



Appeal Process

FY 2021 Continuum of Care (CoC)

Competition Project Performance Evaluation

Los Angeles Homeless Service Authority (LAHSA) staff will review and respond to project performance report appeals subject to the following:

(1) Grounds for Appeal:

Score appeals will *only* be heard on the basis of a data or calculation error. Refer to the *2021 Los Angeles Continuum of Care Program Performance Evaluation Process and Methodology* available on LAHSA's website [here](#) and the companion scoring formula document attached to each preliminary score report to assess the accuracy of the report.

Appeals may also be based on certain administrative factors (see criteria on pg. 3) which may have significantly affected the project's ability to perform or spend down their budget.

(2) Persons who can Appeal:

Authorized official of grantee organization (non-LAHSA projects) or authorized organization official (LAHSA projects) who submitted the Annual Performance Report (APR) to LAHSA.

(3) To submit an Appeal:

Fully complete the NOTICE OF APPEAL (starting below on pg. 2), including all necessary supporting documentation and certification from an authorized official on organization letterhead. **Submit Appeal via email to appeal@lahsa.org.**

(4) Deadline for Filing an Appeal:

The completed NOTICE OF APPEAL, including all necessary supporting documentation and certification from an authorized official, must be submitted to LAHSA no later than **12:00 p.m. PST on Friday, September 3, 2021**. No late appeal submissions will be considered or reviewed.



NOTICE OF APPEAL

2021 Continuum of Care (CoC) Competition
Performance Evaluation Reports

Instructions:

- Only one appeal form submitted per organization, regardless of the number of CoC grants.
- Each grant appealed must be noted on the following pages (copy/paste template on pg. 3 for each additional grant/s).
- Fill out this form with required attachments and make a copy of the completed form for your records.
- Email the completed form and attachments to appeal@lahsa.org with the subject line "Appeal_Organization Name".
- If you have any questions regarding completing the notice of appeal, email nofa@lahsa.org.

APPELLANT INFORMATION	
SALUTATION (MR./MRS./MS./DR./REV.)	
NAME OF AUTHORIZED OFFICIAL	
TITLE OF AUTHORIZED OFFICIAL	
NAME OF APPEALING ORGANIZATION	
ADDRESS OF ADMINISTRATIVE OFFICE	
MAILING ADDRESS (if different)	
PHONE:	EMAIL:
CERTIFICATION: I certify that this appeal is complete, true, and correct to the best of my knowledge and have the authority from my organization to submit this appeal on its behalf.	

GRANT NUMBER		
GROUND AND REASONS FOR APPEAL (check all which apply)		
PERFORMANCE APPEAL BASED ON A SCORED AREA	CALCULATION INCORRECT	APR INCORRECT
1. HMIS OR COMPARABLE SYSTEM PARTICIPATION/DATA QUALITY		
2. BED/UNIT/SLOT UTILIZATION		
3. SPEND-DOWN		
4. SERVE HIGH NEED POPULATION (PSH ONLY)		
5. HOUSING FIRST AND LOW BARRIER		
6. HOUSING STABILITY (PSH AND RRH ONLY)		
7. MINIMIZE NEGATIVE TURNOVER (PSH ONLY)		
8. MAINTAIN OR INCREASE OVERALL INCOME		
9. INCREASE EMPLOYMENT INCOME		
10. COST-EFFECTIVENESS		
11. RACIAL EQUITY		
12. RETURNS TO HOMELESSNESS		
13. EXITS TO PERMANENT HOUSING		
14. EXITS TO SUCCESSFUL DESTINATION		
15. MEDIAN LENGTH OF STAY (TH AND DV-TH ONLY)		
ADMINISTRATIVE APPEAL		
<input type="checkbox"/> CHANGED PROVIDER <input type="checkbox"/> CHANGED PROJECT TYPE		
PLEASE ATTACH DOCUMENTATION DEMONSTRATING REASONS FOR APPEAL		
<u>(required for appeal to be considered)</u>		
<ul style="list-style-type: none"> • COPY OF EVALUATION REPORT IN DISPUTE • COPY OF RELEVANT PORTION OF APR REFERENCED IN REPORT • EVIDENCE OF ADMINISTRATIVE CHANGE <i>(if selected)</i> 		

ADDITIONAL INFORMATION: