**HAP 2022 YHDP REPLACEMENT PROJECT REQUEST FOR APPROVAL** (10-Point Font, New Times Roman)

**Requesting Agency Name**:

**Name of YHDP Project Being Replaced**:

**YHDP Replacement Project Name**:

**1. YHDP Replacement Component Type**:

Select the *component* type for this YHDP replacement project application (check 1):

* PSH [ ]
* RRH [ ]
* Joint TH - RRH [ ]
* HMIS [ ]
* Supportive Services Only (SSO) [ ]

**2. YHDP Replacement Project Type (only SSO)**:

If SSO, select the *project* type this YHDP replacement project application (check 1):

* Street Outreach [ ]
* Housing Project or Housing Structure Specific [ ]

*Services provided in a structure, or structures, at one central site, or in multiple buildings at scattered sites*

* Coordinated Entry (CE) [ ]
* Stand-alone Supportive Services [ ]

*Addresses the special needs of program participants (e.g. childcare, employment assistance, transportation services), has associated housing outcomes, and is not limited to providing services from one or more housing-related project*

* None [ ]

*Select this if the project has no SSO activities. This selection should only be made if your organization will request funds for host homes/kinship care*

**3. Units/Beds – Original YHDP Renewal Project AND YHDP Replacement Project (only Housing)**:

If the project will provide housing, please identify how many units and beds are provided for the original renewal project, and will be provided for the replacement project:

* Original renewal project: No. of Units  No. of Beds
* Replacement project: No. of Units  No. of Beds

**4. Youth Served – Original YHDP Renewal Project AND YHDP Replacement Project:**

Please identify how many youth households and individual youth could served at a time at full capacity for the original renewal project, and will be served at a time at full capacity for the replacement project:

* Original renewal project: No. of Households  No. of Individuals
* Replacement project: No. of Households  No. of Individuals

**5. YHDP Replacement Project Budget**

Please attach a proposed budget for your YHDP replacement project. You may simply attach a PDF of the Project Budget from you E-snaps replacement project application. Must be equal to the amount of YHDP renewal project being replaced.

**6. YHDP Replacement Project Description**

In no more than 1 page, please provide a description that addresses the scope of the YHDP replacement project. Include:

* A brief description of the scope of the project and how it differs from the previous YHDP project
* The NOFO exceptions the YHDP replacement project is requesting (e.g., housing change from RRH model to host homes)
* The reason why the YHDP project is being replaced with a YHDP Replacement project
* The waivers/special activities, if any, you plan to include in the replacement project
* Best practices to be implemented (e.g., positive youth development or trauma-informed care)
* Numerical client outcomes to be achieved
* How the project will meet the goals established in our YHDP Coordinated Community Plan.