

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

Applicant/Program: C.H.O.I.C.E., Inc. - Dare to Dream Sports Leadership and Mentoring Program

Executive Summary of Request:

CHOICE is a comprehensive community-based prevention and early intervention program designed to guide "high risk" and "at risk" youth and adolescents into making more positive life choices.

Choice is requesting funding for one "Dare to Dream" Sports Leadership and Mentoring school based program for females at Iroquois High School and Young Elementary.

Is this program/project a fundraiser?

Yes No

Is this applicant a faith based organization?

Yes No

Does this application include funding for sub-grantee(s)?

Yes No

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

21

District #


Council Member Signature

\$6,000

Amount

Date

Primary Sponsor Disclosure

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

Approved by:

Appropriations Committee Chairman

Date

Clerk's Office Only:

Request Amount: _____ Committee Amended Appropriation: _____

Original Appropriation: _____ Council Amended Appropriation: _____

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

<u>5</u> District #	<u><i>Cheri B. Hamilton</i></u> Council Member Signature	<u>\$3,000.00</u> Amount	<u>8-13-15</u> Date
<u> </u> District #	<u> </u> Council Member Signature	<u> </u> Amount	<u> </u> Date
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**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION CHECKLIST**

Legal Name of Applicant Organization: Children Have Options In Choosing Experiences, inc.

Program Name and Request Amount: Dare to Dream Sports Leadership Mentoring Program

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> N/A
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A
Is the entity in good standing with: <ul style="list-style-type: none"> • Kentucky Secretary of State? • Louisville Metro Revenue Commission? • Louisville Metro Government? • Internal Revenue Service? • Louisville Metro Human Relations Commission? 	<input type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> No
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> Yes
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> N/A
Prepared by: <u>Bryan Mathews</u>	Date: <u>8-11-15</u>



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: Children Have Options In Choosing Experiences (C.H.O.I.C.E.) Incorporated <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 3715 Bardstown Road Suite 303 Louisville, Kentucky 40228			
Website: http://www.choicelouisville.org			
Applicant Contact:	Liz Sias-Shannon	Title:	Executive Director
Phone:	(502) 456-5137	Email:	choiceinc@bellsouth.net
Financial Contact:	Liz Sias-Shannon	Title:	Executive Director
Phone:	(502) 456-5137	Email:	choiceinc@bellsouth.net
Organization's Representative who attended NDF Training: Liz Sias-Shannon			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Jefferson County Public Schools		
Council District(s):	21	Zip Code(s):	40215
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: "Dare to Dream" Sports Leadership Mentoring Program and Educational Self Help Group			
Total Request: (\$)	11,018.00	Total Metro Award (this program) in previous year: (\$)	9,822.00
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
<input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals			
<input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input checked="" type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input checked="" type="checkbox"/> Staff including the 3 highest paid staff	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	District 21 & 3	Amount: (\$)	9,822.00
Source:	District 22	Amount: (\$)	7,000.00
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Vision:

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

Mission:

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

Services:

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



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 – PROGRAM/PROJECT NARRATIVE

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

C.H.O.I.C.E. Inc. is requesting funding for one: "Dare to Dream" Sports Leadership and Mentoring school based program for females at Iroquois High School and one female mentee group at Young Elementary being served indirectly. All programs are set to begin August 17, 2015 and ends June 3, 2016.

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

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

Funding will be used for program expenses and direct services provided to the target population for funds being requested. Facilitator(s) fee, program materials, transportation, administrative cost, office supplies, telephone, machinery equipment, Advanced Mentoring Training and 27th C.H.O.I.C.E. Conference Graduation annual event.

Section 4 - PROGRAM/PROJECT NARRATIVE

A - CONTINUED

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

Whitney Young Elementary Mentee Group - Indirect Services:

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

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

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

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



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Not Applicable

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

Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

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

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

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

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

Handwritten initials in black ink, appearing to be "JLS".



