DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT COMMUNITY PLANNING AND DEVELOPMENT HOMELESS ASSISTANCE GRANTS

2020 Summary of Resources

(Dollars in Thousands)

	Enacted/ Requested	Carryover	Supplemental/ Rescission	Total Resources	Obligations	Outlays
2018 Appropriation	2,513,000	2,460,132ª	-	4,973,132	2,486,198	2,053,669
2019 Annualized CR	2,513,000	2,489,432 ^b	-	5,002,432	2,555,348	2,394,066
2020 Request	2,598,600	2,447,084 ^b	-	5,045,684	2,621,640	2,512,723
Change from 2019	85,600	(42,348)	-	43,252	66,292	118,657

a/ This number includes \$37.8 million of funds from prior year obligations recaptured during fiscal year 2018.

1. Program Purpose and Budget Overview

The 2020 President's Budget requests \$2.599 billion for Homeless Assistance Grants (HAG), which is \$85.6 million more than the 2019 Annualized Continuing Resolution (CR) level. This request includes \$2.322 billion for the Continuum of Care (CoC) Program, which will allow HUD to continue to serve over 750,000 people experiencing homelessness each year. It also includes \$270 million for Emergency Solutions Grants (ESG), which support over 350,000 persons in emergency shelters each year, and \$7 million for Homeless Management Information System (HMIS) Technical Assistance through the National Homeless Data Analysis Project.

Homeless Assistance Grants are key to addressing homelessness nationwide, which has declined by 13 percent between 2010 and 2018. HAG funds allow HUD to serve vulnerable individuals and families who are homeless or at risk of homelessness through a variety of service and housing interventions, including homelessness prevention, emergency shelter, rapid re-housing, transitional housing, and permanent supportive housing.

b/ This number includes anticipated recaptured funds of \$13 million from prior year obligations.

¹ Department of Housing and Urban Development. The 2018 Annual Homeless Assessment Report (AHAR) to Congress, Part 1.

2. Request

Emergency Solutions Grants Program - \$270 million

The Emergency Solutions Grants (ESG) program provides the first response to people with a housing crisis and engages people living on the streets. The ESG program awards funds to over 360 urban counties, metropolitan cities, states, and territories, supporting a variety of life-saving activities including:

- Emergency shelter to house people in crisis;
- Street outreach and other essential services to engage people who may be living on the streets;
- Rapid re-housing to provide time-limited permanent housing and stabilization services; and
- Homelessness prevention for individuals and families.

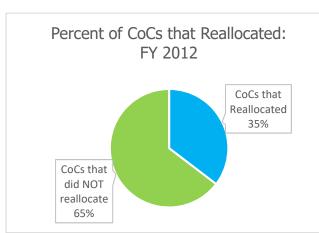
Continuum of Care Program - \$2.322 billion

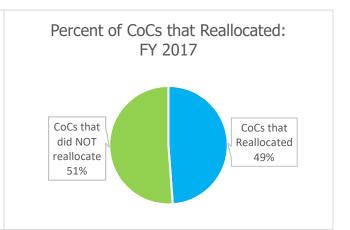
The Continuum of Care (CoC) program is HUD's largest program targeted to men, women, and children experiencing homelessness. Funds are awarded to over 7,300 projects through a national competition. In the 2017 CoC program competition, over 91 percent of those projects were renewals (see description of renewal demand on Page 4).

CoC program funds can be used for:

- Rapid re-housing to provide time-limited permanent housing and stabilization services;
- Permanent supportive housing for homeless people with disabilities;
- Transitional housing to help individuals and families move to stability within two years;
- Support services to help identify and maintain permanent housing; and
- Planning to improve program monitoring, collaboration, and data collection to drive higher performance at the local level.

