotlight is education for our youth and their social and mental well being. The District also provided a mini grant that help enable C.H.O.I.C.E. to provide the mentoring training and have an avenue to further address substance abuse prevention. The commonality between the District, and the C.H.O.I.C.E. program services provided is a win-win for our young people in this community. The District 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 | \$9,468.00 | \$0 | \$9,468.00 |
| B: Rent/Utilities | \$0 | \$0 | \$0 |
| C: Office Supplies | \$75.00 | \$75.00 | \$150.00 |
| D: Telephone | \$150.00 | \$150.00 | \$300.00 |
| 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 | \$100.00 | \$35.00 | \$135.00 |
| I: Community Events & Festivals (Attach Detail List) | \$0.00 | \$0.00 | \$0.00 |
| J: Small Equipment | \$150.00 | \$75.00 | \$225.00 |
| K: Capital Equipment | \$0.00 | \$0.00 | \$0.00 |
| L: Other Expenses (Attach Detail List) | \$1,075.00 | \$1,875.00 | \$2950.00 |
| *TOTAL PROGRAM/PROJECT FUNDS | \$11,018 | \$2,210.00 | \$13,228.00 |
| % of Program Budget | % | % | 100% |

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

| | |
|---|-------------------|
| Other State, Federal or Local Government | \$2,210.00 |
| 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 ** | \$2,210.00 |

*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 21 and District 5 NFD Grant 2016-2017

Other expenses:

| | <u>Proposed Metro Funds</u> | <u>Non Metro Funds:</u> |
|--|---------------------------------|-------------------------|
| • C.H.O.I.C.E. 28 th Annual Conference Graduation | \$525.00 | \$1,875.00 |
| • Transportation (buses) | \$170.00 | |
| • Dare to Dream Mentoring Training | <u>\$380.00</u> | <u> </u> |
| | \$1,075.00 | \$1,875.00 |

C.H.O.I.C.E., Inc. will raised the additional funds.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

| Donor*/Type of Contribution | Value of Contribution | Method of Valuation |
|---|-----------------------|----------------------------|
| JCPS/space, sponsors, etc. | \$4,300.00 | Current Market Value |
| Volunteers | \$2,436.00 | Minimum wage x hours spent |
| | | |
| | | |
| <i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i> | \$6,736.00 | |

* 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.



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: | <i>7/12/16</i> |
| Legal Signatory: (please print): | <i>Liz Sias-Shannon</i> | Title: | <i>Executive Director</i> |
| Phone: | <i>502-456-5137</i> | Extension: | <i>—</i> |
| | | Email: | <i>choicew@bellsouth.net</i> |

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

DEPARTMENT OF THE TREASURY

Date: JUL 28 1993

Employer Identification Number:

Case Number:
313194018

Contact Person:
BEA EITH

Contact Telephone Number:
(513) 684-3578

Our Letter Dated:
October 6, 1988

Addendum Applies:
No

received
7/30/93

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

Dear Applicant:

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

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

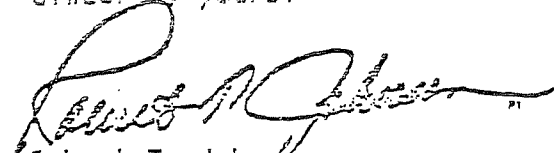
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the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

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

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

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

Sincerely yours,


Robert T. Johnson
District Director

C.H.O.I.C.E. (Children Have Options In Choosing Experiences) Inc.
PROGRAM BUDGET SUMMARY
Fiscal Year AUGUST 1, 2016 to JULY 31, 2017
Federal ID# [REDACTED]

| EXPENDITURES: | AMOUNT |
|----------------------------------|--------------------|
| For Direct Services: | |
| Group Facilitator – I | \$ 25,000.00 |
| Group Facilitator – II | 12,500.00 |
| Professional Seminars/CEU's | 860.00 |
| Local Mileage Allowance | 2,500.00 |
| Professional Liability Insurance | 675.00 |
| Annual Conference/Graduation | 6,000.00 |
| Prevention Literature | 450.00 |
| Total Direct Service | 47,985.00 |
| 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 |
| Total Administration | \$69,511.00 |

