

Applicant/Program:

C.H.O.I.C.E., INC (Children Have Options in Choosing Experiences)/Dare to Dream Sports Leadership and Men

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	_____	\$ 500
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 Eperiences)/Dare to Dream Sports Leadership and Men

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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 _____ \$ 250 _____

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 _____ \$ _____

District 21 _____ \$ 2,000 _____

District 22 Robin J. Engel _____ \$ 5,000.00 _____

District 23 _____ \$ _____

District 24 _____ \$ _____

District 25 _____ \$ 250 _____

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 and Mentoring Program / \$21,892	
	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	Yes <input checked="" type="checkbox"/>
Is the funding proposed by Council Member(s) less than or equal to the request amount?	Yes <input checked="" type="checkbox"/>
Is the proposed public purpose of the program viable and well-documented?	Yes <input checked="" type="checkbox"/>
Will all of the funding go to programs specific to Louisville/Jefferson County?	Yes <input checked="" type="checkbox"/>
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	Yes <input checked="" type="checkbox"/>
Has prior Metro Funds committed/granted been disclosed?	Yes <input checked="" type="checkbox"/>
Is the application properly signed and dated by authorized signatory?	Yes <input checked="" type="checkbox"/>
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Yes <input checked="" type="checkbox"/>
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	N/A <input checked="" type="checkbox"/>
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? 	Yes <input checked="" type="checkbox"/>
Is the current Fiscal Year Budget included?	Yes <input checked="" type="checkbox"/>
Is the entity's board member list (with term length/term limits) included?	Yes <input checked="" type="checkbox"/>
Is recommended funding less than 33% of total agency operating budget?	Yes <input checked="" type="checkbox"/>
Does the application budget reflect only the revenue and expenses of the project/program?	Yes <input checked="" type="checkbox"/>
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	N/A <input checked="" type="checkbox"/>
Is the most recent annual audit (if required by organization) included?	N/A <input checked="" type="checkbox"/>
Is a copy of Signed Lease (if rent costs are requested) included?	N/A <input checked="" type="checkbox"/>
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	N/A <input checked="" type="checkbox"/>
Are the Articles of Incorporation of the Agency included?	Yes <input checked="" type="checkbox"/>
Is the IRS Form W-9 included?	Yes <input checked="" type="checkbox"/>
Is the IRS Form 990 included?	Yes <input checked="" type="checkbox"/>
Are the evaluation forms (if program participants are given evaluation forms) included?	Yes <input checked="" type="checkbox"/>
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	N/A <input checked="" type="checkbox"/>
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	Yes <input checked="" type="checkbox"/>
Prepared by: Jared M. Townes LA District 22 Councilman Engel Date: 9/1/2021	

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.choicecouncil.org			
Applicant Contact:	Dawn K. Shannon	Title:	Program Coordinator
Phone:	(502) 456-5137	Email:	choiceinc.dawn@gmail.com
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): 2,6,10,14,15,17, 21, 22, 25		Zip Code(s): See Attachment	
SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: "Dare to Dream" Sports Leadership Mentoring Program and Educational Self Help Group			
Total Request: (\$)	\$21,892.00	Total Metro Award (this program) in previous year: (\$)	\$10,500
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		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:	NDF Grant	Amount: (\$)	10,500
Source:		Amount: (\$)	
Source:		Amount: (\$)	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Zip Codes:

40203

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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 (matched with Watterson Elementary) for males. Since 2002, the program has been offered at Iroquois High School (matched with Young Elem) for females. 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 mentees-mentor match 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 Program; a positive youth development school based cross-age peer mentoring program targeting youth and adolescents facing Adverse Childhood Experiences (ACEs). 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. The "Dare to Dream" program allows participants to gain wisdom via an empowered sense of self-worth, in addition to effective communication skills, empathy, healthy coping skills, civic engagement and resiliency. Services for the 2021-2022 school year will transition back to in person from a hybrid format. All staff will adhere to CDC guidelines when conducting all services.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Jacqueline Cooper, Chairperson, Adjunct Professor, Webster University	December, 2021
Beverly Edward, Secretary/Treasury, Executive Director, Episcopal Church Home	December, 2023
Leigh Anne Parker, Financial Advisor, Edward Jones	December, 2023
Antomia Farrell, Cooperative Extension HR Specialist, U.K. College of Agricultural	December, 2022
Bruce Mills Jr., Raytheon RMS Louisville	December, 2022
Ray Brown, President/CEO, RAE POPELKA Consulting	December, 2023
Michael Richardson, Vice President of Chain Bridge Bank, McLean, Virginia	December, 2023
Hunter Mills, Former "Dare to Dream" Fern Creek HS Mentor	December, 2022
Keith Miller, Vibe Consultancy	December, 2023
Joshua McFarland	December, 2023
William Yesowitch, Retiree, Barber Banaszynski & Associates PSC, Board Chair Emeritus	Open