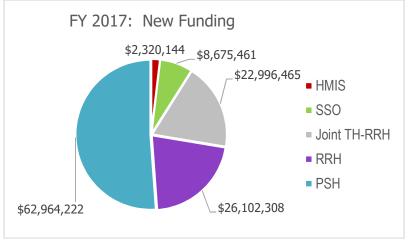
Policy priorities for the CoC program are focused on preventing and ending homelessness, including ending homelessness for veterans, families, youth, and people experiencing chronic homelessness. The CoC program's competitive funding process encourages applicants to carefully review the performance of each project in its portfolio and reallocate funds from underperforming or under-utilized projects





to ones based on proven, data-driven strategies. CoCs continue to reallocate funding from renewal projects to create new projects—from 35 percent of CoCs reallocating in FY 2012 to 49 percent in FY 2017.

CoCs continue to prioritize the creation of new permanent housing—both rapid rehousing and permanent supportive housing—and have also increased resources for the development of coordinated entry systems. Increased resources for coordinated entry will enhance the CoCs' abilities to maximize their limited resources and will also allow CoCs to target their resources to those who have the highest needs.



The chart below details the number and type of new and renewal grants in the most recently awarded CoC program competition.

Fiscal Year 2017 Funding Amount

(Dollars in Millions)

	Awarded
Total Projects	7,405
Total Amount (\$)	\$2,033.3
CoC Planning and UFA Cost Applications	373
CoC Planning and UFA Cost Amount (\$)	\$56.0
New Applications	547
New Amount (\$)	\$123.1
Renewal Applications	6,485
Renewal Amount (\$)	\$1,854.2

Renewal Demand: The estimated renewal demand for each fiscal year is based primarily on three factors: The number of previously renewed grants which are eligible to seek renewal again; the number of new awards made in the prior 1 to 5 years, which are now eligible for renewal for the first time; and increases based on Fair Market Rent (FMR) updates.

HUD estimates renewal requirements within a range to accommodate the uncertain percentage of projects that will need renewal. The following chart details HUD's five-year estimates of renewal demand. These projections include currently awarded projects and new projects anticipated from funding provided by Congress through FY 2019.

Fiscal Year	Estimated Renewal Need (in millions)
2019	\$2,196 - \$2,309
2020	\$2,301 - \$2,443
2021	\$2,399 - \$2,547
2022	\$2,450 - \$2,601
2023	\$2,499 - \$2,654
2024	\$2,551 - \$2,708

Technical Assistance: CoC funds also support Technical Assistance (TA), which helps communities improve their homeless assistance. HUD uses TA resources to:

- Develop and provide guidance to communities on critical compliance issues;
- Work directly with communities to develop strategic plans and action steps to improve project and community level performance;
- Develop tools and provide direct assistance to improve data collection and reporting to HUD; and
- Increase the overall capacity of grantees to understand their own markets and manage their portfolios successfully.

National Homeless Data Analysis Project - \$7 million

The National Homeless Data Analysis Project provides critical resources to communities to:

- Improve data collection and reporting;
- Integrate data collection efforts in HMIS with other federal funding streams;
- Use software as a service for data integration and to enhance the ability for HUD and communities to report and analyze data about persons experiencing homelessness;
- Produce standards and specifications for data entry and reporting for all HMIS-generated reports;
- Analyze point-in-time and longitudinal data to produce the Annual Homeless Assessment Report (AHAR); and
- Provide direct technical assistance to CoCs on HMIS implementation.

Congress charged HUD with "taking the lead on data collection" on homelessness (House Report accompanying the 2001 appropriations (106-988)). HMIS has grown to include other federal partners—in 2011, both the Department of Veterans Affairs (VA) and Department of Health and Human Services (HHS) committed to requiring HMIS to be used by their grantees—thereby streamlining data collection and improving collaboration among programs that serve individuals experiencing homelessness. HUD incentivizes participation in HMIS and high-quality data through its annual CoC Program application. HUD also provides extensive technical assistance (TA) for HMIS at the local level—including needs assessments, on-site assistance to improve data quality, community participation, and data analysis. HMIS has changed the way that HUD and communities do business, moving from using anecdotal and inconsistent evidence to using comprehensive and standardized data to inform policy decisions.

