

2018 HUD CoC Competition Evaluation Instrument- Appeals Form

Instructions

Please indicate the level at which you are currently appealing: *

- Appeal to All Chicago (Step 1)
- Appeal to Collaborative Applicant Committee (Step 2)
- Appeal to CoC Board of Directors (Appeals Panel) (Step 3)

Appeal to All Chicago

Date of Appeal: *
i.e., today's date.

Agency Name *

Project Name: *

HMIS ID Number: *

Primary Contact

First Name *

Last Name *

Email Address *

*Note: Confirmation emails for this component will be sent to this email address.
Please ensure accuracy.*

Phone Number (000-000-0000) *

Must contain area code and number should be separated by dashes (-)

Secondary Contact

First Name *

Last Name *

Email Address *

*Note: Confirmation emails for this component will be sent to this email address.
Please ensure accuracy.*

Phone Number (000-000-0000) *

Must contain area code and number should be separated by dashes (-)

Which component of the Evaluation Instrument are you appealing? *

- Agency Component
- Project Component

Which Section are you appealing?

- Threshold
- Section Name:

Which Question # are you appealing? *

Basis for Appeal: *

Check One: *

- Scoring error
- Data error
- Incorrect supporting document

Required Narrative *

Failure to provide a supporting narrative response will result in automatic denial. If an agency missed a deadline to appeal, then the agency should explain in the narrative below why the appeal deadline was missed.

Appeal to Collaborative Applicant Committee

Required: Attach 2018 Evaluation Instrument Appeal form including All Chicago's Decision. (2MB file size limit) *

Save File Name as "Agency Name_All Chicago Appeal Decision"

Browse...

Date of Appeal: *

i.e., today's date.



Agency Name *

Project Name: *

HMIS ID Number: *

Primary Contact

First Name *

Last Name *

Email Address *

*Note: Confirmation emails for this component will be sent to this email address.
Please ensure accuracy.*

Phone Number (000-000-0000) *

Must contain area code and number should be separated by dashes (-)

Secondary Contact

First Name *

Last Name *

Email Address *

*Note: Confirmation emails for this component will be sent to this email address.
Please ensure accuracy.*

Phone Number (000-000-0000) *

Must contain area code and number should be separated by dashes (-)

Basis for Appeal to Collaborative Applicant Committee: *

Check One: *

- All Chicago did not follow the Evaluation Instrument instructions and the CoC Charter guidelines for appeal denial
- Threshold question appeal was denied

Required Narrative *

Failure to provide a supporting narrative response will result in automatic denial. If an agency missed a deadline to appeal, then the agency should explain in the narrative below why the appeal deadline was missed.

Appeal to Appeals Panel of the CoC Board of Directors

Required: Attach 2018 Evaluation Instrument Appeal form including All Chicago's Decision **and** the Collaborative Applicant Committee's Decision. 2 files may be uploaded (file size limit of 2MB). *

Save File Name as "Agency Name_All Chicago Appeal Decision"

Save File Name as "Agency Name_CAC Appeal Decision"

Browse...

Date of Appeal: *

i.e., today's date.



Agency Name *

Project Name: *

HMIS ID Number: *

Primary Contact

First Name *

Last Name *

Email Address *

*Note: Confirmation emails for this component will be sent to this email address.
Please ensure accuracy.*

Phone Number (000-000-0000) *

Must contain area code and number should be separated by dashes (-)

Secondary Contact

First Name *

Last Name *

Email Address *

*Note: Confirmation emails for this component will be sent to this email address.
Please ensure accuracy.*

Phone Number (000-000-0000) *

Must contain area code and number should be separated by dashes (-)

Basis for Appeal to Appeals Panel of CoC Board of Directors: *

Check One: *

- All Chicago did not follow the Evaluation Instrument instructions and the CoC Charter guidelines for appeal denial
- Collaborative Applicant Committee did not follow the Evaluation Instrument instructions and the CoC Charter guidelines for appeal denial
- Threshold question appeal was denied

Required Narrative *

Failure to provide a supporting narrative response will result in automatic denial. If an agency missed a deadline to appeal, then the agency should explain in the narrative below why the appeal deadline was missed.

Review Submission

Signature *

Clear

Sign name using mouse or touch pad

Authorized Representative:

If you have any questions about the Appeals Process, please consult the Instruction Manual or contact All Chicago staff at CoCPrograms@allchicago.org.