Describe the Board term limit policy:
 By-Laws: Each director shall be elected to serve for a term of 5 years or less 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)	49,000
Group Facilitator (proposed salary)	27,000
Dawn K. Shannon (proposed salary)	19,500

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 has three program goals aimed at increasing resiliency among both mentors and mentees. The "Dare to Dream" program will be conducted during 2021-2022 school year, during school hours. The program begins in September 2021 and runs until May 2021. The "Dare to Dream" Sports Leadership Mentoring program encompasses high school athletes from Fern Creek (15 male mentors +), Iroquois High School (15 female mentors), a 4th grade group (7-8 male mentees) and 5th grade group (7-8 male mentees +) at Watterson Elementary (15 male mentees total), and a 4th grade (15 female mentees) group at Whitney Young Elementary. Mentors are selected by coaches, teachers, counselors, and parents. Mentees are referred by teachers, counselors, principals and parents. Group counseling occurs with the mentor group weekly as well as the mentees group on separate days of the week. 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. In the effort to maintain social distancing but provide adequate services to our participants we will provide a hybrid format. All 14 components of the C.H.O.I.C.E. model will be presented through group sessions and mentoring experiences at designated times in accordance to participants school schedules. Session will be live to encourage interactions and conversations between participants. As far as in person sessions, staff will adhere to the CDC and JCPS guidelines for community organization to use facilities. (Continued on Attachment)

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

Children Have Options In Choosing Experiences (C.H.O.I.C.E.) Incorporated is requesting \$21,892.00 for program operation of the "Dare to Dream" Sports Leadership and Mentoring Program. 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 the 32nd Annual C.H.O.I.C.E. Conference Graduation. All C.H.O.I.C.E. services are provided to students and their families at no cost, as we serve middle to low-income families. Funding will maintain the existing program and enhance the organizational capacity to expand services, provide additional resources to support participants, educate, build developmental assets, and expose them to the community.



**Children Have Options In Choosing Experiences
“Dare to Dream” Sports Leadership & Mentoring Program
NDF Application Attachment**

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.):

Mentoring experiences are so vital for the youth and program goals. Mentoring experiences occur at JCPS schools and in the community (e.g. Main Event, Malibu Jack’s, Club Nulu and etc.). Mentors and mentees create bonds during their mentoring experiences as they 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. Mentors and mentees create bonds during their mentoring experiences as they participate in various skills building activities such as social and emotional growth, communication skills improvement, decision-making, academic success, critical thinking.

All participants 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. Household dysfunction includes the presence of substance abuse, mental health issues, incarcerated family member, and divorce. For more understanding of the impact of ACEs, please review attached *Truth about ACEs* (Robert Wood Johnson Foundation, 2020)

The C.H.O.I.C.E. model© is adolescent prevention and theoretical intervention model designed to address youth's life stressors, which led to maladaptive behaviors, such as substance abuse and violence. Also, address childhood trauma among youth and adolescents by teaching coping skills to bolster resiliency. When adolescents develop healthy coping skills in dealing with life stressors their level of resilience is bolstered. By decreasing engagement in elevated risk behaviors and increasing the resilience in adolescence facing challenges, young people build developmental assets that provide a solid foundation for thriving.

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

Children Have Options In Choosing Experiences
“Dare to Dream” Sports Leadership & Mentoring Program
NDF Application Attachment

received free or reduced lunch. The data shows the majority of C.H.O.I.C.E. participants are from low-income families. Per the most recent Kentucky Department of Education school report card (2017-19), schools currently being served by C.H.O.I.C.E. are Title 1 Eligible - Schoolwide Schools and has over 70% of the student enrollment who receive free/reduced lunch Fern Creek HS (71.9%), Watterson Elem (77.7%), Iroquois HS (86.5%), and Young Elem (91.5%). A majority (97%) of “Dare to Dream” program participants are from low-moderate income homes.

In addition to taking part educational self-help educational groups, high school athletes are trained to mentor 3rd - 5th graders. Both, mentors and mentees, meet for one class period at their school, typically during an elective course, to engage in self-help educational groups when mentoring experiences are not scheduled. The high school athletes selected as “Dare to Dream” mentors participate in the C.H.O.I.C.E. “Advanced Mentoring Training, a two-phased training for participates to prepare as a mentor and enhance the mentoring experiences. After mentors are trained, at least twice a month mentoring experiences occur. “Dare to Dream” mentors (Fern Creek HS/Iroquois HS) met with their mentees at their school (Watterson Elem/Young Elem).

Lastly, parents are invited and encouraged to attend the Conference Graduation. This daylong event contains advanced level workshops on timely topics, a parent training component, catered lunch, incentives, and a graduation ceremony. Participants that have attended 80% of educational self-help groups are eligible to attend the C.H.O.I.C.E. 32nd Annual Conference Graduation in May 2022.

THE TRUTH ABOUT ACEs

WHAT ARE THEY?

ACEs are
 ADVERSE
 CHILDHOOD
 EXPERIENCES

The three types of ACEs include

ABUSE



Physical



Emotional



Neglect

NEGLECT



Emotional



Neglect

HOUSEHOLD DYSFUNCTION



Emotional Abuse



Neglect and Abuse



Emotional Abuse



Neglect and Abuse



Household Dysfunction

HOW PREVALENT ARE ACEs?

The ACE study revealed the following estimates:

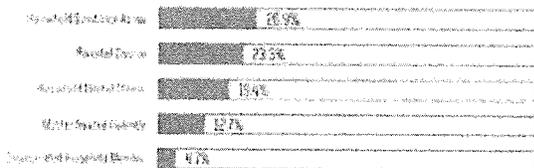
ABUSE



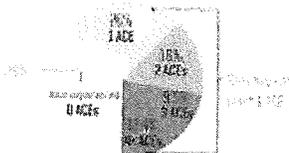
NEGLECT



HOUSEHOLD DYSFUNCTION

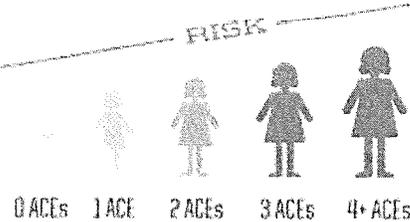


Of 17,000 ACE study participants:



WHAT IMPACT DO ACEs HAVE?

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



Possible Risk Outcomes:

BEHAVIOR



Lack of physical activity



Smoking



Alcohol use



Drug use



Mental illness

PHYSICAL & MENTAL HEALTH



Suicide attempt



Diabetes



Depression



Fetal death/stillbirth



Life



Heart disease



Cancer



Stroke



COPD



Endometriosis

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:

In light of current maladaptive events surrounding the youth and adolescent population, C.H.O.I.C.E. Inc. prevention and early intervention services are timely and necessary to quell the unhealthy means, such as drug use, many young people choose to utilize to deal with life stressors. Early substance use has been linked with impaired academic performance and delinquent behavior in adolescence, and employment problems, and criminal behavior in adulthood (Ellickson, Tucker, & Klein, 2003). Hardships, including poverty, creates barriers from engaging in experiences that contribute to the thriving youth ability. Obstacles experienced by youth and adolescents can be disheartening, causing youth involvement in risky behaviors such as; substance abuse, violent and non-violent crimes, mental health, sexual activity, and truancy (Chapman et al., 2004; Felitti et al., 1998).

C.H.O.I.C.E. has taken a non-traditional approach to mentor by utilizing cross-age peer mentoring rather than a traditional adult to a youth match. The research defines cross-age peer mentoring as the mentoring process occurring among high school students (Noll, 1997 & Karcher 2001, 2002). The Dare to Dream program has three program goals aimed at increasing resiliency among both mentors and mentees.

(Continued on Attachment)



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. C.H.O.I.C.E. partners with the following organizations:

Jefferson County Public Schools - Each host school provides space for our 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 regularly. 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.)

Peace Education Program and Louisville Urban League assists with providing prevention training for the C.H.O.I.C.E. E. mentors. Peace Education Program strengthens communities and schools by training youth and adults to build and sustain positive relationships. The collaboration assist with providing prevention training for the C.H.O.I.C.E. mentors. Both organizations strengthens communities and schools by training youth and adults to build and sustain positive relationships. (CONTINUED ON ATTACHEMENT)

**Children Have Options In Choosing Experiences
"Dare to Dream" Sports Leadership & Mentoring Program
NDF Application Attachment**

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:

When adolescents develop healthy coping skills in dealing with life stressors their level of resilience is bolstered. By decreasing engagement in elevated risk behaviors and increasing the resilience in adolescence facing challenges, young people build developmental assets that provide a solid foundation for thriving. The Search Institute's 40 Development Assets provide frameworks of protective factors to aid adolescent thriving. The 40 Developmental Assets® comprises preventative measures, positive experiences, and qualities that young people need to grow up healthy, caring, and responsible. Research indicates that a young person who obtains more developmental assets has a better chance of thriving throughout adulthood. Developmental Relationships are a key factor in building development assets as each relationship in young people's lives can be deepened and strengthened.