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

| | |
|-----------------------------|---------------------|
| Total Program Budget | \$117,496.00 |
|-----------------------------|---------------------|

**C.H.O.I.C.E. Inc. Board of Directors
2016-2017**

Gloria Moorman, Acting Chairperson
2ND Term
Retiree, Louisville Public Health and Wellness
[REDACTED]
Louisville, Kentucky 40219

Ashley Earvin
1ST Term
Attorney At Law- Cooper & Friedman
[REDACTED]
Louisville, Kentucky 40213

Jacqueline M. Cooper, Ed.D,
Vice Chairperson -2ND Term
Adjunct Professor, Webster University
[REDACTED]
Louisville, Kentucky 40207

Vicki Rogers
3RD Term
Radio Personality/ Host
[REDACTED]
Louisville, Kentucky 40245

Leigh Anne Parker, Secretary/ Treasurer
1ST Term
Edward Jones
[REDACTED]
Louisville, Kentucky 40220

Thomas Billingham
2ND Term
One Thing Marketing
[REDACTED]
Louisville, Kentucky 40213

Beverly Edwards, Fund Development Chair
2ND Term
Director, Louisville East Post-Acute LLC.
[REDACTED]
Louisville, Kentucky 40220

Michael D. Fazio
2ND Term
MBA Student, University of Louisville
[REDACTED]
Louisville, Kentucky 40258

Lawrence Wilbon,
2ND Term
Youth Development & Education- Louisville
Urban League
Louisville, Kentucky 40245
[REDACTED]

Luke Boyett
3RD Term
Humana Inc
[REDACTED]
Louisville, Kentucky 40223

D'Artegnan Ramsey
2ND Term
Jefferson County Public Schools
[REDACTED]
Louisville, Kentucky 40228

Michael Richardson, Board Liaison
2ND Term
Vice President of Chain Bridge Bank
[REDACTED]
McLean, Virginia 22101

William Yesowitch, Board Emeritus
2ND Term
[REDACTED]
Del Ray Beach, Florida 33484

Liz Sias-Shannon, Executive Director
Dawn K. Shannon, Administrative Assistant
502-456-5137-choiceince@bellsouth.net

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

Short Form

OMB No. 1545-1160

Form 990-EZ

Return of Organization Exempt From Income Tax

2014

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 2014 calendar year, or tax year beginning August 1, 2014, and ending July 31, 2015

B Check if applicable:

- Address change
Name change
Initial return
Final 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

City or town, state or province, country, and ZIP or foreign postal code

Louisville, KY 40218

D Employer identification number

E Telephone number

502-456-5137

F Group Exemption Number

G Accounting Method:

- Cash
Accrual
Other (specify)

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

I Website:

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

K Form of organization: Corporation Trust Association Other

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

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

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, program service revenue, membership dues, investment income, gaming and fundraising events, and total revenue/expenses. Total revenue is 46,816 and total expenses is 42,358.

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

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

| | (A) Beginning of year | (B) End of year |
|---|-----------------------|------------------|
| 22 Cash, savings, and investments | 13,429 | 22 18,176 |
| 23 Land and buildings | 0 | 23 0 |
| 24 Other assets (describe in Schedule O) | 0 | 24 0 |
| 25 Total assets | 13,429 | 25 18,176 |
| 26 Total liabilities (describe in Schedule O) | 0 | 26 289 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 13,429 | 27 17,887 |

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

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

Expenses

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

What is the organization's primary exempt purpose? _____

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

| | | |
|--|------------|--------|
| 28 All funds are used to develop programs to make children aware of alternatives to drugs and alcohol | | |
| (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 42,358 |
| 29 | | |
| (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | |
| 30 | | |
| (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | |
| 31 Other program services (describe in Schedule O) | | |
| (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 Total program service expenses (add lines 28a through 31a) | 32 | 42,358 |

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

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

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

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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
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 or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b 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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) 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? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of Liz Shannon Telephone no. 502-456-5137
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 (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c 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? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

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

| | | |
|----|-----|-------------------------------------|
| | Yes | No |
| 46 | | <input checked="" type="checkbox"/> |

