

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

JMT

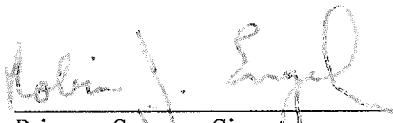
Applicant/Program: C.H.O.I.C.E., INC. (Children Have Options In Choosing Experiences) *"Dare to Dream" sports Leadership and Mentoring Program.*
Applicant Requested Amount: \$28,128.00
Appropriation Request Amount: \$7,000.00

Executive Summary of Request

The CHOICE "Dare To Dream" Sports Leadership and Mentoring school-based program is for males at Fern Creek High School and one male mentee group at Watterson Elementary School. The program will consist of one class per week for 28 weeks during school hours and at the participant's home school. The program addresses 14 components of prevention and promotes comprehensive risk-avoidance messages for youth and adolescents.

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

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

<u>22</u>		<u>\$7,000</u>	<u>8/30/2018</u>
District #	Primary Sponsor Signature	Amount	Date

Primary Sponsor Disclosure

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

None.

Approved by:

_____	_____
Appropriations Committee Chairman	Date
Final Appropriations Amount: _____	

JMT

Applicant/Program:

C.H.O.I.C.E., INC. (Children Have Options In Choosing Experiences) "Dare to Dream" Sports Leadership and Mentoring 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.

None.

Council Member Signature and Amount

- District 1 _____ \$ _____
- District 2 _____ \$ _____
- District 3 _____ \$ _____
- District 4 _____ \$ _____
- District 5 _____ \$ _____
- District 6 _____ \$ _____
- District 7 _____ \$ _____
- District 8 _____ \$ _____
- District 9 _____ \$ _____
- District 10 _____ \$ _____
- District 11 _____ \$ _____
- District 12 _____ \$ _____
- District 13 _____ \$ _____
- District 14 _____ \$ _____
- District 15 _____ \$ _____

Applicant/Program:

C.H.O.I.C.E., INC. (Children Have Options In Choosing Experiences) "Dare to Dream" Sports Leadership and Mentoring Program. JMT.

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.

District 16 _____ \$ _____

District 17 _____ \$ _____

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 _____ \$ _____

District 21 _____ \$ _____

District 22 *Robin J. Engel* _____ \$ *7,000.00*

District 23 _____ \$ _____

District 24 _____ \$ _____

District 25 _____ \$ _____

District 26 _____ \$ _____

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

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

Program Name and Request Amount "Dare To Dream" Sports Leadership Mentoring Program - \$28,128.00

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

Prepared by: **Jared Townes, District 22 Legislative Asst.** Date: Aug 30, 2018

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	5/10/2018
Principal Office	STE. 303, 3715 BARDSTOWN, RD. LOUISVILLE, KY 40218
Registered Agent	GLORIA MOORMAN STE. 303, 3715 BARDSTOWN RD. LOUISVILLE, KY 40218

Current Officers

President	<u>Gloria Moorman</u>
Secretary	<u>Jacqueline Cooper</u>
Treasurer	<u>Jacqueline Cooper</u>
Director	<u>Gloria Moorman</u>
Director	<u>Ote. C. Kearney III</u>
Director	<u>Beverly M. Edwards</u>

Individuals / Entities listed at time of formation

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

Images available online

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

<u>Annual Report</u>	5/10/2018	1 page	<u>PDF</u>
<u>Annual Report</u>	5/25/2017	1 page	<u>PDF</u>
<u>Annual Report</u>	3/9/2016	1 page	<u>PDF</u>
<u>Registered Agent name/address change</u>	3/31/2015 6:30:03 PM	1 page	<u>PDF</u>
<u>Annual Report</u>	3/31/2015	1 page	<u>PDF</u>
<u>Annual Report</u>	2/6/2014	1 page	<u>PDF</u>

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	5/10/2018 2:13:40 PM	5/10/2018 2:13:40 PM	
Annual report	5/25/2017 5:34:55 PM	5/25/2017 5:34:55 PM	
Annual report	3/9/2016 3:17:08 PM	3/9/2016 3:17:08 PM	
Annual report	3/31/2015 6:39:49 PM	3/31/2015 6:39:49 PM	
Registered agent address change	3/31/2015 6:30:03 PM	3/31/2015 6:30:03 PM	
Annual report	2/6/2014 4:06:58 PM	2/6/2014 4:06:58 PM	
Annual report	5/15/2013 5:00:52 PM	5/15/2013 5:00:52 PM	
Annual report	2/14/2012 4:25:52 PM	2/14/2012 4:25:52 PM	
Annual report	7/8/2011 11:51:38 AM	7/8/2011 11:51:38 AM	
Annual report	3/8/2010 3:33:48 PM	3/8/2010 3:33:48 PM	

Annual report	7/29/2009 3:18:14 PM	7/29/2009 3:18:14 PM
Annual report	3/3/2008 2:34:20 PM	3/3/2008
Annual report	3/19/2007 10:20:41 AM	3/19/2007
Annual report	4/7/2006 12:51:20 PM	4/7/2006

Microfilmed Images

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

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



CHOICE, Inc.

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

July 12, 2018

Councilman Robin Engel
22nd District
Louisville Metro Council
601 W. Jefferson Street
Louisville, Kentucky 40202

RE: Neighborhood Development Fund (NFD)
District 22
C.H.O.I.C.E. (Children Have Options In Choosing Experiences), Inc.
Application for 2018-2019 School Year
"Dare to Dream" Sports Leadership and Mentoring Program Fern Creek High School and
Educational Self-Help Mentee Group at Waterson Elementary School

Dear Councilman Engel:

Enclosed is a 2018-2019 Louisville Metro Council completed application for the Neighborhood Development Fund.