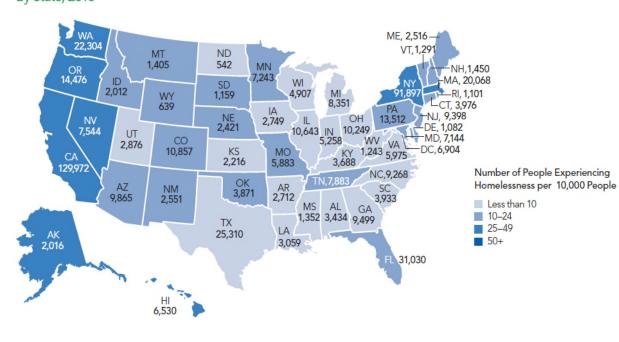
HMIS TA ensures consistency in data standards, policies, collection, and reporting standards. HUD coordinates the participation of federal partners in HMIS, facilitating specifications for reporting that are cross-cutting and supporting a HMIS Data and Research lab

to provide data resources designed to lower costs for communities while increasing reporting accuracy for HUD and the federal partners.

3. Justification

While HUD and our federal, national, and local partners have learned a lot about what works to solve homelessness, it still affects nearly 553,000 men, women, and children on any given day. To track progress and continue learning about individuals and families experiencing homelessness, each year HUD publishes its Annual Homeless Assessment Report (AHAR) to Congress, which provides valuable information on the scope of homelessness and the needs of the persons served. It provides critical data to HUD and other policymakers so they can make informed decisions, while also providing data that is the basis for establishing goals and tracking progress towards ending homelessness. The data is collected both as a "snapshot" of the number and characteristics of persons who are homeless on a given night, and longitudinally, showing persons being served in emergency

EXHIBIT 1.6: Estimates of Homeless People By State, 2018



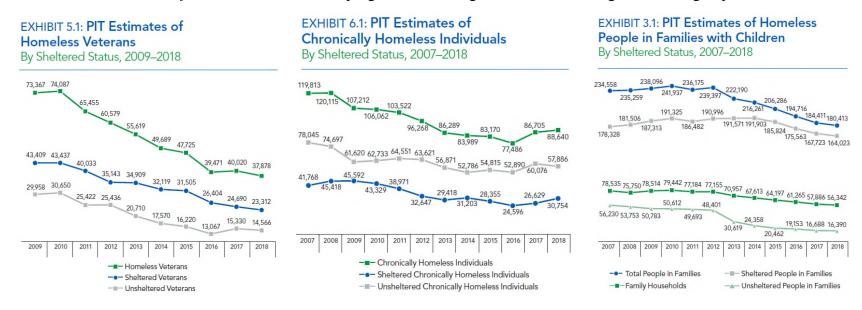
shelter, transitional housing, safe havens, and permanent housing.

The most recent AHAR shows that homelessness increased slightly from the prior year. The number of people experiencing homelessness on a single night increased by less than one percent between 2017 and 2018 from 550,996 in January 2017 to 552,830 in

² Part 1 of the 2018 AHAR can be accessed online at https://www.hudexchange.info/resource/5783/2018-ahar-part-1-pit-estimates-of-homelessness-in-the-us/, and Part 2 of the 2017 AHAR can be accessed online at https://www.hudexchange.info/resource/5769/2017-ahar-part-2-estimates-of-homelessness-in-the-us/.

January 2018. This increase was driven by a three percent (4,338 persons) increase in unsheltered persons between 2017 and 2018. Roughly 1.42 million people spent at least one night in an emergency shelter or transitional housing program during the 2017 AHAR reporting period, a 11.1 percent decrease from 2010.

HUD uses the 2018 Point-In-Time (PIT) count data in the AHAR to track the number of families, chronically homeless individuals, and veterans experiencing homelessness. The following charts from the 2018 Annual Homeless Assessment Report to Congress: Point-in-Time Estimates of Homelessness show the progress in reducing homelessness among these three groups.