The following are the four primary projected measurable outcomes for the project:

-75% of participants report an increase in development assets in at least two domains on the Developmental Relationships Survey by the end of the 28- week program.

-85% of students report an increase in resiliency on the Child Resiliency Scale by the end of the 28-week program.

-85% of the participants report maintaining a drug-free status by the end of the 28-week program.

-85% of participants report an increase in academic motivation by the end of the 28-week program

Additional measurable program domains:

*High School Graduation Rate

*ACE scores

*Active Engaged Citizen

The "Dare to Dream" program allows participants to gain wisdom via an empowered sense of self-worth, in addition to effective communication skills, empathy, healthy coping skills, civic engagement and resiliency. The Developmental Relationships Survey for grades 4 through

**Children Have Options In Choosing Experiences
“Dare to Dream” Sports Leadership & Mentoring Program
NDF Application Attachment**

12 to evaluate equity, developmental relationships, and social emotional learning. All participants will take Search Institutes Developmental Relationships Survey as a pre/post-test to determine change over time among adult relationships, racial equity, academics, drug-free community, and character development. The Developmental Relationships Survey helps to identify what support and guidance young people need to receive from the adults in our organization and their community to provide them with a voice.

C.H.O.I.C.E. use data to create a program improvement plan to ensure we maintain the delivery of high-quality programing with an emphasis in youth voice. Most importantly, participants are subject to pre-/post-tests to evaluate changes in behaviors corresponding with program goals. All measures will be assessed among race, gender, time in the program (program offers multi-year participation), and number of ACEs to gain a future understanding of program effectiveness per served demographics. In the past two years, mentors reported experiencing an average of at least three adverse childhood experiences, which are potentially traumatic events that occur in childhood (0-17 years).

Measurement: All program participants take a pre- and post-test to measure their understanding of the dangers and risk factors of alcohol, tobacco, and other drug use and level of resiliency. C.H.O.I.C.E. uses YQPI (measures program quality & staff practices) and SYRB (staff rating of youth social and emotional skills) as assessment tools. In addition, a group evaluation taken by each participant to gather feedback on group operations and effectiveness of facilitators. Demographics are tracked in post-test to be considered as part of the analysis. The test is constructed to be valid and reliable to control for variables in the pre-test. Specifically for C.H.O.I.C.E., our instructional total score, which represents the quality associated with instructional experience between staff and program participants, increased from 3.26 in FY 2018 to 390 in FY 2019. The average BLOCS score in FY 2019 was 3.68.

**Children Have Options In Choosing Experiences
“Dare to Dream” Sports Leadership & Mentoring Program
NDF Application Attachment**

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

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. C.H.O.I.C.E.'s Executive Director served as a PAL Key Leader Board and uses their materials to update C.H.O.I.C.E.'s program activities. Iroquois High School students participate in PAL activities in their community.

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 Buechel Rotary Charitable Foundation Inc. and Louisville Suburban Club spotlights education for our youth and their social and mental well-being. The Club also provide donations 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.

Dr. Armon Perry of University of Louisville-Kent School of Social Work partners with C.H.O.I.C.E. to provide the training to 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 Application Attachment

A collaboration with KHEAA provides update information regarding preparing financially for post high school education Kentucky Higher Education Assistance Authority (KHEAA) offers resources and literature to prepare for college for our students. Parents and students are also able to meet individually with KHEAA advisors.

We partner with Flaget Center and Burnett Avenue Baptist Church for discounted space to host the Advance Mentoring Trainings, Conference Graduation, and fundraising events.

In addition to other non-profits such as; Sowing with Seeds, Play Cousin Collective, and Inside the Lines Training, and community leaders to provide engaging programming for participants

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – 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	\$14,000.00	\$46,000.00	\$60,000.00
B: Rent/Utilities	0	0	0
C: Office Supplies	\$150.00	\$670.00	\$820.00
D: Telephone	\$992.00	\$1,984.00	\$2,976.00
E: In-town Travel	0	0	0
F: Client Assistance (See Detailed List on Page 8)	0	0	0
G: Professional Service Contracts	\$1,000	\$1,000.00	\$2,000.00
H: Program Materials	\$500.00	\$2,000.00	\$2,500.00
I: Community Events & Festivals (See Detailed List on Page 8)	0	0	0
J: Machinery & Equipment	\$750.00	\$750.00	\$1,500.00
K: Capital Project	0	0	0
L: Other Expenses (See Detailed List on Page 8)	\$4,500.00	\$8,820.00	\$13,320.00
*TOTAL PROGRAM/PROJECT FUNDS	\$21,892.00	\$61,224.00	\$83,116.00
% of Program Budget	26.33 %	73.66 %	100%