Thank you to District 22 for all of your support of the C.H.O.I.C.E. "Dare to Dream" Sports Leadership and Mentoring Program. The youth, adolescents, their families, and schools are very appreciative of your ongoing commitment to this community.

Once again, we are requesting your support for the 2018-2019 school year for the mentoring program.

If you have any questions, please call or email.

Sincerely,


Liz Sias-Shannon
Executive Director

Enclosure: Grant Application 2018-2019

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: Children Have Options In Choosing Experiences (C.H.O.I.C.E.) Inc. <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 3715 Bardstown Road Suite 303 Louisville, Kentucky 40218			
Website: http://www.choicelouisville.org			
Applicant Contact:	Liz Sias-Shannon	Title:	Executive Director
Phone:	(502) 456-5137	Email:	choiceinc@bellsouth.net
Financial Contact:	Liz Sias-Shannon	Title:	Executive Director
Phone:	(502) 456-5137	Email:	choiceinc@bellsouth.net
Organization's Representative who attended NDF Training: Liz Sias-Shannon			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Jefferson County Public Schools		
Council District(s):	22	Zip Code(s):	40220, 40228
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: "Dare to Dream" Sports Leadership Mentoring Program and Educational Self Help Group			
Total Request: (\$)	28,128	Total Metro Award (this program) in previous year: (\$)	7000
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"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		<input checked="" 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 checked="" type="checkbox"/> Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	District 21	Amount: (\$)	6,000
Source:	District 22	Amount: (\$)	7,000
Source:	EAF	Amount: (\$)	3,000
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Vision:

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

Mission:

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

Services:

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

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

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

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Gloria Moorman, Chairperson, Retiree, Louisville Public Health and Wellness	December, 2021
Jacqueline Cooper, Secretary/Treasury, Adjunct Professor, Webster University	December, 2021
Leigh Anne Parker, Financial Advisor, Edward Jones	December, 2022
Beverly Edward, Executive Director, Episcopal Church Home	December, 2021
Kobi Kearney, Program Director, iHeartMedia Louisville	December, 2023
Jackie Pennington, Retired, Credit Union Administrator	December 2023
Carla Robinson, Fund Developing Chair, Associate Dir. of Admission, Spencerian College	December, 2023
Matthew Brown, Assistant Program Director/Radio Personality, iHeartMedia Louisville	December, 2023
Antomia Farrell, Cooperative Extension HR Specialist, U.K. College of Agricultural	December, 2023
Ray Brown, President/CEO, RAE POPELKA Consulting	December, 2023
Michael Richardson, Vice President of Chain Bridge Bank, McLean, Virginia	Open
William Yesowitch, Retiree, Barber Banaszynski & Associates PSC, Board Chair Emeritus,	Open
Courtney Kearney, Community Activist	December, 2023
Nikki Johnson Licensed Certified Social Worker State of Kentucky	December, 2023

Describe the Board term limit policy:

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

Three Highest Paid Staff Names	Annual Salary
Liz Sias-Shannon (proposed salary)	47,000
Group Facilitator (proposed salary)	25,000
Dawn K. Shannon (proposed salary)	12,480

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

The "Dare to Dream" program will be conducted during 2018-2019 school year, one elective class period per week, during school hours at the participants' home school. The "Dare to Dream" Sports Leadership Mentoring program encompasses high school athletes from Fern Creek Traditional (15 male mentors +) and 4th grade group (7 male mentees +) and 5th grade group (7 males mentees +) at Watterson Elementary (15 male mentees + total). Group counseling occurs with the mentor group weekly as well as the mentees group on separate days of the week. Mentoring experiences occur bi-monthly between the mentors and mentees; typically at the mentee's school. Mentors and mentees visit each other's school during their mentoring experiences to participate in various skills building activities such as social and emotional growth, communication skills improvement, decision-making, academic success, critical thinking. The mentoring process is both one-on one and group oriented. C.H.O.I.C.E.'s 28 week program address the 14 components of prevention and promotes comprehensive risk-avoidance messages for youth and adolescents. Mentors are selected by coaches, teachers, counselors, and parents. Mentees are referred by teachers, counselors, principals and parents. The high school athlete mentors are additionally trained through the C.H.O.I.C.E. Advance Mentor Trainings (Phase I & Phase II). All releases from class and or the school are approved by school administration.

(Continued on Attachment)

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

Funding will be used for program expenses and direct services provided to the target population; Facilitator(s) fee, program materials, transportation, administrative cost, office supplies, telephone, machinery equipment, Advanced Mentoring Training and 30th Annual C.H.O.I.C.E. Conference Graduation.



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

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

All youth have or currently experienced abuse, neglect, and/or household dysfunction. Abuse, neglect, and household dysfunction are categorized as Adverse Childhood Experiences (ACEs). ACEs are common as 1 and 4 youth will be exposed to stressful or traumatic experience during their childhood. Research has shown a relationship between exposure to neglect, abuse, or household dysfunction during childhood with multiple risk factors for several leading causes of death in adults (Chapman et al., 2004; Felitti, et al., 1998). Household dysfunction includes the presence of substance abuse, mental health issues, incarcerated family member, and divorce. Youth typically concurrently experience two or more ACEs during their childhood. ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person's lifespan, including those associated with substance misuse and engagement in other risky behaviors. For more understanding of the impact of ACEs, please review attached *Truth About ACES* (Robert Wood Johnson Foundation, 2018)

According to 2016 The National Youth Violence Prevention initiative, "Effective prevention and intervention strategies must account for the impact of impoverished or segregated neighborhoods on youth and children, such as environmental hazards, high crime rates, poor quality of housing and school, and lack of access to healthy food and physical activities." (p. 2). More recently, practitioners and policymakers have taken in account that a child's economic status places them more at-risk to exposure to abuse, neglect, and household dysfunction. Living in poverty is another contributing factor to involvement in violence and drug use among juveniles. For the last five years, an average 90 % of the students taking part in the "Dare to Dream" program received free or reduced lunch. The data shows the majority of C.H.O.I.C.E. participants are from low income families.