Part VI Section 501(c)(3) organizations only

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

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

| | | |
|-----|-----|-------------------------------------|
| | Yes | No |
| 47 | | <input checked="" type="checkbox"/> |
| 48 | | <input checked="" type="checkbox"/> |
| 49a | | <input checked="" type="checkbox"/> |
| 49b | | <input checked="" type="checkbox"/> |

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

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

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

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

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

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

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

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

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

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

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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

Sign Here Date

Clara Macormac 3/10/2016

Signature of officer Date

Clara Macormac Boardchair

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no. ▶

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Barbara
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
3009 Chevy Chase Road
Louisville, Kentucky 40218

James Wilson
Medical Arts - Suite 113B
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 programs including recreational, social and educational activities for target "high-risk" youth and their families. "High-risk" youth include but are not limited to:
 - a. Youth with alcoholic/drug abusing parents.
 - b. Youth with physically or sexually abusing parents.
 - c. Youth with school problems.
 - d. Delinquent youth.
 - e. Youth suffering economic hardship.
 - f. Illiterate youth.
 - g. Youth lacking job skills.
 - h. Youth lacking social skills.
 - i. Pregnant youth.
 - j. Youth who have had abortions.
 - k. Depressed and suicidal youth.
 - l. Mentally ill youth.

ARTICLE VI

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

ARTICLE VII

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

ARTICLE VIII

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

ARTICLE IX

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

ARTICLE X

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

IN WITNESS WHEREOF, we hereunto subscribed our names, as incorporators hereof, this 9th day of March 1958.

William Yesowitch

J. Marcus Greer

James Wilson

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. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Children Have Options In Choosing Experiences | | |
| | 2 Business name/disregarded entity name, if different from above C.H.O.I.C.E. INC. | | |
| | 3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ Nonprofit | | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i> |
| | 5 Address (number, street, and apt. or suite no.) 3715 Bardstown Road Suite 303 | | Requester's name and address (optional) |
| | 6 City, state, and ZIP code Louisville, KY 40218 | | |
| | 7 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 generally 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 <i>How to get a TIN</i> on page 3. | | | | | | | | | | | |
| Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter. | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 20px; text-align: center;">[]</td> <td style="width: 20px; text-align: center;">[] - [] - [] [] [] []</td> </tr> <tr> <td colspan="2" style="text-align: center;">or</td> </tr> <tr> <td colspan="2" style="text-align: center;">Employer identification number</td> </tr> <tr> <td colspan="2" style="background-color: black; height: 30px;"></td> </tr> </table> | Social security number | | [] | [] - [] - [] [] [] [] | or | | Employer identification number | | | |
| Social security number | | | | | | | | | | | |
| [] | [] - [] - [] [] [] [] | | | | | | | | | | |
| or | | | | | | | | | | | |
| Employer identification number | | | | | | | | | | | |
| | | | | | | | | | | | |

| | |
|---|--|
| Part II Certification | |
| Under penalties of perjury, I certify that: | |
| 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and | |
| 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and | |
| 3. I am a U.S. citizen or other U.S. person (defined below); and | |
| 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. | |
| Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3. | |
| Sign Here | Signature of U.S. person ▶ <i>Elizabeth Sias-Shannon</i> Date ▶ <i>7/12/16</i> |

| | |
|--|--|
| General Instructions | |
| Section references are to the Internal Revenue Code unless otherwise noted. | |
| Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9 . | |
| Purpose of Form | |
| An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following: | <ul style="list-style-type: none"> • Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition) • Form 1099-C (canceled debt) • Form 1099-A (acquisition or abandonment of secured property) Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN. If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See <i>What is backup withholding?</i> on page 2. By signing the filled-out form, you: |
| <ul style="list-style-type: none"> • Form 1099-INT (interest earned or paid) • Form 1099-DIV (dividends, including those from stocks or mutual funds) • Form 1099-MISC (various types of income, prizes, awards, or gross proceeds) • Form 1099-B (stock or mutual fund sales and certain other transactions by brokers) • Form 1099-S (proceeds from real estate transactions) • Form 1099-K (merchant card and third party network transactions) | <ol style="list-style-type: none"> 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued), 2. Certify that you are not subject to backup withholding, or 3. 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. See <i>What is FATCA reporting?</i> on page 2 for further information. |