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

Other State, Federal or Local Government	\$0
United Way	\$5,000
Private Contributions (do not include individual donor names)	\$10,000
Fees Collected from Program Participants	\$0
Other (please specify)	\$46,224 (Local Foundations)
Total Revenue for Columns 2 Expenses **	\$61,224.00

*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 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.	\$9,450.00	Current Market Value
Volunteers	\$12,532.00	\$24.10 * hours reported
<i>Total Value of In-Kind</i> <i>(to match Program Budget Line Item.</i> Volunteer Contribution & Other In Kind)	\$21,982.00 ↓	

*** 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 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 as all non-profit organizations are competing for the same limited dollars. Given the rate of inflation in the past 5 years, due to the increase of living expenses and cost of program supplies our annual budget has seen increase on average of 35%. Due to Covid-19, the cost of providing this much needed services to the communities, youth and adolescents will increase due time spent by staff for transitioning program delivery, purchasing PPE, and additional cost for use of public space to maintain social distancing when working with youth in person. 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 throughout Louisville/Jefferson County Metro community.

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.

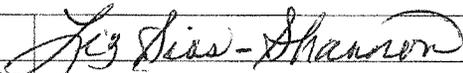
Standard Certifications

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:		Date:	8/12/21
Legal Signatory: (please print):	Liz 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:
61-1143413
Case Number:
313194013
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).

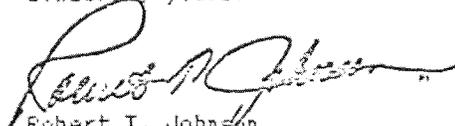
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the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

Letter 1050 (DD/CG)

Children Have Options In Choosing Experiences (C.H.O.I.C.E.) Inc	
EIN: #61-1143413	
Agency Budget-Proposed	
Revenue	2021 -2022
Individual/ Business Donations	\$3,500
Corporate Donations	\$0
Fundraising	\$9,000
Grants	\$65,000
Metro United Way	\$5,000
In-kind donations	\$15,500
Volunteer Time	\$25,500
Miscellaneous	\$2,200
Revenue subtotal	\$125,700
Administration Expense	
Wages & Benefits (list each position)	
Executive Director	\$49,000
Program Coordinator	\$19,500
Administrative Assistant	\$15,000
Profession Seminars/CEUs	\$675
Local Mileage Allowance	\$2,000
Professional Liability Insurance	\$650
Profession Seminars/CEUs	\$1,200
Office supplies	\$820
Agency Insurance	\$1,400
Telephone/Internet Service	\$2,976
Website	\$144
Small Equipment	\$750
Equipment/Software Maintenance	\$1,000
Office Space	\$4,200
Printing	\$1,000
Administration Total	\$100,315
% of Admin Cost associated with Program Cost	\$34,036
Fundraising	
Marketing	\$700
Fundraising	\$5,000
Fundraising Expense Total	\$5,700
Dare to Dream Sports Leadership & Mentoring Program	
Group Facilitator	\$27,000
Group Facilitator II	\$13,500
Bus Transportation (Mentoring Experiences)	\$3,020
Mentoring Experiences Fund	\$6,500
Program Materials	\$2,500
Advanced Mentoring Training Phase I & II	\$6,615
Conference Graduation	\$3,500
Additional Participant Support Fund (Tutoring & Athletic Training)	\$2,000
Program Expense SubTotal	\$64,635
Total Administrative Expense	\$66,279
Total Program Expenses subtotal	\$98,671
Total Fundraising Expense	\$5,700
Total Organizational Budget	\$170,650
Total Organizational Revenue subtotal	\$125,700
Profit(loss)	\$44,950

1:34 PM

Children Have Options In Choosing Experiences, Inc.