Per Kentucky Department of Education 2015-2016 school report card, schools currently being served by C.H.O.I.C.E. have over 50% of the student enrollment who receive free/reduced lunch;

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

Iroquois (81.9%), and Young (89.8%). A majority (96%) of program participants are from low-moderate income homes.

C.H.O.I.C.E.s "Dare to Dream" Sports Leadership program is not only unique because of rarity of the program structure but its longevity. The program longevity speaks to the fidelity and loyalty school officials have in the program. Per 2017-2018 C.H.O.I.C.E. group evaluation, 95% of all "Dare to Dream" participants reported wanting the program to be in the school they attend next year. All programs are set to begin August 28, 2017 and ends June 1, 2018.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Not Applicable

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

The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:

- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
- ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

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

Please see attachment for program goals and methods of measurement:

CONTINUED ON ATTACHEMENT

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

Collaboration with others builds bridges, among agencies, organizations, and community essential to meet the health, social and mental health needs of low income, ethnic minorities youth, adolescents and families. C.H.O.I.C.E. has been blessed to have such wonderful community support from a variety of organizations and businesses, not to speak of the volunteer support. C.H.O.I.C.E. Inc. has built a good working relationship that has provided support their mission and philosophy.

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.

(CONTINUED ON ATTACHEMENT)

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

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

The following are program goals and methods of measurements for the 'Dare to Dream' Program.

1. Increase knowledge base of the risk factors that lead to engaging in alcohol, tobacco, and other drug use (ATOD) and violence.
 - 1a. All participants are given a pre and posttest to measure their understanding on the dangers and risk factors of ATOD and violence.

2. Encourage youth toward the freedom of developing new behavior and making positive choices by bolstering resiliency skills.
 - 2a. All participants are given a pre and posttest to measure resiliency skills. In addition to, C.H.O.I.C.E. behavior checklist is disseminated to participants' teachers/counselors, coach, or parent/guardian to gather data on their progress of developing new and positive behavior.

3. Improve youth's academic performance, school connectedness, and self-esteem through positive youth development prevention and early intervention activities.
 - 3a. All participants' parents sign consent form given permission for C.H.O.I.C.E. to view student record. Grades and behavior are reviewed every six weeks and performance will be tracked. A group survey is distributed to all participants to collect self-reported data and measure school connectedness and self-esteem. Data will be collected on the number of mentors who graduate, seek higher education, and scholarship dollars received.

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

(continued)

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

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

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

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.E.'s Executive Director serves on the PAL Key Leader Board.

A collaboration with Buechel Rotary Charitable Foundation Inc. and Rotary District #6710 spotlights i\education for our youth and their social and mental well-being. The Club also provided a mini grant that enable C.H.O.I.C.E. to have an avenue to farther address substance abuse prevention. The commonality between the Club, and the C.H.O.I.C.E. program services provided is a win-win for our young people in this community. The Club partner with C.H.O.I.C.E. to provide the necessary training that is needed for the high school mentors to work effectively with their elementary school mentees and to assist them in making positive, healthy, drug-free choices.

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

A collaboration with KHEAA provides update information regarding preparing financially for post high school education. KHEAA advisor meets with high school mentors during group sessions and offers resources and literature for preparation. In addition, parents are able to meet individually with KHEAA advisor with their student.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 10 - 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 3 (4, 5, 6)
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits	\$24,683.00	\$3,190.00	\$27,873.00
B: Rent/Utilities	0	0	0
C: Office Supplies	\$150.00	\$400.00	\$550.00
D: Telephone	\$275.00	\$350.00	\$625.00
E: In-town Travel	0	0	0
F: Client Assistance (See Detailed List on Page 8)	0	0	0
G: Professional Service Contracts	0	0	0
H: Program Materials	\$250.00	\$325.00	\$575.00
I: Community Events & Festivals (See Detailed List on Page 8)	0	0	0
J: Machinery & Equipment	\$350.00	\$325.00	\$675.00
K: Capital Project	0	0	0
L: Other Expenses (See Detailed List on Page 8)	\$2,420.00	\$1,660.00	\$4,080.00
*TOTAL PROGRAM/PROJECT FUNDS	\$28,128.00	\$6,250	\$34,378.00
% of Program Budget	82 %	18 %	100%

JL-B JL-B

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

Other State, Federal or Local Government	\$6,250
United Way	\$
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 **	\$6,250

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

**Must equal or exceed total in column 2.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
Transportation (buses)	1,620	1,360	2,980
"Dare to Dream" Mentoring Training	800	300	1,100
Total	2,420	1,660	4,080

Applicant's Initials *AS*

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	\$8,097.60	\$24.10 * hours reported
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	\$12,397.60	

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

Agency Fiscal Year Start Date: August 1 - July 31st

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

If YES, please explain:

Grant monies for small non-profit organizations are much more difficult to come by. All non-profit organizations are competing for the same limited dollars. All though the economy has started to swing upper, it is still difficult to procure the funds necessary to meet the needs of the services C.H.O.I.C.E provides for youths, adolescents and families in the Louisville/Jefferson County Metro community. The cost of providing this much needed services to the communities, youth and adolescents has increased 35% in the past five (5)years.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

Standard Certifications

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

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

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:	<i>[Handwritten Signature]</i>	Date:	7/12/18
Legal Signatory: (please print):	Biz Sias-Shannon	Title:	Executive Director
Phone: (502) 456-5137	Extension:	Email:	choiceinc@bellsouth.net

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

DEPARTMENT OF THE TREASURY

Date: JUL 28 1993

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

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

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).

