



**Approved by LAHSA Commission 7/22/2016**

## **Appeal Process for 2016 CoC Evaluation Reports for Renewal Projects**

LAHSA staff will review and respond to appeals of the 2016 CoC Evaluation Reports subject to the following:

(1) Persons who can appeal.

The following persons may request an appeal after receiving the evaluation report: Authorized official of grantee agency (non-LAHSA projects) or authorized agency official (LAHSA projects) that submitted the Annual Performance Report (APR) to LAHSA.

(2) Deadline for Filing an Appeal.

Request for an appeal may be made by filing a Notice of Appeal with LAHSA no later than **5pm PST on August 3, 2016**. No waiver of the appeal period shall be permitted.

(3) Grounds for Appeal:

Score appeals will only be heard on basis of a data or calculation error. Refer to 2016 Los Angeles Continuum of Care Program Performance Evaluation Process & Methodology in order to assess the accuracy of the report.

Grantees may also appeal if the project was reclassified in the FY 2014 or FY 2015 registration process, or if the grant changed operating agencies during the evaluation period (7/1/2014-6/30/2015).

(4) To submit an appeal:

Fully complete the Notice of Appeal (attached), including all necessary supporting documentation and original signature of Authorized Official. Submit appeal via email to [appeal@lahsa.org](mailto:appeal@lahsa.org) no later than **5pm PST on August 3, 2016**.

**NOTICE OF APPEAL**  
**2016 CoC Application Evaluation Report**

**Instructions**

- This form is only for appealing the CoC Application Evaluation Report for one specific project. For multiple project appeals, a separate form and supporting documentation must be submitted for each.
- Fill out this form with required attachments and make a copy of the completed form for your records.
- Scan and Email the completed form and attachments to [appeal@lahsa.org](mailto:appeal@lahsa.org).
- If you have any questions in regard to completing the notice of appeal, email [appeal@lahsa.org](mailto:appeal@lahsa.org).

1. Appellant Information (Party filing appeal):

i. Name of Authorized Official: \_\_\_\_\_

ii. Name of Agency: \_\_\_\_\_

iii. Grant Award Number: \_\_\_\_\_

iv. Contact Information:

1) Address of Administrative Office \_\_\_\_\_

2) Mailing Address (if different) \_\_\_\_\_

3) Contact Person (if different than signatory): \_\_\_\_\_

4) Phone: (    ) \_\_\_\_\_ Contact email: \_\_\_\_\_

2. Please indicate item(s) in the report that you are appealing on the basis of a data or calculation error.

Score Appeals

- Performance
- Bed/Unit Utilization
- HMIS Participation
- Spend-Down

Other Appeals

- Reclassification
- Change in Operating Agency

3. The following information must be attached to this Written Appeal (check off attached documentation):

- A copy of the Evaluation Report in dispute
- For Score Appeals: A copy of the relevant portion Annual Performance Report (APR) submitted to HUD, for operating year ending between July 1, 2014 and June 30, 2015. Please circle the specific data points in dispute AND attach a brief statement of the discrepancies between the attached APR and evaluation report
  - For the dedication of turnover measurement (PSH only), data was sourced directly from HMIS for the period of 1/1/2015-12/31/2015. No appeals will be accepted.
- For Other Appeals (See Above): Documentation of project reclassification or change in operator.
- I certify that I have verified the data or calculation error(s) subject to appeal of the above-referenced CoC Evaluation Report based upon the evidence attached.

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date