Sunburst chart

Description automatically generated

Email the information requested in this application to [**IdahoBehavioralHealthCouncil@idcourts.net**](mailto:IdahoBehavioralHealthCouncil@idcourts.net) by August 25, 2025.

Youth Assessment Center FY2027 funding request application

**Introduction**

[Senate Bill 1215 section 15 subsection 7](https://legislature.idaho.gov/sessioninfo/2025/legislation/S1215) describes the requirements for future state funding for the youth assessment centers beyond Fiscal Year 2026:

Each youth assessment center shall submit a request to the Idaho Behavioral Health Council by a date determined by the council, and such date shall be posted on the council’s website. Each youth assessment center request shall include details on the funding amount needed, intended purposes, proposed solutions to maximize non-state resources to sustain operations on an ongoing basis, and any other criteria determined by the Idaho Behavioral Health Council.

**Instructions**

Please send the information requested in this FY 2027 State Funding Request application to IdahoBehavioralHealthCouncil@idcourts.net by August 25, 2025

1. **Applicant Description**

Center Name

Address

City/State/Zip

Phone

Website

Financial Director

Address

City/State/Zip

Phone

Email

Program Director

Address

City/State/Zip

Phone

Email

1. **Overall Budget and Performance Table**

Please complete the following table with the actual or proposed budget for each fiscal year the assessment center has received funding.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Grant Year** | **TOTAL BUDGET** | **State Funds** | **Other Funding Sources** | **Number of Youth Served** |
| **FY 2023 Actual** |  |  |  |  |
| **FY 2024 Actual** |  |  |  |  |
| **FY 2025 Actual** |  |  |  |  |
| **FY 2026 Actual** |  |  |  |  |
| **FY 2027 Proposed** |  |  |  |  |

1. **FY 2027 Budget Information**

Complete the **IBHC** **FY27 Budget Form** (provide a budget that will allow the project to operate efficiently). *All expenses must be reasonable, necessary, and allocable to the project.*

**For each line item requested**:

* + Provide a detailed explanation justifying the need for each line item cost.
  + Provide the calculation factors for all costs shown on the budget form.
  + Identify funding type, whether requested state funds or non-state funds.
  + For non-state funds, identify the source, such as in-kind, donations, grants, etc.
  + Sum the total cost of state and non-state funds for each line item.

1. **State Funding Request**
2. Total amount of state funds requested: $\_\_\_\_\_\_\_\_\_\_.
3. Provide a narrative describing the need and intended purpose for requested state funds.
4. **Sustainability Plan Attachment A**