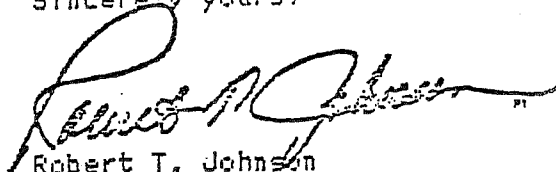
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the 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

ORIGINAL COPY FILED
SECRETARY OF STATE OF KENTUCKY
FRANKFORT, KENTUCKY

MAR 17 1998

Bremer E. Ehrler
SECRETARY OF STATE

ARTICLES OF INCORPORATION

OF

CHILDREN HAVE OPTIONS IN CHOOSING EXPERIENCES, INC.

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

ARTICLE I

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

ARTICLE II

DURATION: The duration of this Corporation shall be perpetual.

ARTICLE III

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

ARTICLE IV

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

William Yesowitch
1904 Dillon Drive
Louisville, Kentucky 40205

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

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

ARTICLE V

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

- (1) Providing alternative alcohol/drug 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.

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

ARTICLE VII

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

ARTICLE VIII

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

ARTICLE IX

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

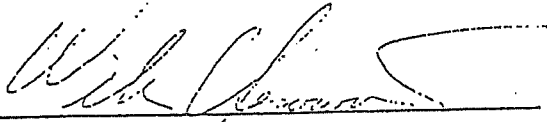
ARTICLE X

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

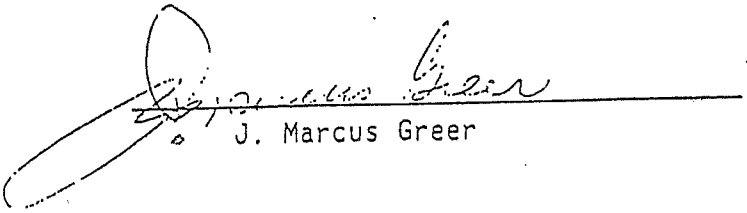
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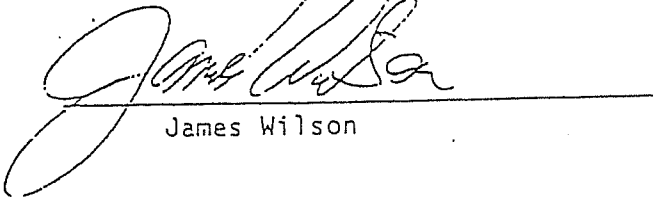
IN WITNESS WHEREOF, we hereunto subscribed our names, as incorporators hereof, this 9th day of March, 1988.



William Yesowitch



J. Marcus Greer

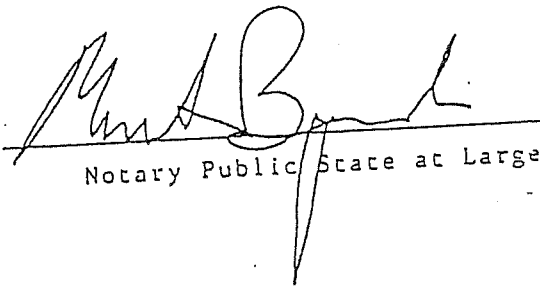


James Wilson

STATE OF KENTUCKY

COUNTY OF JEFFERSON

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


Notary Public State at Large

My commission expires June 22, 1990

C.H.O.I.C.E. (Children Have Options In Choosing Experiences) Inc.
PROGRAM BUDGET SUMMARY
Fiscal Year AUGUST 1, 2018 to JULY 31, 2019
Federal ID# 61-1143413



EXPENDITURES:	AMOUNT
For Direct Services:	
Group Facilitator – I	\$ 25,000.00
Group Facilitator – II	12,800.00
Professional Seminars/CEU's	860.00
Local Mileage Allowance	2,500.00
Professional Liability Insurance	1,350.00
Annual Conference/Graduation	6,000.00
Prevention Literature	750.00
Program Materials	1,700.00
Mentoring Training	3,600.00
Total Direct Service	54,560.00
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	885.00
Equipment/Software Maintenance	800.00
Licenses & Certifications	450.00
Total Administration	\$69,611.00
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	\$124,171.00

Revised: 7/1/18

Short Form

OMB No. 1545-1150

Form **990-EZ**

Return of Organization Exempt From Income Tax

2016

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 2016 calendar year, or tax year beginning August 1, 2016, and ending July 31, 20 17

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) Room/suite

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) (7) (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

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

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

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, grants, and similar amounts received						16,879																							
	2	Program service revenue including government fees and contracts						29,690																							
	3	Membership dues and assessments																													
	4	Investment income							1																						
	5a	Gross amount from sale of assets other than inventory																													
	5b	Less: cost or other basis and sales expenses																													
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																													
	6	Gaming and fundraising events																													
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)																													
	6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)									7,537																				
6c	Less: direct expenses from gaming and fundraising events																														
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)											7,537																			
7a	Gross sales of inventory, less returns and allowances																														
7b	Less: cost of goods sold																														
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																														
8	Other revenue (describe in Schedule O)																														
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																														
Expenses	10	Grants and similar amounts paid (list in Schedule O)																													
	11	Benefits paid to or for members																													
	12	Salaries, other compensation, and employee benefits <input checked="" type="checkbox"/>							40,262																						
	13	Professional fees and other payments to independent contractors <input checked="" type="checkbox"/>																													
	14	Occupancy, rent, utilities, and maintenance							12,087																						
	15	Printing, publications, postage, and shipping							487																						
	16	Other expenses (describe in Schedule O) <input checked="" type="checkbox"/>																													
17	Total expenses. Add lines 10 through 16											52,826																			
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)										1,281																			
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)											31,968																		
	20	Other changes in net assets or fund balances (explain in Schedule O)																													
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																													