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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

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

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

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

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

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

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

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

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

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

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

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



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits	\$9,468.00	\$0	\$9,468.00
B: Rent/Utilities	\$0	\$0	\$0
C: Office Supplies	\$75.00	\$75.00	\$150.00
D: Telephone	\$150.00	\$150.00	\$300.00
E: In-town Travel	\$0.00	\$0.00	\$0.00
F: Client Assistance (Attach Detailed List)	\$0.00	\$0.00	\$0.00
G: Professional Service Contracts	\$0.00	\$0.00	\$0.00
H: Program Materials	\$100.00	\$35.00	\$135.00
I: Community Events & Festivals (Attach Detail List)	\$0.00	\$0.00	\$0.00
J: Small Equipment	\$150.00	\$75.00	\$225.00
K: Capital Equipment	\$0.00	\$0.00	\$0.00
L: Other Expenses (Attach Detail List)	\$1,075.00	\$1,875.00	\$2,950.00
*TOTAL PROGRAM/PROJECT FUNDS	\$11,018	\$2,210.00	\$13,228.00
<i>% of Program Budget</i>	%	%	100%

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

Other State, Federal or Local Government	\$2,210.00
United Way	\$0
Private Contributions (do not include individual donor names)	\$0
Fees Collected from Program Participants	\$0
Other (please specify)	\$0
Total Revenue for Columns 2 Expenses **	\$2,210.00

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

***Must equal or exceed total in column 2.*



CHOICE, Inc.

Children Have Options In Choosing Experiences

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

Intervention Alcohol/Drug Program

BUDGET ATTACHMENT – DISTRICT 21

Other Expenses:	Proposed Metro Funds	Non Metro Funds
• C.H.O.I.C.E. 27 th Annual Conference Graduation	\$525.00	\$1,875.00
• Transportation (buses)	300.00	
• "Dare to Dream" Mentoring Training	250.00	
		C.H.O.I.C.E. will Raise the additional funds
Total:	<hr/> \$1,075.00	



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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

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

Agency Fiscal Year Start Date: August 1st

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

If YES, please explain:

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



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

Standard Certifications

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

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

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

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

CHILDREN HAVE OPTIONS IN CHOOSING EXPERIENCES, INC.

General Information

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

Current Officers

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

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

DEPARTMENT OF THE TREASURY

Employer Identification Number:
[REDACTED]

Case Number: -
313194018

Contact Persons:
BEA EITH

Contact Telephone Number:
(513) 684-3578

Our Letter Dated:
October 6, 1988

Addendum Applies:
No

received
7/30/93

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

Dear Applicant:

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

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

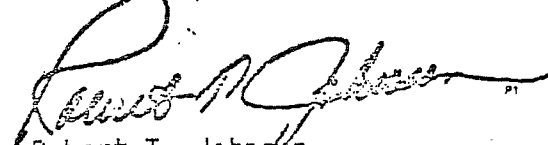
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the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

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

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

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

Sincerely yours,


Robert T. Johnson
District Director

C.H.O.I.C.E. (Children Have Options in Choosing Experiences) Inc. PROGRAM BUDGET SUMMARY
PROGRAM BUDGET SUMMARY
 Fiscal Year 2015-2016
 Federal ID [REDACTED]

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

TOTAL PROGRAM BUDGET:

\$117,496.00

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

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

Gloria Moorman, Acting Chairperson - 1st term

Retiree, Louisville Public Health and Wellness

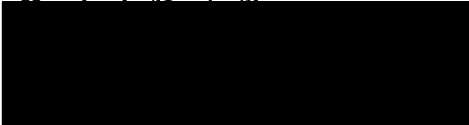


Lawrence Wilbon, Director -1st term

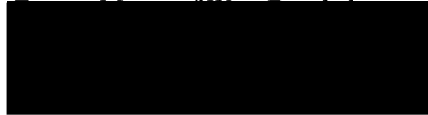
Youth Development & Education- LUL



Beverly Edwards, Director-1st term



Sharon Fowler - 4th term



Don Perkey, Sr., Vice Chairman – 3rd



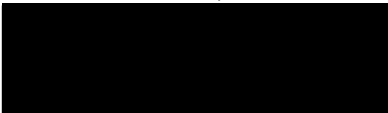
Mr. Michael Richardson - 1st term

Board Liaison
Vice President of Chain Bridge Bank



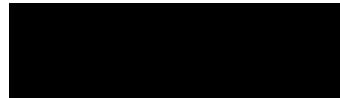
Jacqueline M. Cooper, Ed.D -1st term

Webster University



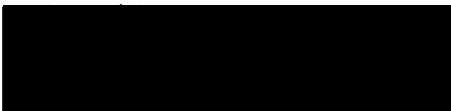
William Baylor - 1st term

WWB Video Inc.



