



# FY24 HUD COC FUNDING COMPETITION

## DE-500 APPEALS FORM

The applicant organization has (3) business days from the receipt of their project score to submit an appeal via email to [director@betterhomesofseaford.org](mailto:director@betterhomesofseaford.org), [rstucker@housingalliance.org](mailto:rstucker@housingalliance.org), and [egallaher@housingalliance.org](mailto:egallaher@housingalliance.org). The DE CoC Board has ten (10) business days from receipt of the written appeal to investigate, contact the applicant organization if necessary, and submit their response in writing to the applicant.

### AGENCY INFORMATION

Agency Name: \_\_\_\_\_ Project Name: \_\_\_\_\_  
Project Type:           RRH                   PSH                   TH                   Joint TH-RRH                   SSO-CE  
Project Classification:           Renewal                                   New

### CONTACT INFORMATION

Primary Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Secondary Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### RENEWAL PROJECT APPEAL TYPE

**Project Scoring Error(s)**

**Reallocation** (full or partial)

**Improper application or interpretation of HUD/CoC rules and regulations concerning the participation of the applicant in the CoC Application process**

### NEW PROJECT APPEAL TYPE

**Project Rejection** (Any appeals filed by rejected new project applicants must provide a factual rebuttal of the reasons for rejection, as provided by the CoC in the rejection notice)

### APPEAL JUSTIFICATION

Utilize the space on the following page to provide an appeal justification summary that clearly articulates the issue being appealed, the requested change, and clear reasoning/justification for the requested change. Projects should review the [FY24 DE CoC Funding Policies](#) before submitting an appeal to ensure the justification provided is accurate and allowable under the Appeals policy.

*Please include any documentation necessary to support the appeal.*

**SIGNATURE**

By signing below, I am indicating that my agency has reviewed the above form, fully understands the options provided and has provided responses accurately indicating the agency’s future plans for this project:

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*A confirmation email for the receipt of your completed form will be provided to the email addresses listed in this form. Please save this information for your records.*