Part 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	32,257	36,539
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	0	0
25 Total assets	32,257	36,539
26 Total liabilities (describe in Schedule O)	289	3,290
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	31,968	33,249

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 **28a** 52,826

29 _____

(Grants \$ _____) If this amount includes foreign grants, check here **29a**

30 _____

(Grants \$ _____) If this amount includes foreign grants, check here **30a**

31 Other program services (describe in Schedule O) _____

(Grants \$ _____) If this amount includes foreign grants, check here **31a**

32 Total program service expenses (add lines 28a through 31a) **32**

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				

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.

Form 990-EZ (2016) Part V Other information. Questions 33-45b regarding significant activities, changes, unrelated business gross income, political expenditures, borrowing, tax imposed, and controlled entities.

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 46 Yes No [X] Yes [] No

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI []

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47 Yes No [X] Yes [] No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 Yes No [X] Yes [] No

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a Yes No [X] Yes [] No

b If "Yes," was the related organization a section 527 organization? 49b Yes No [X] Yes [] No

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."

Table with 5 columns: (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. Row 1: No individuals or total over \$100,000.

f Total number of other employees paid over \$100,000 0

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."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1: None.

d Total number of other independent contractors each receiving over \$100,000 0

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A [X] Yes [] No

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

Sign Here [Signature] Date 1.30.2018
Type or print name and title GLORIA MOORMAN - Board Chair

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check [] if self-employed PTIN Firm's name Firm's EIN Firm's address Phone no.

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

ORIGINAL COPY FILED
SECRETARY OF STATE OF KENTUCKY
FRANKFORT, KENTUCKY

MAR 17 1993

Brewer E. E. E.
SECRETARY OF STATE

ARTICLES OF INCORPORATION

OF

CHILDREN HAVE OPTIONS IN CHOOSING EXPERIENCES, INC.

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

ARTICLE I

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

ARTICLE II

DURATION: The duration of this Corporation shall be perpetual.

ARTICLE III

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

ARTICLE IV

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

William Yesowitch
1904 Dillon Drive
Louisville, Kentucky 40205

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

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

ARTICLE V

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

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

ARTICLE VI

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

ARTICLE VII

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

ARTICLE VIII

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

ARTICLE IX

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

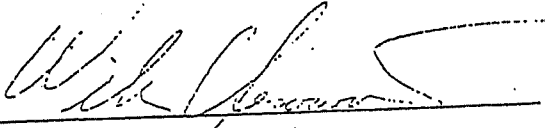
ARTICLE X

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

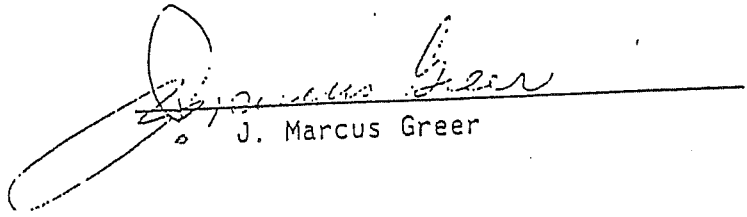
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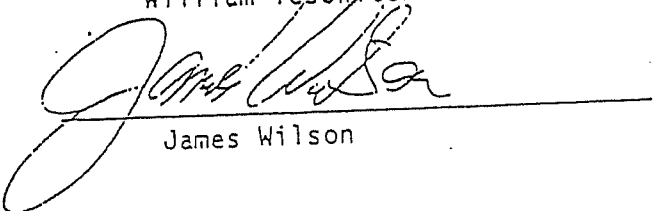
IN WITNESS WHEREOF, we hereunto subscribed our names, as incorporators hereof, this 9th day of March, 1988.



William Yesowitch



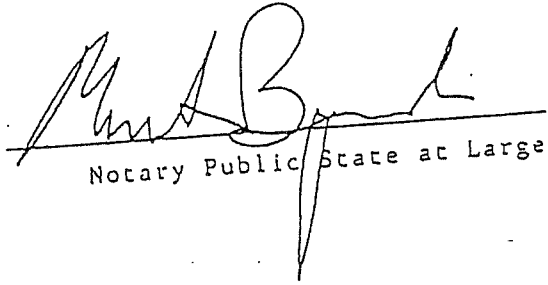
J. Marcus Greer



James Wilson

STATE OF KENTUCKY
COUNTY OF JEFFERSON

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



Notary Public State at Large

My commission expires June 22, 1990

**Request for Taxpayer
 Identification Number and Certification**

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Children Have Options In Choosing Experiences, Inc.

2 Business name/disregarded entity name, if different from above
C.H.O.I.C.E., inc.

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Other (see instructions) ▶ _____

C Corporation

S Corporation

Partnership

Trust/estate

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Nonprofit

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

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

6 City, state, and ZIP code
Louisville, Kentucky 40218

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

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

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-			-			
--	--	--	---	--	--	---	--	--	--

or

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here Signature of U.S. person *Liz Sims-Shannon* Date ▶ *7/12/18*

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

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	Slightly 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

**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 _____		

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

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



CHOICE 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 Behavioral Checklist

	Students Names																		
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 supervision and participation. Students’ behaviors are a key focus to the school intervention component and your assistance is valued greatly.

TEACHER: _____

CLASS: _____

Please use a “+” if behavior is present, “-” if behavior is absent, and “NI” if improvement is needed.