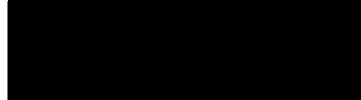
Thomas Billingham – 1st term

One Thing Marketing



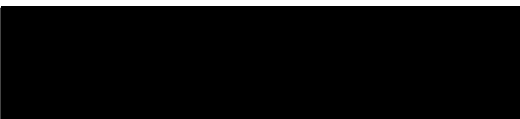
Luke Boyett – 2nd term

Humana., Inc.



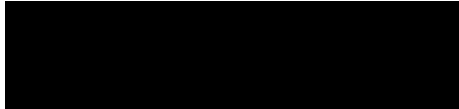
Michael D.Fazio – 1st term

Edward Jones

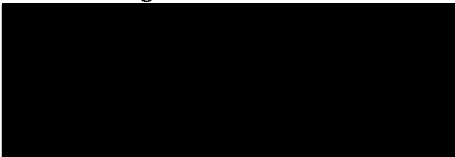


D'Artegnan Ramsey- 1st term

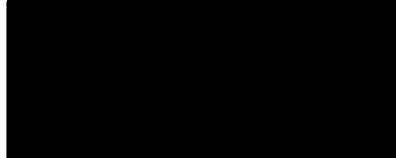
JCPS



Vicki Rogers 1st term



William Yesowitch, Emeritus – 1st term



Liz Sias-Shannon, Executive Director, 502-456-5137 - choiceinc@bellsouth.net

Dawn K. Shannon, Volunteer Coordinator –

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

Return of Organization Exempt From Income Tax

2013

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

Open to Public Inspection

Do not enter Social Security numbers on this form as it may be made public. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

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

Form header section containing organization name (CHOICE, Inc.), address (3715 Bardstown Road, Louisville, KY 40218), EIN (502-456-5137), and tax-exempt status (501(c)(3)).

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

Main table with 21 rows and 3 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 42,267 and total expenses are 38,846, resulting in a net asset change of 3,421.

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

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

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

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.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

Table with 3 columns: Description, Line number, Expenses. Rows include 28 All funds are used to develop programs to make children aware of alternatives to drugs and alcohol; 29; 30; 31 Other program services; 32 Total program service expenses.

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

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Includes rows for 'See attached' and 'No compensation, contributions to benefit plans, or expense accounts prepaid to any person on list'.

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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name.
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39a Section 501(c)(7) organizations. Enter:
39b Initiation fees and capital contributions included on line 9
39c Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country?
42c At any time during the calendar year, did the organization maintain an office outside the U.S.?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

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

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

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

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

b If "Yes," was the related organization a section 527 organization? 49b 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

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. All rows are empty.

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

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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

Sign Here: Signature of officer: Gloria Moorman, Date: 2/19/15, 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

MAR 17 1988

Brent E. Ehr
SECRETARY OF STATE

ARTICLES OF INCORPORATION

OF

CHILDREN HAVE OPTIONS IN CHOOSING EXPERIENCES, INC.

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

ARTICLE I

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

ARTICLE II

DURATION: The duration of this Corporation shall be perpetual.

ARTICLE III

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

ARTICLE IV

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

William Yesowitch
1904 Dillon Drive
Louisville, Kentucky 40205

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

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


ARTICLE V

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

- (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.

STATE OF KENTUCKY
COUNTY OF JEFFERSON

THE FOLLOWING PERSONS Marcus Greer James Wilson William Yasowicch
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.**

Print or type
 See Specific Instructions on page 2.

