

Event Approval Request Form

Agency Contact: Heather Bernet

Contractor Agency Name: BRiDGES, Madison County Council on Alcoholism and Substance Abuse, Inc.

Email Address: hbernet@bridgescouncil.org **Telephone Number:** (315) 727-6296

1	Type of proposed event:	TRAINING
2	Date(s):	9/16/2024 – 9/18/2024
3	Event location:	Holiday Inn – Saratoga Springs Address: 232 Broadway, Saratoga Springs, NY 12866 Phone: (518) 584-4550
4	Brief description of event:	Statewide Training for Coordinators, Program Specialist and Program Assistants on Collaboration, Youth/Community Recruitment Relationship Building, Retention, and Program Planning & Development, looking at what our “Best Practices” are
5	List and describe the work plan objective(s) the event will support.	Learn, develop, and strengthen strategies that... <ol style="list-style-type: none"> 1) Educate the public, or subsets of the public about tobacco control issues to influence individual knowledge, attitudes, beliefs and behaviors regarding commercial tobacco and tobacco marketing 2) Engage influential community members and organizations to publicly support and take action that will aid in reducing tobacco-use and marketing 3) Educate local, state, regional or national policy-makers about tobacco issues and the implications of policy change 4) Influence organizational decision makers to change their organizations’ policies, programs or practices 5) Engage activities that educate the public and decision-makers about tobacco control priorities and programming in NYS to influence individual knowledge, attitudes, beliefs and behaviors. 6) Engage in ongoing efforts to build and maintain an adequate youth infrastructure
6	List the goals/projected outcomes for the event:	<ol style="list-style-type: none"> 1) Training to assist grantees/contractors to ensure buildup and maintenance of adequate community & youth infrastructure. 2) Provides coordinators with opportunities to collaborate, share, and learn from one another, training on ways to continuously engage with youth and their communities in meaningful ways. 3) Equips coordinators to provide meaningful community and youth involvement in the ATFC program throughout the year. 4) Provides an opportunity to foster increased support and collaboration 5) Provides an opportunity for new staff to become more familiar with work plan deliverables in an engaging way
7	Evaluation—identify how you will determine the event’s success:	<ol style="list-style-type: none"> 1) Surveys will be completed by participants attending the event. 2) Lead Coordinators will report through the year how the State Coordinator Camp equipped them for the work that they do in their communities. 3) Best Practices discussed will be collected, compiled, and shared across ATFC and with Bureau Management
8	Projected cost of event—specify costs by budget line (as necessary):	Lodging (Travel) Per person = \$121 per night (GSA Rate) Meals & Incidentals (Travel) Per person (based on GSA Rates) = \$64/day Conference Fee (Meeting Room Costs, Program Supplies, Materials, Printing) Per person = \$100

Notes: For BTC use only:

Date CM/PM received form:7/17

CM/PM initials: **RZH**

Date CM/PM provided feedback: CM/PM initials:

Date CM/PM approved request:7/22

CM/PM initials: **RZH**