Jefferson County Public Schools
Watterson Elementary School

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



June 18, 2018

Councilman Robin Engel
District 22
Louisville Metro Council
601 W. Jefferson Street
Louisville, KY 40202

Dear Councilman Engel,

I am writing this letter in support of the C.H.O.I.C.E. program. Watterson Elementary has had the privilege of working with Liz Shannon for the past 17 plus years. We have seen the positive impact that she has had on the students she has worked with through the Watterson Brotherhood Group and the "Dare to Dream" Mentoring Program. The mentoring relationship that our students form with the participants from Fern Creek High School over the course of the school year is special to watch. Our boys look forward each month to their visit and definitely look toward their mentors for direction. The High School boys have responded by embracing their role as mentors and positive male role models.

At Watterson, our students come from all socio-economic backgrounds and it seems that each year they face increasingly more difficult situations in their young lives. As a school we are always looking for positive supports in the community that will help them as they move on into Middle School. The C.H.O.I.C.E. program is one of those valued support systems. We appreciate your past support of C.H.O.I.C.E. and ask that you continue to support the program at Watterson Elementary School during the 2018-19 school year.

Sincerely,

A handwritten signature in cursive script that reads "Pattie Harry".

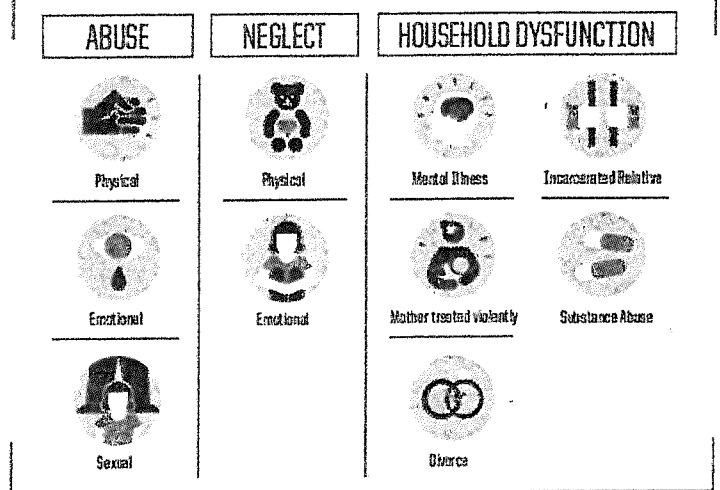
Pattie Harry, Coordinator
Helping Hearts and Hands Family Resource Center
Watterson Elementary School
313-4548/313-4490

TRUTH ABOUT ACEs

WHAT ARE THEY?

ACEs are
ADVERSE
CHILDHOOD
EXPERIENCES

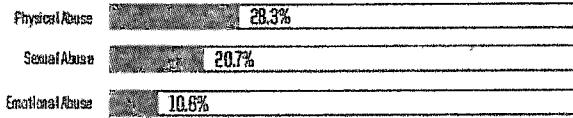
The three types of ACEs include



HOW PREVALENT ARE ACEs?

The ACE study* revealed the following estimates:

ABUSE

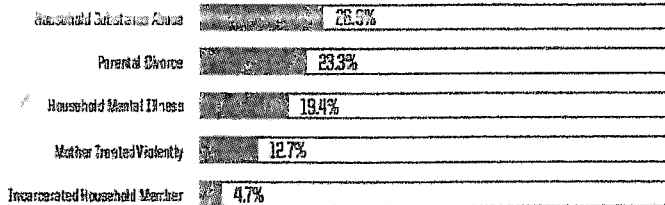


percentage of study participants that experienced a specific ACE

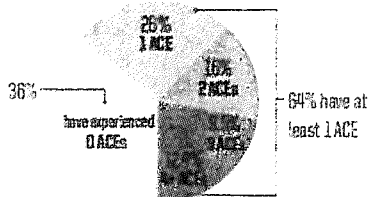
NEGLECT



HOUSEHOLD DYSFUNCTION

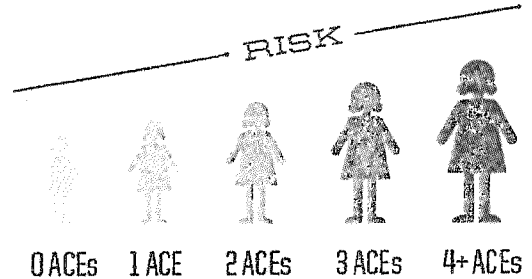


of 17,000 ACE
by participants:

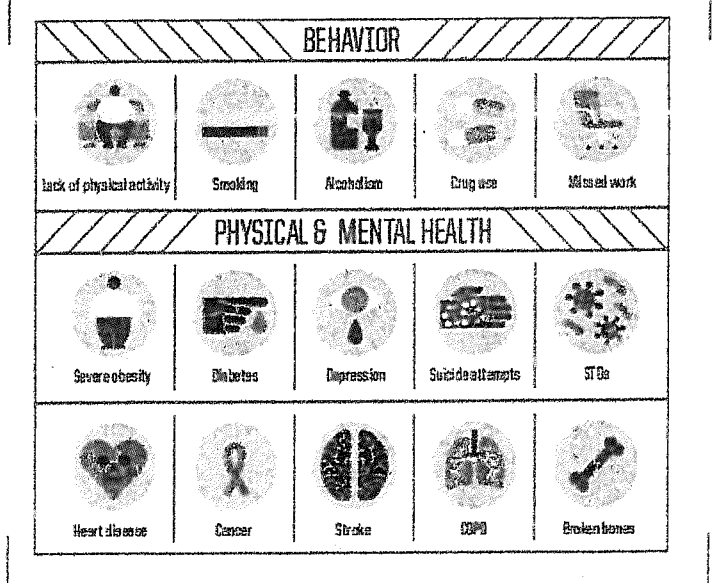


WHAT IMPACT DO ACEs HAVE?