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

Part I Taxpayer Identification Number (TIN)

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

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

Social security number
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).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

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

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

Purpose of Form

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

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

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

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

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

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

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

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

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



CH.O.I.C.E. Behavioral Checklist

STUDENT NAME

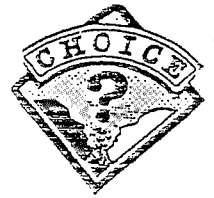
1. Needs direction to complete work																			
2. Work completed and turned in on time																			
3. Verbally abusive to others																			
4. Physically abusive to others																			
5. Cut school/class																			
6. Late to school																			
7. Absent from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

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

TEACHER: _____

CLASS: _____

Please use a “+” if behavior is present,



CHOICE GROUP EVALUATION
(Elementary)

School: _____ Date: _____

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

Answer the following questions in the space provided.

1. How would you rate the group overall?

Very Satisfactory		Okay		Poor
1	2	3	4	5

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

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

Excellent	Good	Average	Fair	Poor
1	2	3	4	5

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

(Continued on back)

PRE-EVALUATION – POST EVALUATION
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-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;"> Who do you live with NOW? (Please check all that apply) </td> <td style="width: 30%; padding: 5px;"> Zip Code _____ </td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Mother</td> <td></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Father</td> <td></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Stepmother</td> <td></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Stepfather</td> <td></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Mother & other Adults</td> <td></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Father & other adults</td> <td></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Guardian</td> <td></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Other(s) _____</td> <td></td> </tr> </table>	Who do you live with NOW? (Please check all that apply)	Zip Code _____	<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) _____	
Who do you live with NOW? (Please check all that apply)	Zip Code _____																		
<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) _____																			

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

- _____ 1. Two things that happen in your body when you stop using nicotine are a) your heart rate goes down and b) your anxiety increases.
- _____ 2. Being bored can cause a person to smoke pot, eat too much or act out.
- _____ 3. The best predictor that a teenager will smoke is if he or she thinks its cool to smoke.
- _____ 4. Dealing with stress is a natural part of life.
- _____ 5. It is an adult's responsibility to be a positive role model for young people.
- _____ 6. Five hundred (500) teenagers start smoking each day.
- _____ 7. The amount of alcohol in a 12-ounce can of beer, a 6-ounce glass of wine, and a 2-ounce short of whiskey is all the same.
- _____ 8. Which of the following options are good way to deal with bullying behavior:

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

CHOICE GROUP EVALUATION
(MIDDLE AND HIGH SCHOOL)



School: _____ Date: _____

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

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

Use the chart below as a guideline.

High					Low
1	2	3	4	5	

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



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

<input type="checkbox"/> Group Size	FOR WHAT REASON? _____
<input type="checkbox"/> Methods used to conduct group	_____
<input type="checkbox"/> Amount of time given to individual topics	_____
<input type="checkbox"/> Different topics covered	
<input type="checkbox"/> Other	<input type="checkbox"/> None

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

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

How has it changed? _____

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

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

Comments: _____

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

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

PRE-EVALUATION – POST EVALUATION

Middle and High School

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

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

(Children Have Options In Choosing Experiences, Inc.)

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

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

Grade _____
School _____

What is your race/ethnicity?

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

Who do you live with NOW? Zip Code _____
(Please check all that apply.)

- Mother
- Father
- Stepmother
- Stepfather
- Mother & other Adults
- Father & other adults
- Guardian
- Other(s) _____

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

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

In my family.....

_____ We help each other out when it is needed.

_____ We arrive at a compromise when there is a difference of opinion.

_____ We approve of each other's friends and associates.

_____ We enjoy doing things together.

_____ All family members act as leaders at some time.

_____ Rules change in my family.

C. PLEASE CIRCLE YOUR RESPONSE:

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

IROQUOIS HIGH MAGNET CAREER ACADEMY

SCHOOL INFORMATION 2013-2014

District:	Jefferson County Louisville, Kentucky	Grade Span:	9-12	Middle Feeder Schools:	CARRITHERS, HIGHLAND, KNIGHT, LASSITER, MEYZEEK, MYERS, NOE, OLMSTED, OLMSTED, STUART, THOMAS JEFFERSON
Principal:	Chris Perkins 4615 Taylor Blvd. 40215	Program Capacity:	1,450	Programs Offered:	Architectural and Engineering/ Advanced Program/ NJROTC/ Small Learning Academies/ Freshman Academy
Address:	4615 Taylor Blvd. 40215	Title One:	Yes		
Zip:	40215	School Board Member:	Linda Duncan		
Telephone No:	502.485.8269	Achievement Area:	2		
FAX:	502.485.8033	Assistant Superintendent:	Army Dennes		