08/30/21

Statement of Financial Position

Accrual Basis

As of July 30, 2021

	<u>Jul 30, 21</u>	<u>Jul 30, 20</u>	<u>\$ Change</u>	<u>% Change</u>
ASSETS				
Current Assets				
Checking/Savings				
10005 · B B & T Bank Fund Raising Accou	35,062.73	29,213.09	5,849.64	20.0%
10015-1 · PNC Gloria Moorman Scholarship	1,739.62	1,315.63	423.99	32.2%
10015 · PNC Agency Account	13,992.32	41,000.20	-27,007.88	-65.9%
7001 · PNC Credit Card -Payment	398.01	0.00	398.01	100.0%
Total Checking/Savings	<u>51,192.68</u>	<u>71,528.92</u>	<u>-20,336.24</u>	<u>-28.4%</u>
Other Current Assets				
12800 · Employee Advances	-10,000.00	-10,000.00	0.00	0.0%
Total Other Current Assets	<u>-10,000.00</u>	<u>-10,000.00</u>	<u>0.00</u>	<u>0.0%</u>
Total Current Assets	<u>41,192.68</u>	<u>61,528.92</u>	<u>-20,336.24</u>	<u>-33.1%</u>
TOTAL ASSETS	<u>41,192.68</u>	<u>61,528.92</u>	<u>-20,336.24</u>	<u>-33.1%</u>
LIABILITIES & EQUITY				
Equity				
30000 · Opening Balance Equity	54,291.43	28,672.17	25,619.26	89.4%
32000 · Unrestricted Net Assets	32,857.11	12,159.80	20,697.31	170.2%
Net Income	-45,955.86	20,696.95	-66,652.81	-322.0%
Total Equity	<u>41,192.68</u>	<u>61,528.92</u>	<u>-20,336.24</u>	<u>-33.1%</u>
TOTAL LIABILITIES & EQUITY	<u>41,192.68</u>	<u>61,528.92</u>	<u>-20,336.24</u>	<u>-33.1%</u>

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form, as it may be made public.
▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning August 1, 2019, and ending July 31, 2020

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHOICE, Inc.		D Employer identification number 61-1143413
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number 502-456-5137
	3715 Bardstown Road		F Group Exemption Number ▶
	City or town, state or province, country, and ZIP or foreign postal code Louisville, KY 40218		

G Accounting Method: Cash Accrual Other (specify) ▶ **H** Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **J** Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) 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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	69,710	
	2	Program service revenue including government fees and contracts	2		
	3	Membership dues and assessments	3		
	4	Investment income	4		
	5a	Gross amount from sale of assets other than inventory	5a		
	5b	Less: cost or other basis and sales expenses	5b		
	5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c		
	6	Gaming and fundraising events:			
		a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
		b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	7,938
6c		Less: direct expenses from gaming and fundraising events	6c	2,399	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	5,539		
7a	Gross sales of inventory, less returns and allowances		7a		
	Less: cost of goods sold		7b		
	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7c		
8	Other revenue (describe in Schedule O)	8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	75,249		
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10		
	11	Benefits paid to or for members	11		
	12	Salaries, other compensation, and employee benefits	12	39,432	
	13	Professional fees and other payments to independent contractors	13	6,395	
	14	Occupancy, rent, utilities, and maintenance	14	9,406	
	15	Printing, publications, postage, and shipping	15	1,400	
	16	Other expenses (describe in Schedule O)	16		
17	Total expenses. Add lines 10 through 16	17	56,633		
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	18,616	
	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)	19	40,832	
	20	Other changes in net assets or fund balances (explain in Schedule O)	20		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	59,448	

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		✓
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		✓
35b			✓
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____		
b	Did the organization file Form 1120-POL for this year?		✓
37b			✓
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?		✓
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved		
38b			
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9		
39a			
b	Gross receipts, included on line 9, for public use of club facilities		
39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		✓
40b			✓
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		✓
40e			✓
41	List the states with which a copy of this return is filed ▶ <u>None</u>		
42a	The organization's books are in care of ▶ <u>Liz Shannon</u> Telephone no. ▶ <u>502-456-5137</u> Located at ▶ <u>3715 Bardstown Road Louisville, KY</u> ZIP + 4 ▶ <u>40218-2268</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		✓
42b			✓
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ _____		✓
42c			✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
44a			✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
44b			✓
c	Did the organization receive any payments for indoor tanning services during the year?		✓
44c			✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		✓
44d			✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
45a			✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions		✓
45b			✓

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

Table with 2 columns: Yes, No. Row 46: Yes [], No [x].

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

Table with 2 columns: Yes, No. Row 47: Yes [], No [x].

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

Table with 2 columns: Yes, No. Row 48: Yes [], No [x].

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

Table with 2 columns: Yes, No. Row 49a: Yes [], No [x].

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

Table with 2 columns: Yes, No. Row 49b: Yes [], No [x].

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, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

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.

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

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 [Handwritten Signature], Date [02-09-21], Type or print name and title [S.M. Cooper, Brd. Chair]

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

May the IRS discuss this return with the preparer shown above? See instructions

ORIGINAL COPY FILED
SECRETARY OF STATE OF KENTUCKY
FRANKFORT, KENTUCKY

MAR 17 1998

Brent E. Erb
SECRETARY OF STATE

ARTICLES OF INCORPORATION

OF

CHILDREN HAVE OPTIONS IN CHOOSING EXPERIENCES, INC.