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



Possible Risk Outcomes:



Our Success

- Over 87% of CHOICE participants show a positive change in behavior at school.
- Over 92% of CHOICE participants show an increase in their knowledge about high-risk issues.
- Over 97% of CHOICE participants want the program to return to their school the following year.
- Over 85% of "Dare to Dream" mentors graduate high school and are accepted to 4-year or 2-year technical schools.

"The CHOICE program is one of those valued support systems"

Patte Harry, Waterson Elementary
2016 CHOICE School Sponsor

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

Barbara Gaublatz, Fern Creek HS,
2016 CHOICE School Sponsor

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

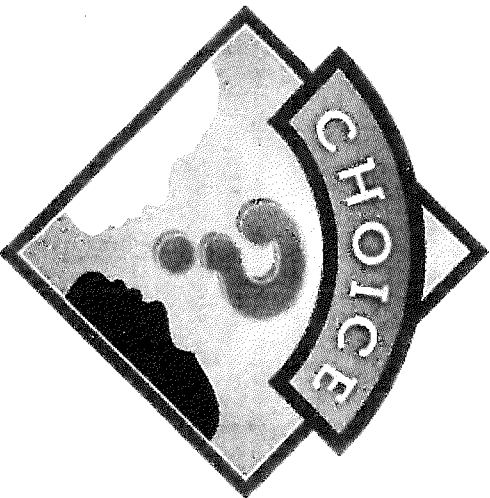
Robin Ingeel, Louisville Metro Councilman
District 22

Data collected from 2006-2016

CHILDREN HAVE OPTIONS IN CHOOSING EXPERIENCES

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

-The Color of Life J.H. Miller



CHILDREN HAVE OPTIONS IN CHOOSING EXPERIENCES

For more information, please contact



Liz Sias-Shannon,
Executive Director



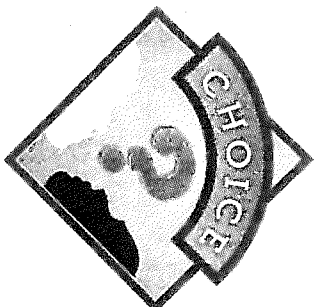
Dawn K. Shannon,
Program Coordinator

TEL: 502-56-5137
FAX: 513-56-5842

www.choicelouisville.org choiceinc@bellsouth.net

CHILDREN HAVE
OPTIONS IN
CHOOSING
EXPERIENCES
INC.

The Choice
Is
Yours...
Make the Right
One!



a comprehensive, nonprofit,
community-based prevention and
early intervention program
designed to steer high risk/at risk
youth and adolescents into
making more positive life choices.

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

Proudly Serving the Louisville Community for 30 years

C.H.O.I.C.E. Inc was founded in 1987 to serve students in the Louisville community. C.H.O.I.C.E., a comprehensive non-profit community-based prevention/early intervention program, was designed to guide students to make positive, healthier lifestyles choices. The C.H.O.I.C.E. program delivers a detailed research-based curriculum for 28 weeks centered on the valuing of self, decision making, goal setting, communication, and living a healthy, drug-free lifestyle. All services are provided during school hours.

Mission

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

Our Philosophy

C.H.O.I.C.E. believes that the incidence of substance abuse, violence, and negative behaviors will decrease among young people if they have a greater degree of self-esteem and the ability to cope with life's challenges. In order to achieve this goal, students need to have current information and education about drug abuse and dependency and its effect on interpersonal skills.

"The C.H.O.I.C.E. program is priceless."

Dr. John Marshall, JCPS Chief Equity Officer

C.H.O.I.C.E. Services "Dare To Dream" Sports Leadership and Mentoring Program

The "Dare to Dream" program was developed and implemented by C.H.O.I.C.E. in October 1994 within Jefferson County Public School (KY). C.H.O.I.C.E.'s cross-age peer mentoring program consist of male and female high school student athletes as mentors. The program is designed to address the specific needs of the athletes and their mentees. The athletes are assigned to elementary-aged gender specific mentees. Mentors and mentees meet weekly with a facilitator for group and bi-weekly for mentoring experiences. The program offers dual benefits in self-esteem and academic achievement for mentees and mentors. In addition, the program bolsters resiliency which leads to a reduction in risk factors such as: school failure, violence, and substance abuse. The program curriculum focuses on instilling leadership skills that will enable mentors to become productive members of our society and workforce. Mentors are required to attend the *Advance Mentor Training Institute*.

Sisterhood/Brotherhood Groups

This component of the C.H.O.I.C.E. program aides females/males in joining together to enhance their ability to make positive choices, increase their sense of self-regard, and decrease the incidence of violence and widespread alcohol, tobacco, and other drugs abuse. C.H.O.I.C.E. promotes young people in uniting together to address issues of concern as they begin to reach puberty and adulthood. Decision making and coping skills are major teaching concentrations in the program. Participants are armed with coping strategies needed to manage stressors and challenges in their lives thus making better choices. Groups are offered on elementary, middle, high school levels.

Net-CHOICE Group

The Nurturing Education Transition groups, provide support for at-risk students that have been retained in 4th through 8th grades. The primary focus of this group is bolstering skills and dispelling fears associated with the transition to middle and high school.



Fern Creek HS Mentors working with their Watsonson Elem mentees on a collaborative art project during Phase II of Advance Mentor Training

Mixed-Gender Groups

This component of C.H.O.I.C.E. seeks to develop and enhance self-image, bolster resiliency, decrease violence and the widespread abuse of alcohol, tobacco, and other drugs.

