

COMMUNITY SHELTER BOARD

APPEAL PROCESS FY24 FUNDING AWARD/ PROGRAM OUTCOMES PLAN

Partner agencies that have major disagreements with the CSB-recommended funding award and/or Program Outcomes Plan (POP) may appeal.

An appeal may be submitted **only** under the following conditions:

- < If the agency has reason to believe that CSB misunderstood the information made available about the program and/or the funding request.
- < If the agency has reason to believe that recommended program outcomes plan is not appropriate.

Steps in the appeal process are listed below:

1. Before deciding to appeal a recommendation, the agency must contact CSB's Associate Director to discuss the appeal. This conversation serves two purposes: 1) the possibility that the issue can be resolved without an appeal; and/or 2) the possibility that CSB staff can help clarify the agency's concerns.
2. The Agency will send written notice of the appeal to CSB. This material must be submitted to CSB no later than 3 days before the Agency's spring one-on-one meeting with CSB staff. Appeal materials received after the cutoff date will not be considered.
3. CSB staff will review the appeal and develop a staff response. If CSB staff and the agency are able to develop a mutually agreed-upon resolution, the matter will be closed.
4. If CSB and the partner agency cannot achieve a mutually agreeable resolution, copies of the materials submitted by the agency and the staff response will be forwarded to CSB's Board Chair. CSB's Board Chair will review the agency's appeal and the CSB staff response. The Board Chair may take any of the following actions: a) reaffirm the funding recommendation and/or the POP; or b) revise the funding recommendation and/or the POP.
5. The recommendation of the Board Chair will be forwarded (in lieu of staff recommendations) to the CSB Board of Trustees for final approval. The decision of the CSB Board of Trustees is final.

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A partner agency may submit an appeal if agency staff have reason to believe that CSB misunderstood the information made available about the program, funding award, and/or Program Outcomes Plan is not appropriate.

An appeal should be submitted on this form as provided by CSB. If the agency wishes to file an appeal for multiple programs, a separate appeal form must be completed for each program. Additional pages or attached materials will not be accepted.

Agency Name: _____

Program Name: _____

Using the table provided, please fill in CSB's recommended funding award for the program listed above, along with your agency's recommended funding award.

	CSB's Recommendation	Agency's Recommendation
Funding Award		

1. Describe the ways in which your agency believes that CSB may be misunderstanding the program.
2. Provide information that supports the premise that the recommended funding award is not appropriate or adequate. Identify specific areas of concern or deficiency.

Outcomes	CSB's Recommendation	Agency's Appeal Request

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3. Describe the misunderstanding in the information made available about the program or provide information that supports the premise that the recommended Program Outcomes Plan is not appropriate. Identify specific sections, as needed.

4. What action by CSB staff or the CSB Board of Trustees in response to the appeal is requested (funding award adjustment, outcomes plan adjustment, or other)?

5. Additional information or comments related to the appeal.

Agency Contact Person: _____

Title: _____ Phone: _____

Authorized Representative Signature

Date