


Youth Homelessness Demonstration Program
 2023-2025 Funding Opportunity
 Letter of Interest (LOI)



APPLICANT INFORMATION

Name of Organization			Licensed to do Business in FL State		
			<input type="checkbox"/> Yes <input type="checkbox"/> Will become licensed within 30 days (commitment statement attached)		
Mailing Address			Physical Address (if different than mailing address)		
Street:			Street:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Federal Employer Tax Identification #					

Contacts

Primary contact for this application		Executive (person who signs grant agreements)	
Name/Title:		Name/Title:	
Phone:		Phone:	
Email:		Email:	
Finance (primary contact regarding invoices)		Program Manager (primary contact for grant activities)	
Name/Title:		Name/Title:	
Phone:		Phone:	
Email:		Email:	

Proposal Summary

Please enter the following information for all program(s) for which you are applying for funding.

Program	Service Area ¹	Funding Request ²
1	Support Services Only (SSO)	\$
2	Youth Lead Project – (SSO)	\$
3	Transitional Housing (TH)	\$
4	Rapid Re-Housing (RRH)	\$
5	Joint Component (TH-RRH)	\$

¹ Provide county service area(s).

² Provide the amount that would be needed to provide services on an annual (one-year) basis. Total requested cannot exceed the county allocations.

PROGRAM SPECIFIC QUESTIONS

Complete sections for the programs you are applying for. **250-word limit each.**

1. Support Services Only

1. SUPPORTIVE SERVICES ONLY	1. Describe your proposed project including staffing structure, hours of operation, service model, etc. Click or tap here to enter text.					
	<i>Also check all that apply</i>					
	<input type="checkbox"/> Street Outreach <input type="checkbox"/> Drop-in Center <input type="checkbox"/> Host Homes (unlicensed)					
	<table border="1"><thead><tr><th></th><th>Point-In-Time Capacity</th></tr></thead><tbody><tr><td>Number of Households</td><td>Click or tap here to enter text.</td></tr><tr><td>Number of Individuals in Those Households</td><td>Click or tap here to enter text.</td></tr></tbody></table>		Point-In-Time Capacity	Number of Households	Click or tap here to enter text.	Number of Individuals in Those Households
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Number of Individuals in Those Households	Click or tap here to enter text.					

2. Youth Lead Project

2. YOUTH LEAD PROJECT	1. Describe your proposed project including staffing structure, hours of operation, service model, etc. Click or tap here to enter text.
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3. Transitional Housing (TH)

3. TRANSITIONAL HOUSING (TH)	1. Describe your proposed project including staffing structure, hours of operation, service model, length of stay, physical layout (congregate vs. private rooms), etc. Click or tap here to enter text.						
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Number of Individuals in Those Households	Click or tap here to enter text.						

4. Rapid Rehousing (RRH)

4. RAPID REHOUSING

1. Describe your proposed project including staffing structure, supports and community referrals, program activities, bedroom occupancy, etc.

Click or tap here to enter text.

	Point-In-Time Capacity
Number of Households	Click or tap here to enter text.
Number of Individuals in Those Households	Click or tap here to enter text.

5. Joint Component (TH-RRH)

5. JOINT

1. Describe your proposed project including staffing structure, service model, housing unit description, length of services, etc.

Click or tap here to enter text.

	Point-In-Time Capacity
Number of Households	Click or tap here to enter text.
Number of Individuals in Those Households	Click or tap here to enter text.

On behalf of the Proposer submitting this proposal, my signature below attests to the accuracy of the above statement as well as my authority to bind the submitting organization.

Signature of Proposer

Date

Printed Name

Title

Note: This is not a promise to commit to any funded award.