



## 2019 Homeless and Housing Alliance (HHA) Continuum of Care (CoC) Program Grievance Notice Form

Grievances may be filed by an agency submitting a project application for the Department of Housing and Urban Development (HUD) CoC Program Competition funding to provide homeless services in Palm Beach County (PBC).

Grievances must be submitted on the HHA CoC Program Grievance Notice Form. All notices of appeal must be based on the information submitted by the application due date. No new or additional information will be considered. Omissions to the application cannot be appealed. The decision of the HHA Appeals Committee is final.

The HHA Appeals Committee consists of three (3) members of the HHA Executive Committee, PBC Community Services Department (CSD) Director, PBC Division of Human and Veteran Services (DHVS) Director and one non-voting representative from the Non Conflict Grant (NCG) Review Committee. The voting members will not have participated on the original NCG Review Committee or have a conflict of interest with any of the agencies applying for CoC Program funding. The role of the HHA Appeals Committee is to read and review only those areas of the application that are being appealed.

### PROCESS

Agencies wishing to file grievances must request copies of their scoring sheets and relevant Committee comments within one (1) business day. An appeal must be submitted in writing on the HHA CoC Program Grievance Form within two (2) business days. Requests for scoring sheets and notices of appeal must be submitted to DHVS electronically to Wendy Tippett at [wtippett@pbcgov.org](mailto:wtippett@pbcgov.org).

The notices of appeal must include written statements specifying in detail each and every one of the grounds asserted for the appeal. The appeal must be signed by an individual authorized to represent the agency (i.e., Executive Director, CEO, CFO) and must include (highlight and/or cite) the specific sections of the application on which the appeal is based. The appealing applicant must specify facts and evidence sufficient for the HHA Appeal Committee to determine the validity of the appeal. That is, the notice of appeal must have attached the specific areas of the application being appealed and must also clearly explain why the information provided is adequate to gain additional points. The HHA Appeal Committee may take notice of the fact that issues are being raised that could and should have been raised in final submissions and may use their discretion in reviewing those and other factors during the Appeals Process.

The HHA Appeals Committee will review and evaluate all notices of appeal and decide whether or not the appeal has any validity based on the appeal policy. All valid appeals will be read, reviewed and evaluated by the HHA Appeals Committee. HHA Appeals Committee deliberates and votes electronically.

Appealing Applicants will receive, in writing, the decision of the HHA Appeals Committee within two (2) business days. All decisions of the HHA Appeals Committee is final. There is no administrative fee associated with filing a grievance.

When completed, submit this Grievance Notice Form via email to:

Ms. Wendy Tippett, Director, Palm Beach County Division of Human and Veteran Services,



[wtippett@pbcgov.org](mailto:wtippett@pbcgov.org), 561.355.4772

Specific area of application that is being appealed:
Explain why the information provided is adequate to gain additional points:
What remedy does the agency seek?

\_\_\_\_\_  
Authorized Agency Representative Name and Title

\_\_\_\_\_  
Agency Filing Grievance

\_\_\_\_\_  
Authorized Agency Representative Signature

\_\_\_\_\_  
Date