STUDENT DATA

2013 - 2014 2012 - 2013 2011 - 2012	ENROLLMENT 10/1/2013		WHITE	ETHNICITY %			OTHER	% FREE/REDUCED LUNCH		PUPIL/TEACHER RATIO	MOBILITY INDEX	STABILITY INDEX	MARKET SHARE %	
	1,031 1,178 1,170	% N/A* 87.6		A. AMERICAN	HISPANIC	OTHER		89.4 87.0 87.9	88.8 85.8 84.8					95.6 95.2
2013 - 2014	1,031	87.6	32.0	50.8	6.8	10.4	89.4	12.7	13.93	16.31	85.8	95.6		
2012 - 2013	1,178	87.6	32.9	52.4	5.9	8.9	87.0	13.0	13.93	16.31	85.8	95.2		
2011 - 2012	1,170	87.6	33.8	51.4	6.0	8.8	87.9	14.4	14.4	16.31	84.8	95.2		
2013 - 2014 2012 - 2013 2011 - 2012	N/A* N/A* 87.6	N/A* N/A* 7.6	N/A* N/A* 7.6	N/A* N/A* 22.2	Current Year Not Available 579 658	Current Year Not Available 269 268	Current Year Not Available 12.7 13.0 14.4	Current Year Not Available 14.19 9.40	Current Year Not Available 159 12	102	129			
ECE UNITS														
LDR	10	HI	0	FMD	2	CHILD CARE ENRICHMENT PROGRAM	Tuition-Based Head Start Pre-Kindergarten	No No No	Family Ed. JUMP Start/3 Yr. Old	No No No	SITE BASED DECISION MAKING			
LD SC	0	PD	0	OTHER	0						Has a SBDM Counsel Established Administrator	Yes 5/18/1994 1	Teacher Parent Other	3 2
EBD	1	VI	0	TOTAL UNITS	12									
AUT	0	MD	1											

PROFESSIONAL STAFF DATA

*Data not yet available from KDE

**2012-13 was a pilot year for recording parent/teacher conferences in Infinite Campus.

2013-2014 PROFESSIONAL STAFF	American Indian Alaskan Native		Asian or Pacific Islander		African American		Hispanic		White		Other		TOTAL	Teaching Staff Degrees 2013-2014	% Teacher Attendance 2012-2013	% Teacher Retention 2013-2014
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE				
Principal/Assistant Principal	-	-	-	-	-	-	1	1	-	2	1	-	4	Doctorate		2
Guidance Counselor/Deans	-	-	-	-	-	-	-	-	-	-	-	-	3	Master's +30		34
Full-time Teachers	-	-	1	1	5	7	-	-	36	34	-	-	84	Master's +15		4
Part-time Teachers	-	-	-	-	-	-	-	-	-	-	-	-	-	Master's		38
Librarian/Media Specialist	-	-	-	-	-	-	-	-	-	-	-	-	1	Bachelor's +15	96.0	3
Other Professional Staff	-	-	-	-	-	-	-	-	1	2	-	-	3	Bachelor's		13
TOTAL	-	-	1	1	5	7	1	1	39	41	-	-	95	Emergency BA		1
Total (Percent Rounded)	0%	0%	1%	1%	5%	7%	1%	0%	41%	43%	0%	0%	Total	Total		95

IROQUOIS HIGH MAGNET CAREER ACADEMY

2012-2013 NEXT GENERATION LEARNERS (NXGL)