For people who have lost their homes or are at risk of losing their homes, homeless assistance brings stability and helps address their needs for treatment, health care, and employment. To deliver these services, homeless assistance providers establish partnerships with a variety of public and private health, human service, and job training and placement organizations. HUD is working with communities to implement coordinated entry systems to ensure that people experiencing homelessness are quickly assessed and referred to the most cost-effective solution to their homelessness.

HUD's Homeless Assistance Grants fund a variety of program types that address the needs of individuals and families experiencing homelessness. Communities conduct a gaps analysis and fund or reallocate projects based on the gaps identified. In a typical community, homeless assistance includes the following types of assistance:

- Emergency shelter to house people in crisis;
- Street outreach and other essential services to engage people who may be living on the streets or who are service-resistant;
- Transitional housing to help individuals and families move to stability within 2 years;
- Rapid re-housing to provide time-limited permanent housing and stabilization services;
- Permanent supportive housing for homeless people with disabilities;
- Homelessness prevention for individuals and families; and
- A variety of support services to help identify and maintain permanent housing.

For over 15 years, HUD has prioritized permanent supportive housing, which serves people with the highest levels of housing and service needs, especially people experiencing chronic homelessness. In 2017, HUD allocated over \$1.50 billion—74 percent of its competitive funds—to permanent supportive housing projects. More recently, as more evidence has emerged about the cost effectiveness of rapid re-housing relative to certain other interventions, HUD has created incentives for communities to use their ESG and CoC resources to expand rapid re-housing. The recent rise in unsheltered homelessness highlights the need for new rapid re-housing resources to help people move quickly off the streets and into housing.

Goals and Outcomes to Date

HUD has undertaken several policy and administrative initiatives that have resulted in positive outcomes for the program and for those being served by HUD's homeless programs.

Permanent Supportive Housing and Chronic Homelessness: HUD focuses its resources on people with the highest needs by offering bonuses and other incentives to communities in its annual notice of funding availability (NOFA). As shown in the chart below from the 2018 Annual Homeless Assessment Report to Congress: Point-in-Time Estimates of Homelessness, since 2009, the number of permanent supportive housing beds has exceeded either the number of emergency shelter or transitional housing beds. Permanent supportive housing leverages an estimated \$3 to each \$1 of HUD funds.

Homeless Veterans: HUD is committed to ending veteran homelessness. The programs funded through the Homeless Assistance Grants account play an important role in achieving this goal and contributed to the decrease in veteran homelessness by 49 percent since 2010.³ Projects funded in 2017 will provide over 10,000 homeless veterans permanent supportive housing through HUD's CoC Program. Additionally, CoCs continue to work closely with the Department of Veterans Affairs (VA) and Public Housing Authorities to effectively use HUD-VA Supportive Housing (HUD-VASH) resources.

EXHIBIT 7.1: Inventory of Beds for Homeless and Formerly Homeless People 2007–2018



Child, family, and youth homelessness: Nearly 158,000 HUD-funded beds across the country were serving persons in homeless families at the beginning of 2018. In the FY 2017 CoC program competition, HUD funded nearly 35,000 rapid re-housing beds that were targeted to homeless families with children. Over 24,000 beds across the country are dedicated to serve youth experiencing

³ Department of Housing and Urban Development. The 2018 Annual Homeless Assessment Report (AHAR) to Congress, Part 1.

homelessness, 9,600 of which receive HUD funding. Many more youths are served in adult and family programs that do not necessarily set beds aside for youth.

Key Partners and Stakeholders

HUD Collaboration with Department of Veterans Affairs: HUD and the Department of Veterans Affairs (VA) are committed to ending veteran homelessness and have implemented joint planning efforts related to data collection and reporting and partnered to develop milestones and strategies to meet the goal of ending homelessness among veterans. HUD and the VA continue to successfully administer HUD-VASH, resulting in over 150,000 veterans being housed since 2008, and they continue to improve the efficacy of the program. HUD, VA, and the U.S. Interagency Council on Homelessness (USICH) continue to collaborate on innovative strategies to reduce veteran homelessness, including the use of rapid resolution, a problem-solving technique that helps veterans reunify with family members or find other creative housing options.

