



Tampa Hillsborough Homeless Initiative 2024 Universal RFP – YHDP Partnership Interest

Many organizations in our community receive funding to provide support services for Youth and Young Adults ages 16 – 24 (YYA). We are seeking to partner these organizations with YHDP-funded projects, especially at the proposed Youth HUB (e.g. a one stop center for YYA), who would **NOT** require additional funding through YHDP to provide support/auxiliary services. Agencies would be required to enter into a formal memorandum of agreement (MOA), with an agreed service schedule and will be provided (shared) office space at the Youth HUB.

Support Services Needed at the Youth HUB include, but are not limited to:

Life Skill Classes/ Workshops <i>e.g. Budgeting, credit repair, parenting classes, basic cleaning, basic cooking</i>	Education Services <i>e.g. GED classes, help with financial aid forms, trade/technical courses, help with tuition waiver paperwork</i>	Physical Health Care Services <i>e.g. onsite mobile services, referrals/appointments to/at clinics, vaccines, pharmacy services</i>
Mainstream Benefit Enrollment <i>e.g. food stamps/WIC/SOAR/TANF</i>	Transportation <i>e.g. bus passes, car repairs, help with insurance</i>	Behavioral Health Care <i>e.g. mental health, substance recovery, support groups</i>
Food <i>e.g. prepared – served onsite; pantry items</i>	Peer to Peer Support / Peer Support groups	Healthcare Navigation
Mentorships (short/medium term)	Employment Services	Financial (banking)
Childcare Resources / Vouchers	Legal	LGBTQ+ Support / Resources

YES! Our agency would be able to / is interested in being a YHDP service partner:

Organization Name	
Organization Address	
Organization Phone and Website	
Primary Contact Person	
Contact Person Email	

We can provide access to the following services/programs through already funded programs (please list below):

Program/Project Name	Type of Service(s)	Funded By / Through

We would be willing and able to provide match letters that summarize the services offered and dollar value of those services.

Signature of Authorized Official* _____
 Printed Name of Authorized Official _____
 Title of Authorized Official _____
 Date _____

Please submit this form, via email, to Lesa Weikel at Weikel@THHI.org by 4:00 PM on Friday, May 3, 2024.

**“Authorized Official” is defined as a person within the organization that is able to sign memorandum of agreements on behalf of the organization.*