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: <input type="checkbox"/> Male <input type="checkbox"/> 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: _____ | <table style="width: 100%; border: none;"> <tr> <td style="width: 80%; border: none;"> Who do you live with NOW? (Please check all that apply) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Mother & other Adults <input type="checkbox"/> Father & other adults <input type="checkbox"/> Guardian <input type="checkbox"/> Other(s) _____ </td> <td style="width: 20%; border: none; vertical-align: top;"> Zip Code _____ </td> </tr> </table> | Who do you live with NOW? (Please check all that apply) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Mother & other Adults <input type="checkbox"/> Father & other adults <input type="checkbox"/> Guardian <input type="checkbox"/> Other(s) _____ | Zip Code _____ |
| Who do you live with NOW? (Please check all that apply) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Mother & other Adults <input type="checkbox"/> Father & other adults <input type="checkbox"/> Guardian <input type="checkbox"/> Other(s) _____ | Zip Code _____ | | |

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.

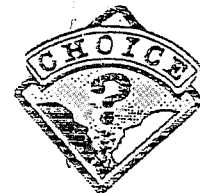
- _____ 1. Two things that happen in your body when you stop using nicotine are a) your heart rate goes down and b) your anxiety increases.
- _____ 2. Being bored can cause a person to smoke pot, eat too much or act out.
- _____ 3. The best predictor that a teenager will smoke is if he or she thinks 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 shot of whiskey is all the same.
- _____ 8. Which of the following options are good way to deal with bullying behavior:

| | |
|---------------------|--|
| a) Don't fight | c) Work as a group and talk to the bully |
| b) Ignore the bully | d) All above |
- _____ 9. The number of people in a person's family who smoke cigarettes, and what teenager believes about smoking, affects a teen's choice to smoke.
- _____ 10. A person can overdose on alcohol.



CHOICE Pre/Post Test (con't)

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



CHOICE GROUP EVALUATION
(Elementary)

School: _____ Date: _____

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

Answer the following questions in the space provided.

1. How would you rate the group overall?

| | | | | |
|-------------------|---|------|---|------|
| Very Satisfactory | | Okay | | Poor |
| 1 | 2 | 3 | 4 | 5 |

2. What did you learn from the 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)

_____ Mrs. Shannon _____

(Continued on back)

CHOICE Group Evaluation

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

| | | | | |
|-----------|------|---------|------|------|
| Excellent | Good | Average | Fair | Poor |
| 1 | 2 | 3 | 4 | 5 |

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

| | | | | |
|-----------------|---|------|---|-----------------|
| Increased A Lot | | Same | | Decreased A Lot |
| 1 | 2 | 3 | 4 | 5 |

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

_____ Yes _____ No

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

_____ Yes _____ No

8. Please give any additional comments you wish to make.

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.

CHOICE EVALUATION (CONT)



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

B. Answer the following questions in space provided.

1. How would you rate the group overall?

Very Satisfactory
1

2

Okay
3

4

Poor
5

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

14 weeks (one semester)

FOR WHAT REASON? _____

A year

other

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

One class period

FOR WHAT REASON? _____

1.5 Periods

Two class periods

Other

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

Once per week

FOR WHAT REASON? _____

Twice per week

Other

Amount of time given to individual topics



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 |

_____ Mrs. Shannon _____



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

| | | | | |
|-----------|------|---------|------|------|
| Excellent | Good | Average | Fair | Poor |
| 1 | 2 | 3 | 4 | 5 |

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

Never used Use Less Stopped
 Use More Use the same amount

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

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

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

| | | | | |
|----------|---|------|---|----------|
| Increase | | Same | | Decrease |
| 1 | 2 | 3 | 4 | 5 |

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

YES NO

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

YES NO

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

PRE-EVALUATION – POST EVALUATION
Middle and High School
 All of your responses are confidential, and will be use anonymously
C.H.O.I.C.E., Inc.
 (Children Have Options In Choosing Experiences, Inc.)

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

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

Grade _____
 School _____

- What is your race/ethnicity?**
1. Black
 2. White
 3. Hispanic
 4. Asian
 5. American Indian
 6. Other than listed: _____

- Who do you live with NOW? Zip Code _____**
 (Please check all that apply.)
- Mother
 Father
 Stepmother
 Stepfather
 Mother & other Adults
 Father & other adults
 Guardian
 Other(s) _____

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

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

In my family.....

