



Latah County Youth Advocacy Council

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Youth, families and community collaborating to reduce substance use in Latah County.

Request for Latah County Youth Advocacy Community Scholarship

Name of person requesting funds: _____

Address: _____
Street Address City State Zip

Email: _____ Phone: _____

Community or organization affiliation: _____

Name of Event: _____

Date registration opens: _____ Date Early Bird Registration ends: _____

LCYAC's Goals:

1. Create an effective, sustainable coalition that acts collaboratively, represents and serves the whole county, and facilitates cooperative program development to reduce drug abuse in Latah County.
2. Reduce the environmental factors that contribute to high-risk drinking in Latah County.
3. Reduce substance abuse by decreasing risk factors and increasing protective factors for your, particularly in the rural areas of Latah County.

1. Please include a copy of the training agenda or brochure.

2. Please use a separate sheet of paper to address the following:

- a. Describe how this event or training fits within the mission or goals of LCYAC:
- b. Describe how this event or training will assist you in furthering LCYAC's mission and goals in your community.

3. Please provide the following:

Registration Fee: _____	Other costs (please explain): _____
Transportation Fee: _____	Total Fees/Costs: _____
Lodging Fee: _____	
Per Diem Fee: _____ <i>(based on Latah County reimbursement rate)</i>	
Total Amount Requested: _____	

Per Diem Rates	In State
Full Day(s) <i>Leave pre 7 am & return post 7 pm</i>	\$42/day
Breakfast <i>Leave pre 7 am or return post 8 pm</i>	\$10/day
Lunch <i>Leave pre 11 am or return post 2 pm</i>	\$12/day
Dinner <i>Leave pre 7 am or return post 7 pm</i>	\$20/day
Mileage <i>if using personal vehicle</i>	\$0.43/mile

By signing below you agree to the following terms, should your application be approved:

1. Applicants must agree to complete and return the LCYAC Event Evaluation Form and reimbursement request within 10 business days of hosting the event.
2. Applicants must agree to report to LCYAC in person if requested.
3. Applicants must agree to complete and return an email survey six (6) months after the event if requested.
4. Applicants coordinating an event for multiple participants must agree to distribute, collect and submit a completed event evaluation form from each participant to LCYAC, with a list of all participants (indicate youth or adult), including email addresses if possible; within 10 business days of workshop.

Signature of Requestor

Date

FOR OFFICE USE ONLY:			
Date Received: _____		Date Reviewed: _____	
Reviewed by:	Administrative Board	Coalition	Fiscal Agent
Approved:	Yes	No	Conditional Approval
Condition of approval: _____			
Reason for disapproval: _____			
_____ Council Chair Signature		_____ Date	
_____ Fiscal Agent Signature		_____ Date	
Date notification letter sent: _____		Sent by: _____	
Evaluations Received: Yes No		Date: _____	
Comments: _____			