HUD Collaboration with Health and Human Services: HUD and the Department of Health and Human Services (HHS) share the joint goal of ending homelessness among children, families, and youth. Currently, HUD and HHS are collaborating with USICH to further develop and promote a national framework to end family and youth homelessness. In addition to these efforts, HUD, in coordination with HHS, is providing assistance to communities to reduce duplication of healthcare services by ensuring that homeless assistance is coordinated with state Medicaid programs and other mainstream healthcare initiatives.

Research-Based Evidence of Effectiveness

There is a large body of research that demonstrates positive outcomes and cost-savings gained from housing and supportive services for homeless people. A 2017 study conducted in Orlando showed that placing 58 persons who regularly use public services (e.g., hospitals, jails) into permanent supportive housing resulted in a cost savings of nearly \$2.5 million in a single year.⁴ When looking at health service utilization in Orange County, California, researchers estimated average annual cost among those homeless who are housed (\$26,158) is half the annual cost incurred by those on the street or in emergency shelters (\$51,855), with the disparity even greater between those in permanent supportive housing (\$43,184) and the chronically street homeless (\$98,199).⁵

⁴ Ability Housing. 2017. "Solutions that Save." https://abilityhousing.org/the-solution-that-saves/.

⁵ Snow, David A. and Richard E. Goldberg. 2017. "Homelessness in Orange County: The Costs to Our Community." https://www.jamboreehousing.com/uploads/pdfs/united-way-cost-study-homelessness-2017-report-jamboree.pdf.

Other research shows similar results. One study showed that before housing placement, homeless people with serious mental illness used \$40,451 per person per year in publicly-funded emergency services.⁶ After placement in permanent supportive housing, the annual public cost of emergency services was reduced by approximately \$12,146 per placement in housing, enough to offset virtually all of the cost of the permanent supportive housing. A randomized trial of homeless adults with chronic mental illness in Chicago found that case management and housing assistance reduced hospitalization and hospital days by 29 percent and emergency department visits by 24 percent, and it generated an average annual cost savings of \$6,307 per person.⁷ Another study of homeless people with chronic mental illness in Seattle found that total cost offsets for Housing First participants relative to the control group averaged \$2,449 per person per month after accounting for housing program costs.⁸ Studies have also found that supportive housing improves housing stability and reduces emergency department and inpatient services.⁹

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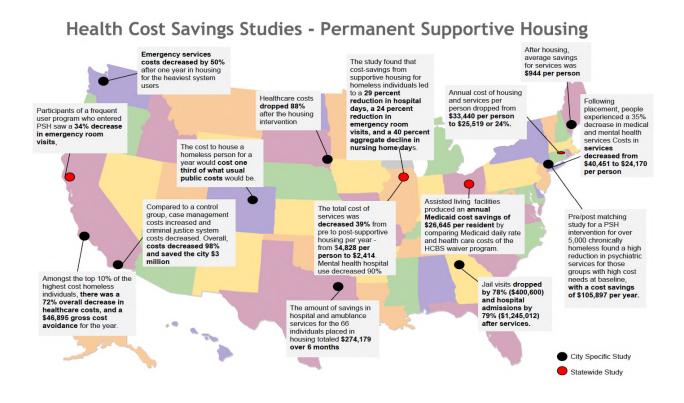
⁶ Culhane, Dennis P., Stephen Metraux, and Trevor Hadley. 2002. "Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing." Housing Policy Debates 13(1): 107-63. See also, Cunningham, Mary. 2009. "Preventing and Ending Homelessness-Next Steps." Metropolitan Housing and Communities Center. Washington, DC: Urban Institute; Martinez, Tia, and Martha R. Burt. 2006. "Impact of Permanent Supportive Housing on the Use of Acute Care Health Services by Homeless Adults." Psychiatric Services 57(7): 992–99.

