

Approved
Iowa Balance of State Continuum of Care
APPEALS PROCESS

As of 5/20/2016

Background

Funding recommendations made by the Continuum of Care Committee for projects under a federal NOFA (Notice of Funding Available) normally follow a process that includes a review of organizations' funding applications, verification of funding criteria, and review supporting documentation in advance of the funding decisions. From time to time, applicant organizations may believe their application was not fairly evaluated by the Continuum of Care Committee. Recognizing the potential for human error to occur in this process and in compliance with Department of Housing and Urban Development (HUD) requirements, the Continuum of Care Committee has developed the following policy and process to provide a mechanism for applicants to appeal recommendations under certain circumstances.

An appeal can only be made by an applicant regarding the scoring of its own application. An applicant may file an appeal with the Continuum of Care Committee. The applicant may file an appeal based upon a claim that one or both of these apply:

- a. The reviewers overlooked critical information about the project contained within the application that would have caused the project to meet the feasibility threshold and/or be scored higher. No additional information may be submitted.
- b. There is evidence of lack of fairness in evaluating and scoring the application.

Examples include, but are not limited to:

- an individual with a clear conflict of interest in one or more applicant organizations participating in the review and failing to state this conflict of interest in violation of Iowa Council on Homelessness (ICH) and Iowa Balance of State Continuum of Care policy,
- a reviewer awards more than a one point differential for identical or nearly identical responses to the same question submitted by different applicants,
- a reviewer has factored in information not included in a submitted application or performance evaluation data resulting in a lower score for said application.

If an applicant agency believes the above to be applicable to its situation, it may file an appeal in writing to the Continuum of Care Committee chair or co-chairs.

Process and Timeline:

Timelines for submission of appeals will depend on the overall application timeline, keeping in mind that HUD's deadline for Continuum of Care Consolidated Applications dictates when all application materials must be finalized and submitted on behalf of the Balance of State. Unless otherwise specified in written competition materials, appeals shall be due within seven (7) days after announcement by the Iowa Finance Authority (IFA) of the Continuum of Care Committee's recommendations. If the timeline permits a full vote of the Iowa Council on Homelessness on the Continuum of Care Committee's recommendations, then appeals shall be due within seven (7) days after the vote of the Iowa Council on Homelessness. Specific timelines will be established for each competition. An appeal must be in the form of a letter on the applicant agency's letterhead and must clearly state the reasons for the appeal and specify all issues being contested.

During the appeal process following a funding decision, the applicant may clarify information contained in the application. No new information may be added.

Appeals Committee:

The ICH Executive Committee shall appoint no fewer than three and no more than seven individuals to an Appeals Committee, which shall review all appeals. The Appeals Committee shall include at least one member of the Executive Committee. One member of the Appeals Committee shall be designated as its chair. A date to review relevant information and an appeals meeting will be scheduled and posted as soon as is practical after the Continuum of Care Committee’s funding recommendations are announced.

Process to be followed:

Prior to the hearing, a package of related information will be compiled by the Continuum of Care Committee and distributed to the Appeals Committee and appellant. This package shall include the original written appeal request, original funding application as well as all written information that all parties including the appellant believe to be helpful to those hearing the appeal. The written material submitted will be the primary basis for the appeal decision.

Review:

The appeals review date and time shall be set by the Chair of the Appeals Committee, making every attempt to find a mutually agreeable time. Although any staff, board members, clients or other interested parties may assist with compiling information included in the written appeal, the appellant shall be limited to one spokesperson to articulate its appeal at the review meeting. Similarly, the Continuum of Care Committee must designate one member to speak on its behalf.

The process for the appeals meeting will be as follows:

<u>Agenda</u>	<u>Individual Responsible</u>	<u>Timeframe</u>
Overview of the process	Chair	5 minutes
Introduction of participants	All involved	3 minutes
CoC Committee	Committee designee	< 15 minutes
Appeal Requestor	Appeal designee/requestor	< 15 minutes
Questions of Appeals Committee	All involved	< 20 minutes

The Appeals Committee will then meet immediately 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 additional questions of clarification during the deliberation process.

The Appeals Committee shall provide both parties 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 is practical to do so. 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.