2012-2013 NEXT GENERATION LEARNERS (NXGL)				NXGL OVERALL SCORE SCHOOL SCORE: 40.5			
ACHIEVEMENT		GAP		GROWTH	COLLEGE CAREER READINESS	GRADUATION RATE	
Percentage	NAPD Calculation	Percentage	NAPD Calculation				
Novice	P&D + A/2 + Bonus-D+V/2 = NAPD	Apprentice	P&D = NAPD				
Proficient		Proficient					
Distinguished		Distinguished					
Reading	71.1 9.5 18.7 0.7 19.4 4.8 0.0 24.2	72.6 9.4 17.7 0.4 18.1 18.1	40.6	College Ready	78		
Mathematics	30.5 52.5 14.8 2.2 17.0 26.3 0.0 43.3	30.0 52.5 15.2 2.3 17.5 17.5	49.5	Career Ready	9		
Science	37.1 41.2 20.6 1.2 21.8 20.6 0.0 42.4	38.0 39.3 21.5 1.2 22.7 22.7		Non Duplicated College and/or Career Ready	70		
Social Studies	76.0 13.3 10.7 0.0 10.7 6.7 0.0 17.4	80.0 11.4 8.6 0.0 8.6 8.6		Total	78		
Writing	24.0 53.2 22.6 0.2 22.8 26.6 0.0 49.4	24.3 52.8 22.7 0.2 22.8 22.8		Percent	32.0		
Language Mech	55.8 32.3 9.1 2.8 11.9 16.2 0.0 28.1	56.8 32.6 8.1 2.6 10.6 10.6		Points	45.1	Points 70.0	
Please refer to the Special Notes Section for test score definitions.				Points	17.3	Points 35.7	Points 14.0
				Weighted Score	6.9	Weighted Score 7.1	Weighted Score 8.0

2011-2012 NEXT GENERATION LEARNERS (NXGL)

2011-2012 NEXT GENERATION LEARNERS (NXGL)				NXGL OVERALL SCORE SCHOOL SCORE: 34.4			
ACHIEVEMENT		GAP		GROWTH	COLLEGE CAREER READINESS	GRADUATION RATE	
Percentage	NAPD Calculation	Percentage	NAPD Calculation				
Novice	P&D + A/2 + Bonus-D+V/2 = NAPD	Apprentice	P&D = NAPD				
Proficient		Proficient					
Distinguished		Distinguished					
Reading	61.6 10.9 26.1 1.4 27.5 5.5 0.0 33.0	62.5 10.4 26.0 1.1 27.1 27.1	45.7	College Ready	49		
Mathematics	31.6 40.5 25.5 2.4 27.9 20.3 0.0 48.2	31.9 40.0 26.0 2.1 28.1 28.1	48.2	Career Ready	5		
Science	48.6 39.0 11.4 1.0 12.4 19.5 0.0 31.9	49.2 38.7 11.1 1.0 12.1 12.1		Non Duplicated College and/or Career Ready	40.1		
Social Studies	64.7 17.2 13.5 4.7 18.1 8.6 0.0 26.7	66.5 17.2 11.8 4.4 16.3 16.3		Total	51		
Writing	25.0 44.8 28.5 1.7 30.2 22.4 0.0 52.6	25.3 45.2 28.1 1.4 29.5 29.5		Percent	24.8		
Language Mech	46.1 37.0 12.2 4.7 16.9 18.5 0.0 35.4	47.5 36.0 12.7 3.8 16.5 16.5		Points	25.7	Points 40.1	
Please refer to the Special Notes Section for test score definitions.				Points	22.1	Points 25.7	Points 8.0
				Weighted Score	7.5	Weighted Score 5.1	Weighted Score 8.0

ACT (SCALE SCORES)		ACT - College Entrance		COLLEGE ENTRANCE EXAMS 2012-2013		TRANSITION TO ADULT LIFE	
Grade 10	Grade 10	Class of	ACT	# TESTED	ACT	# TESTED	2011-2012
2011-2012	2012-2013	2013	COMPOSITE SCORE	248	COMPOSITE SCORE	248	2011-2012
English	12.3	13.4	15.0				% College in KY
Math	13.7	16.1					% College out of KY
Reading	13.3	14.7					% Work/School Combined
Science	15.2	15.2					% Voc/Tech
Composite	13.8	15.0					% Military
							% Employed
							% Unsuccessful

YOUNG ELEMENTARY

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SCHOOL INFORMATION 2013-2014

District: Jefferson County Louisville, Kentucky	Grade Span: K - 5	Cluster Schools: District-wide Magnet Schools
Principal: Mary Minyard	Program Capacity: 650	
Address: 3626 W. Muhammad Ali Blvd	School Uniforms: Yes	
Zip: 40212	Title One: Yes	Programs Offered: International Baccalaureate Primary Years Program/ French/Music/ Art /Off Ensemble/PE/Computer Lab/ Band & Orchestra
Telephone No: 502.485.8354	School Board Member: Diane Porter	Extra Curricular: Basketball/ Cheerleading/ Volleyball/ Green Team/ Safety Patrol/ Newsletter Club/ STLP/ Art Club/Zoo Crew/Robotics Team/Track/Student Council/Soccer/Girls on the Run
FAX: 502.485.8880	Achievement Area: 5	
	Assistant Superintendent: Kirk Lattimore	

STUDENT DATA

	ENROLLMENT 10/1/2013		ETHNICITY %			% FREE/REDUCED LUNCH	MOBILITY INDEX	STABILITY INDEX	MARKET SHARE %	
	WHITE	A. AMERICAN	HISPANIC	OTHER	%					
2013 - 2014	456	5.3	68.4	20.6	5.7	90.9	Current Year NA	Current Year NA	Current Year NA	
2012 - 2013	539	6.3	71.4	16.0	6.3	91.9	1.9	90.1	N/A	
2011 - 2012	441	7.5	69.6	17.2	5.7	93.0	22.3	91.4	NA	
2013 - 2014	N/A*	N/A*	Current Year NA	Current Year NA	13.0	Current Year NA	Current Year NA	Current Year NA	89	89
2012 - 2013	N/A*	N/A*	12	19	13.7	227	111			
2011 - 2012	96.0	0.0	3	19	11.4	544	128			
ECE UNITS	LDR 1.5	HI 0	FMD 2	CHILD CARE ENRICHMENT PROGRAM		EARLY CHILDHOOD		SITE BASED DECISION MAKING		
	LD SC 0	PD 0	OTHER 0	Tuition-Based No		Family Ed. No		Has a SBDM Counsel YES		
	EBD 1	VI 0	TOTAL UNITS 4.5	Head Start Yes		JUMP Start/3 Yr. Old No		Established 6/6/1995		
	AUT 0	MD 0		Pre-Kindergarten Yes				Teacher 3		
								Other 0		

PROFESSIONAL STAFF DATA

2013 - 2014 PROFESSIONAL STAFF	American Indian Alaskan Native		Asian or Pacific Islander		African American		Hispanic		White		Other		TOTAL	Teaching Staff Degrees 2013 - 2014	% Teacher Attendance 2012 - 2013	% Teacher Retention 2013 - 2014
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE				
Principal/Assistant Principal	-	-	-	-	-	-	-	-	-	-	-	-	2	Doctorate	-	-
Guidance Counselor/Deans	-	-	-	-	-	-	-	-	-	-	-	-	1	Master's +30	9	-
Full-time Teachers	-	-	-	-	1	4	-	1	2	30	-	-	38	Master's +15	2	-
Part-time Teachers	-	-	-	-	-	-	-	-	-	-	-	-	-	Masters	21	97.2
Librarian/Media Specialist	-	-	-	-	-	-	-	-	-	1	-	-	1	Bachelor's +15	5	86.8
Other Professional Staff	-	-	-	-	-	1	-	-	-	-	-	-	1	Bachelor's	6	-
														Emergency BA	-	-
TOTAL	-	-	-	-	1	5	-	1	2	34	-	-	43	Total	43	
Total (Percent Rounded)	0%	0%	0%	0%	2%	12%	0%	2%	5%	79%	0%	0%				

* Data not yet available from KDE

2012-2013 NEXT GENERATION LEARNERS (NXGL)