⁷ Basu, Anirban, Romina Kee, David Buchanan, and Laura S. Sadowski. 2012. "Comparative Cost Analysis of Housing and Case Management Program For Chronically III Homeless Adults Compared to Usual Care." *HSR* 47(1): 523-543; Sadowski, Laura, Romina Kee, Tyler VanderWeele, David Buchanan. 2009. "Effect of a Housing and Case Management Program on Emergency Department Visits and Hospitalizations Among Chronically III Homeless Adults: A Randomized Trial." *JAMA* 301(17): 1771-8.

⁸ Larimer, Mary, Daniel Malone, Michelle Garner, et al. 2009. Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons with Severe Alcohol Problems." *JAMA* 301(13): 1349-57.

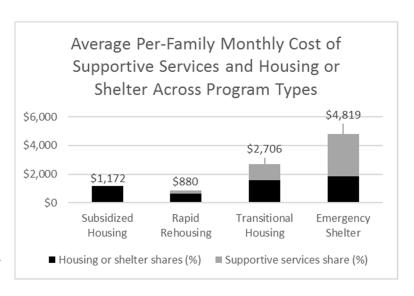
⁹ Cunningham, Mary. 2009. "Preventing and Énding Homelessness-Next Steps." *Metropolitan Housing and Communities Center*. Washington, DC: Urban Institute; Martinez, Tia, and Martha R. Burt. 2006. "Impact of Permanent Supportive Housing on the Use of Acute Care Health Services by Homeless Adults." *Psychiatric Services* 57(7): 992–99; Tsemberis, Sam, Leyla Gulcur, and Maria Nakae. 2004. "Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals with Dual Diagnosis." *American Journal of Public Health* 94:651; Culhane, Dennis P., Stephen Metraux, and Trevor Hadley. 2002. "Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing." *Housing Policy Debate* 13(1): 107–63.

The following map details the findings of several of studies related to cost effectiveness of permanent supportive housing projects, which demonstrate cost savings and increased positive outcomes for program participants. It is clear from the outcomes on chronic homelessness as stated above that focused federal attention can make a difference in the homeless population.



HUD, in partnership with other federal agencies, has also engaged in a number of evaluations on the effectiveness of homelessness interventions to identify best practices to serve special populations, such as families with children, youth aging out of foster care, and veterans. These studies include:

The outcomes from the *Family Options Study*, a large and rigorous study of the impact of various housing and service interventions for homeless families, were released in October of 2016. These outcomes document how families were faring three years after being randomly assigned to one of four interventions: A permanent housing subsidy, community-based rapid re-housing, project-based transitional housing, or usual care. The study indicates that having priority access to deep long-term housing subsidies produces substantial benefits for families. More than one-third of families in all assignment groups found their way to long-term housing subsidies, but families given priority access to that assistance obtained subsidies more often and sooner. Families assigned to receive rapid re-housing received assistance at a lower cost than any other intervention. All reports associated with the study can be found on https://www.huduser.gov/portal/publications/Family-Options-Study.html.



• The Evaluation of the Rapid Re-housing for Homeless Families Demonstration included both a process and outcome evaluation of the 23 grantees that participated in the demonstration. It documents the program models implemented by the grantees, as well as a set of outcomes observed from a subset of program participants. The final report was released on April 13, 2016, and can be found on https://www.huduser.gov/portal/publications/RRHD-Report-PartI.html. Results show that families had a low likelihood of returning to emergency shelter within the study period—a review of Homelessness Management Information System, or HMIS, data found that only 10 percent of households served experienced at least one episode of homelessness within 12 months of program exit. Additionally, it found that families were highly mobile following the end of program participation—76 percent of households moved at least once within the 12-month period following their exit from the program.