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

ARTICLE I

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

ARTICLE II

DURATION: The duration of this Corporation shall be perpetual.

ARTICLE III

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

ARTICLE IV

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

William Yesowitch
1904 Dillon Drive
Louisville, Kentucky 40205

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

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

ARTICLE V

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

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

STATE OF KENTUCKY
COUNTY OF JEFFERSON

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



Notary Public State at Large

My commission expires June 22, 1990

Request for Taxpayer Identification Number and Certification

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

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

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

C Corporation

S Corporation

Partnership

Trust/estate

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

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.

Other (see instructions) ► **Nonprofit**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(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 40218-2268

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

				-					
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or

Employer identification number

6	1	-	1	1	4	3	4	1	3
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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 *[Signature]* Date *8/30/21*

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-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- 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.



2020 -21 CHOICE Pre/Post Test (Mentee)

1. Grade:

- 3rd grade
- 4th grade
- 5th grade

2. What is your age?

3. Sex:

- Male
- Female
- Non-binary

4. Race/ethnicity:

- White or Caucasian
- Black or African American
- Hispanic or Latino
- Asian or Asian American
- Other (please specify)
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Middle Eastern
- Bi-racial

5. Who currently lives with you in your household? Please include who you live with everyday (Please select all that apply.)

- Mother
- Father
- Siblings
- Grandparent
- Parent's Roommate / Friend
- Parent's Romantic partner (spouse, partner, boyfriend, girlfriend, etc.)
- Foster Parent or Caregiver
- Other (please specify)

6. How many years have you been apart of the C.H.O.I.C.E. program?

- 1st year
- 2nd year



2020 -21 CHOICE Pre/Post Test (Mentee)

Please use this survey to tell us what you do and who you are.

Read each statement. Please select ONE answer for each question

Choose the response that best describes how true that statement is for you.

7. Do you have people you want to be like?

- No
- Sometimes
- Yes

8. Is doing well in school important to you?

- No
- Sometimes
- Yes

9. Do you feel that your parent(s) caregiver know a lot about you (for example what makes you happy, what make you scared)?

- No
- Sometimes
- Yes

10. Do you try to finish activities that you start?

- No
- Sometimes
- Yes

11. When things don't go your way, can you fix it without hurting yourself or other people (for example, without hitting other or saying nasty things?)

- No
- Sometimes
- Yes

12. Do you know where to go to get help?

- No
- Sometimes
- Yes

13. Do you feel you fit in with other children?

- No
- Sometimes
- Yes

14. Do you think your Family cares about you when times are hard (for example if you are sick or have done something wrong)?

- No
- Sometimes
- Yes

15. Do you think your Friends care about you when things are hard (for example if you are sick or have done something wrong)?

- No
- Sometimes
- Yes

16. Are you treated fairly?

- No
- Sometimes
- Yes

17. Do you have chances to show other that you are growing up and can do things by yourself?

- No
- Sometimes
- Yes

18. Do you like the way your family celebrates things (like holidays or learning about your culture)?

- No
- Sometimes
- Yes



2020 -21 CHOICE Pre/Post Test (Mentee)

Below are statements about things discussed during C.H.O.I.C.E.

Select TRUE for statement you believe to be fact

Select FALSE for statement you believe NOT to be a fact

19. Dealing with stress is a natural part of life.

True

False

20. A person can overdose on alcohol

True

False

21. Marijuana use can sometimes cause serious health problems such as low blood pressure, liver disease or diabetes.

True

False

22. Which of the following options are good way to deal with bullying behavior

Fighting

Name Call the Bully

Tell an Adult

Keep it to Myself

23. You can say "NO" to a person without losing their friendship.

True

False

24. A person can only deal with problems by using violence when they are anger

True

False

25. A person should be judge by the content of their character and not anything else (such as; gender or race)

True

False



2020-21 C.H.O.I.C.E. Inc Pre/Post Test (Mentors)

1. What is your gender?

- Female
- Male

* 2. Which race/ethnicity best describes you? (Please choose only one.)

- American Indian or Alaskan Native
- Asian / Pacific Islander
- Black or African American
- Other (please specify)
- Hispanic
- White / Caucasian
- Multiple ethnicity

* 3. Who, if anyone, currently lives with you in your household? Please include permanent residents only.
(Please select those who live with you everyday)

- Mother
- Father
- Both Parents
- Grandparents
- Other (please specify)
- Aunt and/or Uncle
- Mother & Significant Other /Stepparent)
- Father & Significant Other /Stepparent)
- Guardian/Foster Parent

* 4. In what ZIP code is your home located? (enter 5-digit ZIP code; for example, 00544 or 94305)

5. What is your age?

* 6. What grade are you in?

