FY2020 Homeless Youth NOFO Application - Appendix 12

PRIORITY POPULATION

**Priority Target Population**.

*Applicants that can demonstrate a high need in their service area for homeless services targeting the LGBTQ+ youth population may be eligible to receive up to an additional 15 priority points toward their overall application review score. Priority points will be awarded to applications that serve 50% to 100% of youth from this high-risk target population. To receive priority points, the applicant must do the following as part of their application: 1.) Specifically address this target population throughout each of the application sections A, B, C, and D. and 2.) Complete this Appendix 12 and include it as Attachment 15.*

**Instructions:** Please provide a detailed response under each of the items listed below. The document will expand as necessary to allow as much detail as needed for a response. Once complete, please include this document as **Attachment 15** to the application.

1. **Service Area Description:** Please provide a geographical description of the area that will served by this grant.
2. **Description of Need – LGBTQ+:** Please provide a detailed description, including data, of the need for Homeless Youth services targeting this population in the targeted service area. Describe the risk factors of this population in the service area, the number of affected youths, the service needs of this population, the availability/lack of needed services, etc.
3. **Experience Serving LGBTQ+ Population:** Please provide a detailed description of the organization and staff experience working with and serving this population. Include number of years serving this population, staff experience serving this population, staff cultural competencies, programming and services currently/previously provided to this population.
4. **Service Provision:** Please describe if and what current programming and services are provided by the organization that will supplement the programming to be provided under this award. Please also describe any specialized programming and services for the LGBTQ+ youth population that are anticipated under this grant if awarded.
5. **Target Population:** Please complete the table below providing the estimated total number of youth to be served under this grant for the initial period of November 22, 2019 – June 30, 2020. Indicate the anticipated number of these youth that will fall into the LGBTQ+ priority population and the anticipated number to be served in each of the program components:

|  |  |
| --- | --- |
| Total # Youth to be Served: |  |
| * # of these youth identified as LGBTQ+: |  |
| * + # of the LGBTQ+ youth to be served in: |  |
| * + - Outreach Brief Contacts / Information & Referral: |  |
| * + - Outreach Case Management: |  |
| * + - Emergency Shelter / Interim Housing: |  |
| * + - Transitional Living: |  |