Advance Mentor Training Institute

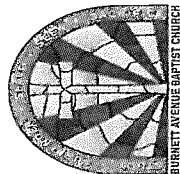
The Advance Mentor Training Institute is a two phased comprehensive development training program that teaches skills that assist mentors to be successful with their mentee-matches. After Phase I, mentors are matched with mentees. The purpose of the training is to provide on-going training and support for mentors. The training focuses primarily on building support and developing opportunities for mentors to learn the skills to respond to the need of the mentees. Areas of training include, but is not limited to, positive youth development, crisis procedure and response, role modeling, culture diversity, community services, relationships building skills, improving communication techniques and leadership training. The follow-up workshop Phase II, includes interaction between mentors and mentees to assess the impact of the mentoring experiences on the mentor/mentee, the school environment and in their community.

A Taste of the Community

C.H.O.I.C.E. Inc. would like to thank all of our Sponsors for helping to make our 9th Annual Awareness Fundraising Event a great success! Your generous acts of kindness helps to sustain our program and strengthen our community.

Event Sponsors

Sous Chef Sponsor



Burnett Avenue
BAPTIST CHURCH

KOSAIRD
CHARITIES

Thelma Sias, CEO
Sias Group LLC

Personal Chef Sponsor

Curtis & Angela Clark
Louisville, KY



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Donors

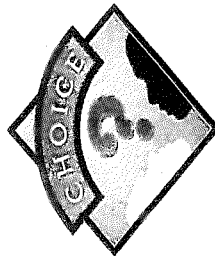
- *AMC Stonybrook 20
- *Andrew & Cathy Jones
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- *Arizona Cardinal #98 Cory Peters
- *Ashley Jones
- *Backstage Beauty Salon
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- *Delisha's of Course! at Hot Head Salon
- *Fantastic Sam's
- *Gigi's Cupcakes
- *Hampton Inn & Suites Lou East
- *HelloSpoke
- *Holiday World
- *Holly Smoke
- *HopCat Louisville
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- *Keith Jones
- *Liz Sias-Shannon
- *Louisville Urban League
- *Marie Porter
- *Marinations Catering
- *Mary Matheny
- *Mimi's Café
- *Mr. & Mrs. Curwin Edwards
- *Mr. & Mrs. Bob Duggan
- *O'Charley's Restaurant *Bar
- *Omagi Salon Spa
- *Papa John Pizza-Hikes Point
- *Park Community Bank
- *Puzzles Fun Dome
- *Ratterman & Sons Funeral Home
- *Rajon Rondo
- *Sais Farm Inc.
- *SideBar at Whiskey Row
- *St. Michaels Orthodox Church
- *Spencerian College
- *Starbucks
- *Texas Roadhouse
- *Thelma Sias, Sias Group
- *Tom Drexler Plumbing, Air & Electric
- *Wendy's
- *William Sonoma
- *William Yesowitch



A Taste of the Community

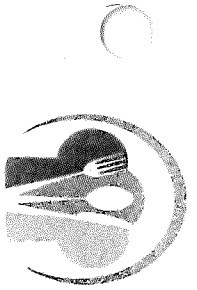
August 18, 2017

St. Michael Orthodox Church
3701 St. Michael Church Dr.,
Louisville, Kentucky 40220



"BE TRUE TO WHO YOU ARE"

www.choice-louisville.org



A Taste of the Community

Presented by the Greater Louisville Area Chamber of Commerce

Cuisine Tasting

Appetizer

Trader Joe's - Savory chips and dips

Chef Jarrett Stutzenberger—Kale Salad

Entrée

Mark's Feed Store - Pulled Pork

Big Lew's Catering - Big Lew's Stew

Brooklyn & the Butcher - Tuna Tarrar with wonton crisp

Shawn's Southern BBQ—Ribs Tips

Marination's Catering –Grilled Chicken Pasta Salad & Club Sandwich

3Ds & Associates—Garden Greens

Blessing Hands Food Service Catering
- A Tasteful Blessing

Special Thank You

T-Mobile



Order of Program

Welcome.....Liz Sias-Shannon
(Executive Director)

Mistress of Ceremony.....Vicki Rogers
(HelloSpoke Rep)

Master of Ceremony.....Kayo Jones
(Former Radio Personality)

The Story of C.H.O.I.C.E. Dawn Shannon
(Program Coordinator)

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

Special Guest.....Terry Hayes
T-Mobile Manager
(Former Mentor - Fern Creek High School)

Special Guest.....Senator Gerald A. Neal

Live Auction.....Ted Loebenberg
(Brokers Unlimited Inc)

Invocation.....Dr. Marisa & Lawrence Wilborn
(Wilborn Enterprises (WE))

Cuisine Tasting

Live Entertainment.....AMPED Louisville
Chase Phillips
Child Actor/Singer

Closing Remarks.....Liz Sias-Shannon

Party for a cause with sounds from

iHeartRadio's 98.9 RadioNow's



Children Have Options in Choosing Experiences
3715 Bardstown Road, Suite 303
Louisville, KY. 40218
502-456-5137



A Taste of the Community

Cuisine Tasting

Desserts

Cuddle Cakes Bakery—Cupcake Samples

Simply Sweet by Latress, LLC - Assorted Cake Pops

Mark's Feed Store - Buttermilk Pie
Trader Joe's - Cookie Butter Cheese Cake Bites

Snack & Beverage

The Popcorn Station - Assorted Popcorn
Rebe's Gourmet Delights - Assorted Popcorn & Cinnamon Roasted Pecans



Kid's Corner

Papa John's Pizza,
Treats and Games
Provided in Parish Hall II

Special Thank You



RAE POPETKA
CONSULTING