• The study on *Housing Models for Youth Aging Out of Foster Care* was conducted to help understand the housing needs of the nearly 30,000 youth who "aged out" of the foster care system every year, catalog the range of housing programs available to them, and identify opportunities to mitigate the risk of homelessness to this young population. The cornerstone activity of this research effort was an in-depth exploration of the Family Unification Program (FUP), and the extent to which communities target this special purpose voucher program to eligible youth who have aged out of foster care. The final reports from this study are currently available at http://www.huduser.org/portal/youth_foster_care.html. The report showed 47 percent of PHAs operating FUP had awarded vouchers to former foster youth, and most youth with a FUP voucher were able to lease up. "Nearly three-fourths of the PHAs serving youth reported that youth secure housing before the initial period expires more than half the time, and two-thirds of the PHAs said that more than 75 percent of youth who receive a voucher lease up eventually."

HUD is also improving collaboration across internal program areas to support ending homelessness. HUD rates collaboration between CoCs and PHAs through the CoC Program Competition. HUD provides tools for local communities to improve collaboration between Public Housing Authorities and homeless systems.

Plans to Increase Efficiency

The Department bases funding on performance and community-wide improvements. Through its annual CoC Program Competition and its messaging, HUD works with communities to create a performance-based environment. Communities are expected to use data to understand the needs of their local homeless population, resources available to serve the homeless, the gaps in needs and resources, and the effectiveness of existing resources. When there are projects with low performance and compliance issues, HUD prioritizes keeping assistance within a community and attempts to intervene and provide grantees with an opportunity to make improvements before recapturing funds. HUD also encourages reallocation of under-performing grants to new grants. Incentives are offered to communities that implement a reallocation process to identify and replace under-performing or unnecessary projects. With limited resources, it is important to ensure that all projects funded through the CoC Program, including renewals, are effective. For the last several years, HUD has pushed to make its investments more efficient—to make every dollar that it spends mean the most to the people whom it serves. HUD has increased the number of households served with residential programs by 22.5 percent over four years. Through the FY 2017 awards, the CoC Program is serving 12.6 percent more households per dollar spent for residential programs than in 2014. These efforts mean that communities can reach and assist more people with the same dollars than they could two years prior.

The implementation of the HEARTH Act in 2009 provided HUD and its grantees with new goals and tools to increase performance both at the project level and the system level. For example, the HEARTH Act includes a variety of performance measures to help

increase overall effectiveness of the program. The CoC Program interim rule, issued in 2012, requires CoCs to establish formal performance measurement procedures and encourages critical evaluation of resources and needs. This includes evaluation of the effectiveness of projects by emphasizing performance at both the project and the system level. Performance measures include rates of returns to homelessness, the average length of time persons experience homelessness, housing stability, and employment. This systematic review by each community will lead to better use of limited resources and more efficient service models because HUD and communities will easily identify projects that are less effective and gaps in housing and services. HUD continues to incentivize high performance on these and other indicators through the CoC competition, providing additional points to communities with higher rates of success.

Under the HEARTH Act, Congress authorized HUD to fund Unified Funding Agencies (UFAs) to provide greater flexibility and local autonomy to communities that demonstrate that they have the financial and performance capacity to take a stronger role in administering HUD funds. Communities that are designated as UFAs by HUD are required to monitor their grants and perform greater financial oversight. In return, HUD can award funds more flexibly to the UFAs, who then administer the funds according to their application to HUD. This reduces the administrative burden on HUD and increases the local control of CoC Program funds for communities.

Finally, HUD is committed to providing a variety of technical assistance resources to communities and grantees to help identify and address any performance and compliance issues. HUD intends to use technical assistance as another tool to encourage communities to implement best practices and improve efficiencies in projects and in the community.

4. General Provisions

The 2020 Budget includes General Provisions related to HAG (Sec. 220, 221, and 222). These provisions are described further in "Fiscal Year 2020 General Provisions".