- 9th
- 10th
- 11th
- 12th

* 7. How many school years have you participated in the C.H.O.I.C.E. "Dare to Dream" Sports Leadership & Mentoring Program?

- less than 1 school year
- more than 1 school year
- 2 school years
- more than 2 school years
- 3 school year
- more than 3 school year

* 8. During the last 12 months, how many times have you been a leader in a group, team or organization?

- Never
- Once
- Twice
- 3-4 times
- 5 or more times



2020-21 C.H.O.I.C.E. Inc Pre/Post Test (Mentors)

* 9. Please select ONE Answer for each question

	No	Sometimes	Yes
Do you have people you want to be like?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is doing well in school important to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel that your parent(s)/ caregiver(s) know a lot about you (for example, what makes you happy, what makes you scared)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you try to finish activities that you start?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No	Sometimes	Yes
When things don't go your way, can you fix it without hurting yourself or other people (for example, without hitting others or saying nasty things)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you know where to go to get help?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel you fit in with other children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you think your FAMILY cares about you when times are hard (for example, if you are sick or have done something wrong)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you think your FRIENDS care about you when times are hard (for example if you are sick or have done something wrong)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you treated fairly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have chances to show others that you are growing up and can do things by yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you like the way your family celebrates things (like holidays or learning about your culture)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



2020-21 C.H.O.I.C.E. Inc Pre/Post Test (Mentors)

* 10. How well does each of these statements describe you?

	Not Well				Very Well
When I see someone being taken advantage of I want to help them	<input type="radio"/>				
When I see someone being treated unfairly, I don't feel sorry for them	<input type="radio"/>				
I feel sorry for other people who don't have what I have	<input type="radio"/>				

* 11. How often do you do each of the following activities?

	Never	Seldom	Sometimes	Often	Very Often
Help make your city or town a better place to live	<input type="radio"/>				
Help out your church, synagogue or other place of worship	<input type="radio"/>				
Help a neighbor	<input type="radio"/>				
Help out at school	<input type="radio"/>				

* 12. How much do you agree or disagree with each of the following statements?

	Strongly Disagree	Neither Disagree or Agree			Strongly Agree
Adults in my town or city listen to what I have to say	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adults in my town or city make me feel important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In my town or city I feel like I matter to people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In my neighborhood, there are lots of people who care about me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If one of my neighbors saw me do something wrong, he or she would tell one of my parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My teachers really care about me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



* 13. Dealing with stress is a natural part of life

True

False

* 14. There are negative and/or positive consequences to every decision

True

False

* 15. Binge drinking with friends often on the weekends is not considered being an alcoholic

True

False

* 16. Marijuana does not have a negative effect on my brain development

True

False

* 17. A person with a family history of drug use and/or abuse has a higher chance of developing substance abuse issues

True

False

* 18. A person who use drugs and/or alcohol often cannot overdose

True

False

* 19. I have the right to say "NO" to someone without losing his or her friendship.

True

False

* 20. Bordem can lead to inappropriate behavior such as smoking marijuana, over-eating, stealing, or overuse of alcohol

True

False



* 21. I believe your opinion of yourself affect the way others (family, friends, and community members) see you

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | |

* 22. I believe people who are addicted to alcohol and/ or other drugs lack the strength to stop using

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | |

* 23. I believe not responding to a situation is still making a choice

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | |



Kentucky Secretary of State

Michael G. Adams

CHILDREN HAVE OPTIONS IN CHOOSING EXPERIENCES, INC.

[File Annual Report](#)
[File Statement of Change of Principal Office](#)
[File Statement of Change of registered Agent / Registered Address](#)
[Printable Forms](#)
[Additional Services](#)
[Certificates](#)

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	4/15/2021
Principal Office	STE. 303, 3715 BARDSTOWN, RD. LOUISVILLE, KY 40218

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

GLORIA MOORMAN SCHOLARSHIP FUND

Active

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	4/15/2021 2:00:36 PM	4/15/2021 2:00:36 PM	
Registered agent address change	4/15/2021 1:41:48 PM	4/15/2021 1:41:48 PM	
Annual report	6/8/2020 3:55:08 PM	6/8/2020 3:55:08 PM	
Added assumed name	5/17/2019 10:40:51 AM	5/17/2019	GLORIA MOORMAN SCHOLARSHIP FUND
Annual report	4/18/2019 3:51:03 PM	4/18/2019 3:51:03 PM	
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	

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Kentucky Unbridled Spirit