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

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

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

C. PLEASE CIRCLE YOUR RESPONSE:

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

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



| | Jake Clemmons | Michael Timm | Devin McKeisicks | Conner MacLeod | Marcus Johnson | C. J. Carney | Cotton Sorenson | Gualber Castro | Donald Hill | Rodney Jones | Keith Dickman | Michah Wilson | Eric Sinclair |
|---|---------------|--------------|------------------|----------------|----------------|--------------|-----------------|----------------|-------------|--------------|---------------|---------------|---------------|
| 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. Was Screaming | | | | | | | | | | | | | |
| 11. Did not participate in class | | | | | | | | | | | | | |
| 12. In detention, ISAP, etc. | | | | | | | | | | | | | |
| 13. Used profanity/inappropriate language | | | | | | | | | | | | | |
| 14. Out of seat/off task | | | | | | | | | | | | | |
| 15. Displayed leadership skills | | | | | | | | | | | | | |
| 16. Appropriate interaction with others | | | | | | | | | | | | | |
| 17. On task/doing work | | | | | | | | | | | | | |
| 18. Student of the week/other recognition | | | | | | | | | | | | | |

Mark in the appropriate box your response for each of the above students that you have in your class for 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. Please use a "+" if behavior is present,

TEACHER: _____

CLASS: _____



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

NDF Grant 2016-2017 School Year

Three (3) highest paid staff Proposed salary:

Executive Director – \$47,000.00

Group Facilitator I - \$25,000.00

Administrative Assistant - \$12,480.00

Whitney Young Family Resource Center
" Building Bridges Towards Success "

3526 Muhammad Ali Blvd.
Louisville, Kentucky 40212
(502) 485-8108
(502) 485-8880



Councilman Dan Johnson

Louisville Metro Council

601 W. Jefferson Street

Louisville, KY 40202

Greetings Metro Council,

I am the Family Resource Coordinator at Whitney Young IB World School. The Family Resource Center (FRC) works to remove barriers to students' learning. The FRC promotes resources and support to families that enhance functioning, growth and development of individuals and the family unit. The FRC provides different programs throughout the school year, to help support academic success of students and remove nonacademic barriers. The FRC is funded through the state budget and as budgets are getting slimmer every year, if programs such as C.H.O.I.C.E were not funded by outside sources the FRC grant would not be able to support this program cost.

C.H.O.I.C.E has been providing programs to our female students at Young since 2008. Since the start of the program here we average 13-15 girls during a school-year. We have seen our girls self-esteem and behaviors impacted by the mentor/mentee program. Our girls are always excited when we have the opportunity for them to meet with their mentors. So on behalf of the students that participated in C.H.O.I.C.E. at Young we want to say Thank You for your sponsoring this program. We hope that with sponsors like yourself that we can continue to offer such a valuable program to our students here at Young. Thank you again for your sponsorship. We have graciously benefited from your assistance with the C.H.O.I.C.E. program at our school.

Sincerely,

Mrs. Birch, FRC MSSW, MSGC

Whitney Young Family Resource Center
" Building Bridges Towards Success "

3526 Muhammad Ali Blvd.
Louisville, Kentucky 40212
(502) 485-8108
(502)-485-8880



Councilwoman Cheri Bryant Hamilton

Louisville Metro Council

601 W. Jefferson Street

Louisville, KY 40202

Greetings Metro Council,

I am the Family Resource Coordinator at Whitney Young IB World School. The Family Resource Center (FRC) works to remove barriers to students' learning. The FRC promotes resources and support to families that enhance functioning, growth and development of individuals and the family unit. The FRC provides different programs throughout the school year, to help support academic success of students and remove nonacademic barriers. The FRC is funded through the state budget and as budgets are getting slimmer every year, if programs such as C.H.O.I.C.E were not funded by outside sources the FRC grant would not be able to support this program cost.

C.H.O.I.C.E has been providing programs to our female students at Young since 2008. Since the start of the program here we average 13-15 girls during a school-year. We have seen our girls self-esteem and behaviors impacted by the mentor/mentee program. Our girls are always excited when we have the opportunity for them to meet with their mentors. So on behalf of the students that participated in C.H.O.I.C.E. at Young we want to say Thank You for your sponsoring this program. We hope that with sponsors like yourself that we can continue to offer such a valuable program to our students here at Young. Thank you again for your sponsorship. We have graciously benefited from your assistance with the C.H.O.I.C.E. program at our school.

