**Iowa Balance of State Continuum of Care**

**Appeals Process**

**Introduction**

The Iowa Balance of State Continuum of Care (CoC) strives to conduct a transparent rating and review process in determining which projects will be included in the local submission to the national CoC competition. Although a local appeals process is not required by the U.S. Department of Housing and Urban Development (HUD), the Iowa Balance of State CoC offers a local appeals process. Appeals occur after the public release of the initial rating and ranking list, but before the final ranking and allocations Priority Projects list is submitted to HUD. The initial rating and ranking list is typically released approximately 30 days prior to the national CoC Competition deadline. The Appeals process begins upon release of the ranked list and generally requires submission of the Appeals form, within 7 days. An Appeals Committee reviews the submittals and extends an invitation to a brief phone session, as warranted.

**Types of Appeal**

An appeal can only be made by a Project regarding the scoring of its’ own application. Appeals will be limited to:

A. Clear conflicts of interest

B. Technical breach of regulations established by HUD or funding sources related to the application

C. Technical error (such as mathematical miscalculation by the Rating & Ranking Committee.) Errors in data submitted by applicant do not qualify and will not be considered.

**How to File an Appeal**

Projects wishing to appeal their rating must submit the Appeal in writing using the **“**Iowa Balance of State CoC Appeals Form.”A signed appeals form and any relevant information must be submitted for each Project rating being appealed. To file an appeal, complete the signed appeals form and submit via email to the Chair of the Continuum of Care Committee, unless otherwise noted in the initial scoring announcement. The Project will receive acknowledgment that the email was received.

**Appeal Timeline**

* Unless otherwise specified in written competition materials, appeals are due within seven (7) days from the release of the ranking list.
* Appeals submitted in any other manner other than email will not be included in the process.
* The appeals review date and time shall be set by the Chair of the Appeals Committee, within fourteen (14) days of receiving the appeal. The Appeals Committee shall consist of at least one member of the Executive Committee, one member of the Appeals Committee, and one member of the review/scoring team, all of whom are appointed by the Iowa Council on Homelessness (ICH) Executive Committee.
* The Appeals Committee will then convene immediately following the seven (7) day appeal window to review the facts presented. Though the ensuing discussion is limited to the Appeals Committee members, appellant and Continuum of Care Committee participants may be asked to remain available and may be asked to provide clarification during the deliberation process.
* The Appeals Committee shall provide both parties (the Project and the CoC) with a written explanation of their decision, though it is expected that a decision will be made during the appeals meeting and conveyed verbally at that time. Any scoring changes and subsequent award amount recommendations shall be made by the Continuum of Care Committee upon being informed of said changes by the chair of the Appeals Committee. Said changes shall be conveyed by the Appeals Committee Chair to the Continuum of Care Committee as quickly as possible Any changes shall be forwarded to the ICH (or the Executive Committee if designated to act on the ICH’s behalf), which makes final decisions on funding levels to be entered into the Balance of State Continuum of Care Consolidated Application.

**Iowa Balance of State Continuum of Care**

**Appeals Process**

Name of Agency and Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program/Project Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Classification: \_\_\_\_\_\_\_Bonus \_\_\_\_\_\_\_\_New \_\_\_\_\_\_\_\_Renewal \_\_\_\_\_\_\_\_Self-reallocated

***For each additional ‘rating item’ being appealed, please identify the application section, the question or item number, and the category of Appeal (using A-C above: Type of Appeal), and attach supporting documents to support your claim.***

1. Section and Question #, Measurement and Source/Score being appealed and why.

Section: \_\_\_\_\_\_\_\_ Question: \_\_\_\_\_\_\_\_ Category of Appeal: \_\_\_\_\_\_\_\_

Explanation and Source of Supporting Documents:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. Section and Question #, Measurement and Source/Score being appealed and why.

Section: \_\_\_\_\_\_\_\_ Question: \_\_\_\_\_\_\_\_ Category of Appeal: \_\_\_\_\_\_\_\_

Explanation and Source of Supporting Documents:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. Section and Question #, Measurement and Source/Score being appealed and why.

Section: \_\_\_\_\_\_\_\_ Question: \_\_\_\_\_\_\_\_ Category of Appeal: \_\_\_\_\_\_\_\_

Explanation and Source of Supporting Documents:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*(Note: Please add sheets for additional Appeal items.)*

**Executive Director/Other Executive Name (printed / typed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List of Related Attachments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_