COMMUNITY PLANNING AND DEVELOPMENT HOMELESS ASSISTANCE GRANTS

Summary of Resources by Program

(Dollars in Thousands)

(Dotter's in Thousands)								
	2018	2017	_		2019	2018	_	
	Budget	Carryover	2018 Total	2018	Annualized	Carryover	2019 Total	2020
Budget Activity	Authority	Into 2018	Resources	Obligations	CR	Into 2019	Resources	Request
Continuum of Care	2,106,000	2,154,965	4,260,965	2,060,181	2,106,000	2,203,049	4,309,049	2,321,600
Emergency								
Solutions Grants	270,000	217,152	487,152	385,927	270,000	101,225	371,225	270,000
National Homeless Data Analysis								
Project	7,000	12,000	19,000	7,000	7,000	12,000	19,000	7,000
Youth								
Demonstration	75,000	75,844	150,844	33,081	75,000	117,763	192,763	-
Youth Technical Assistance	5,000	_	5,000	_	5,000	5,000	10,000	_
Technical	3,000		3,000		3,000	3,000	10,000	
Assistance	_	100	100	_	_	333	333	-
Pay for Success Demonstration	-	71	71	9	-	62	62	-
Housing Needs for Human Trafficking Victims	_	[16,042]	_	[1,427]	_	[14,625]	_	_
		[20,0.2]		[-, -,]		[2.,025]		
Rapid Rehousing for DV Victims	50,000	_	50,000	_	50,000	50,000	100,000	-
Total	2,513,000	2,460,132	4,973,132	2,486,198	2,513,000	2,489,432	5,002,432	2,598,600

COMMUNITY PLANNING AND DEVELOPMENT HOMELESS ASSISTANCE GRANTS

Appropriations Language

The 2020 President's Budget includes the appropriation language listed below:

For the Emergency Solutions Grants program as authorized under subtitle B of title IV of the McKinney-Vento Homeless Assistance Act, as amended; the Continuum of Care program as authorized under subtitle C of title IV of such Act; and the Rural Housing Stability Assistance program as authorized under subtitle D of title IV of such Act, \$2,598,600,000, to remain available until September 30, 2022: Provided, That any rental assistance amounts that are recaptured under such Continuum of Care program shall remain available until expended and may be used for any purpose under such program: Provided further, That not less than \$270,000,000 of the funds appropriated under this heading shall be available for such Emergency Solutions Grants program: Provided further, That not less than \$2,321,600,000 of the funds appropriated under this heading shall be available for such Continuum of Care and Rural Housing Stability Assistance programs: Provided further, That up to \$7,000,000 of the funds appropriated under this heading shall be available for the national homeless data analysis project: Provided further, That for all match requirements applicable to funds made available under this heading for this fiscal year and prior years, a grantee may use (or could have used) as a source of match funds other funds administered by the Secretary and other Federal agencies unless there is (or was) a specific statutory prohibition on any such use of any such funds: Provided further, That none of the funds provided under this heading shall be available to provide funding for new projects, except for projects created through reallocation, unless the Secretary determines that the continuum of care has demonstrated that projects are evaluated and ranked based on the degree to which they improve the continuum of care's system performance: Provided further, That the Secretary shall prioritize funding under the Continuum of Care program to continuums of care that have demonstrated a capacity to reallocate funding from lower performing projects to higher performing projects: Provided further, That any unobligated amounts remaining from funds appropriated under this heading in fiscal year 2012 and prior years for project-based rental assistance for rehabilitation projects with 10-year grant terms may be used for purposes under this heading, notwithstanding the purposes for which such funds were appropriated: Provided further, That all balances for Shelter Plus Care renewals previously funded from the Shelter Plus Care Renewal account and transferred to this account shall be available, if recaptured, for Continuum of Care renewals in 2020: Provided further, That youth aged 24 and under seeking assistance under this heading shall not be required to provide third party documentation to establish their eligibility under 42 U.S.C. 11302(a) or (b) to receive services: Provided further, That unaccompanied youth aged 24 and under or families headed by youth aged 24 and under who are living in unsafe situations may be served by youth-serving providers funded under this heading.

Note.—A full-year 2019 appropriation for this account was not enacted at the time the budget was prepared; therefore, the budget assumes this account is operating under the Continuing Appropriations Act, 2019 (Division C of P.L. 115-245, as amended). The amounts included for 2019 reflect the annualized level provided by the continuing resolution.