Sincerely,

Mrs. Birch, FRC MSSW, MSGC



IROQUOIS HIGH SCHOOL
MAGNET CAREER ACADEMY
Designing and Building the Future



June 13, 2016

Dear Councilman Johnson,

I am writing to ask your support of the CHOICE program at Iroquois High School. We currently serve twelve students in the program. Students meet once a week to discuss current events, social and personal topics, as well as training to become mentors to elementary school students. The students form close friendships that hopefully will have a positive influence now and in the future. The program also invites community members to meetings who share information for college and career readiness.

The most important aspect of the program is the mentoring initiative. Sharing experience with mentees in the program encourages self-esteem and self-worth in our young adults. Many of our students suffer from disadvantages economically and socially. The program offers leadership opportunity as well as social interaction with the community.

I look forward to your continued support of this worthwhile program. Thank you for your past support.

Sincerely,

A handwritten signature in black ink that reads "Aggie Hyberger".

Aggie Hyberger
Home/School Coordinator

4615 Taylor Boulevard • Louisville, KY 40215 • Phone: (502) 485-8269 • Fax: (502) 485-8033





Louisville Metro Council

Robin J. Engel
District 22 Councilman

Monica Hodge
Legislative Assistant

May 31, 2016

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 3, 2016

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 black ink that reads "Diane Foster".

Diane Foster
Director of Special Programs



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 | 3/9/2016 |
| Principal Office | STE. 303, 3715 BARDSTOWN, RD. LOUISVILLE, KY 40218 |
| Registered Agent | GLORIA MOORMAN STE. 303, 3715 BARDSTOWN RD. LOUISVILLE, KY 40218 |

Current Officers

| | |
|------------------|-----------------------------------|
| President | Gloria Moorman |
| Secretary | Leigh Anne Parker |
| Treasurer | Leigh Anne Parker |
| Director | Gloria Moorman |
| Director | Leigh Anne Parker |
| Director | Beverly Edwards |

Individuals / Entities listed at time of formation

| | |
|---------------------|-----------------------------------|
| Director | WILLIAM YESOWITCH |
| Director | I MARCUS GREER |
| Director | JAMES WILSON |
| Incorporator | WILLIAM YESOWITCH |
| Incorporator | JAMES WILSON |
| Incorporator | I MARCUS GREER |

Images available online

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

| | | | |
|--|----------------------|--------|---------------------|
| Annual Report | 3/9/2016 | 1 page | PDF |
| Registered Agent name/address change | 3/31/2015 6:30:03 PM | 1 page | PDF |
| Annual Report | 3/31/2015 | 1 page | PDF |
| Annual Report | 2/6/2014 | 1 page | PDF |

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

Assumed Names

Activity History

| Filing | File Date | Effective Date | Org. Referenced |
|---------------------------------|-------------------------|-------------------------|-----------------|
| Annual report | 3/9/2016 3:17:08 PM | 3/9/2016 3:17:08 PM | |
| Annual report | 3/31/2015 6:39:49 PM | 3/31/2015 6:39:49 PM | |
| Registered agent address change | 3/31/2015 6:30:03 PM | 3/31/2015 6:30:03 PM | |
| Annual report | 2/6/2014 4:06:58 PM | 2/6/2014 4:06:58 PM | |
| Annual report | 5/15/2013 5:00:52 PM | 5/15/2013 5:00:52 PM | |
| Annual report | 2/14/2012 4:25:52 PM | 2/14/2012 4:25:52 PM | |
| Annual report | 7/8/2011 11:51:38 AM | 7/8/2011 11:51:38 AM | |
| Annual report | 3/8/2010 3:33:48 PM | 3/8/2010 3:33:48 PM | |
| Annual report | 7/29/2009 3:18:14 PM | 7/29/2009 3:18:14 PM | |
| Annual report | 3/3/2008 | 3/3/2008 | |

| | | |
|---------------|--------------------------|-----------|
| | 2:34:20 PM | |
| 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 |