2012-2013 NEXT GENERATION LEARNERS (NXGL)										NXGL OVERALL SCHOOL SCORE: 57.3									
ACHIEVEMENT					GAP					GROWTH	COLLEGE CAREER READINESS	GRADUATION RATE							
Subject	Percentage Novice	Percentage Apprentice	Percentage Proficient	Percentage Distinguished	NAPD Calculation P&D + A/2 + Bonus(D-N)/2 = NAPD	Points	Percentage Novice	Percentage Apprentice	Percentage Proficient	Percentage Distinguished	NAPD Calculation P&D = NAPD	Points	NA	NA					
Reading	41.8	33.7	19.7	4.8	24.5	16.9	0.0	41.4	42.6	34.2	19.3	4.0	23.3	23.3	67.2				
Mathematics	29.8	41.8	23.1	5.3	28.4	20.9	0.0	49.3	29.7	42.6	22.8	5.0	27.7	27.7	67.2				
Science	10.0	31.4	42.9	15.7	58.6	15.7	5.7	77.2	10.1	31.9	42.0	15.9	58.0	58.0					
Social Studies	5.8	43.5	44.9	5.8	50.7	21.8	0.0	72.5	6.2	44.6	44.6	4.6	49.2	49.2					
Writing	8.7	46.4	44.9	0.0	44.9	23.2	0.0	68.1	9.2	47.7	43.1	0.0	43.1	43.1					
Language Mech	28.6	34.3	27.1	10.0	37.1	17.2	0.0	54.3	29.0	33.3	27.5	10.1	37.7	37.7					
Please refer to the front of this publication for a description of the Next Generation Learners accountability model.										Points	61.2				Points	40.0			
										Weighted Score	18.4				Weighted Score	12.0			

2011-2012 NEXT GENERATION LEARNERS (NXGL)

2011-2012 NEXT GENERATION LEARNERS (NXGL)										NXGL OVERALL SCHOOL SCORE: 46.6									
ACHIEVEMENT					GAP					GROWTH	COLLEGE CAREER READINESS	GRADUATION RATE							
Subject	Percentage Novice	Percentage Apprentice	Percentage Proficient	Percentage Distinguished	NAPD Calculation P&D + A/2 + Bonus(D-N)/2 = NAPD	Points	Percentage Novice	Percentage Apprentice	Percentage Proficient	Percentage Distinguished	NAPD Calculation P&D = NAPD	Points	NA	NA					
Reading	39.9	33.5	22.0	4.6	26.6	16.8	0.0	43.4	40.6	33.5	21.2	4.7	25.9	25.9	52.0				
Mathematics	34.7	39.3	23.1	2.9	26.0	19.7	0.0	45.7	34.7	39.4	22.9	2.9	25.9	25.9	51.0				
Science	17.7	41.9	29.0	11.3	40.3	21.0	0.0	61.3	18.3	41.7	28.3	11.7	40.0	40.0					
Social Studies	20.8	37.7	41.5	0.0	41.5	18.9	0.0	60.4	20.8	37.7	41.5	0.0	41.5	41.5					
Writing	13.2	54.7	32.1	0.0	32.1	27.4	0.0	59.5	13.2	54.7	32.1	0.0	32.1	32.1					
Language Mech	40.3	25.8	16.1	17.7	33.9	12.9	0.0	46.8	40.0	26.7	15.0	18.3	33.3	33.3					
Please refer to the front of this publication for a description of the Next Generation Learners accountability model.										Points	53.6				Points	33.1			
										Weighted Score	16.1				Weighted Score	9.9			

June 9, 2015

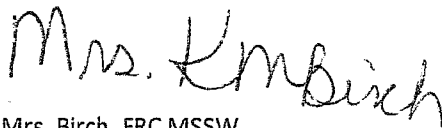
Metro Council

Greetings Metro Council,

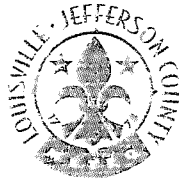
I am the Family Resource Coordinator at Whitney Young IB World School. The Family Resource Center (FRC) works to remove barriers to students' learning. The FRC promotes resources and support to families that enhance functioning, growth and development of individuals and the family unit. The FRC provides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

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

Sincerely,



Mrs. Birch, FRC MSSW



Louisville Metro Council

Robin J. Engel
District 22 Councilman

Monica Hodge
Legislative Assistant

May 26, 2015

To Whom It May Concern:

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

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

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

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

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

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

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

Regards,

District 22 Councilman Robin Engel



June 1, 2015

To Whom It May Concern:

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

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

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

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

Sincerely,

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

Diane Foster
Director of Special Programs



Proposed salary for staff:

Executive Director - \$47,000.00 - Liz Shannon
Administrator Assistant - \$12,480.00 – Sydale Burgess
Group Facilitator I - \$25,000.00 - vacant
Group Facilitator II - \$12,500.00 - vacant