

Grant Appeal Request Form

I. Grant Appeal Request Overview and Timeline:

Once the grant award is posted, applicants have **10 calendar days** to file an appeal. The agency must sign and complete the Grant Appeal Request Form and email the completed form, and any attachments, to CNPappeals@cde.ca.gov. All appeals will be based on written record alone.

Upon receipt of the Grant Appeal Request Form and attachments, the NSD will acknowledge the submission by email. An impartial NSD team will review the appeal documentation. The applicant will be notified in writing of the final determination within 10 calendar days. The NSD's posted funding results shall remain in effect during the appeal process.

The decision of the NSD after consideration of the appeal, and all attachments, is the final administrative decision and cannot be appealed further.

II. Agency Information

Legal Name of Agency: _____

Child Nutrition Information and Payment System Identification or Vendor Number:

Complete Mailing Address:

III. Grant Information

Name of the grant your agency was denied: _____

Please note that appeals are limited to the grounds that NSD failed to correctly apply the criteria for reviewing the application as specified in the grant.

IV. **Background Information:** Describe how the NSD failed to correctly apply the criteria, described in the grant, when reviewing your agency's application.

V. Grant Appeal Contact Person

Name: _____

Title: _____

Phone: _____

Email: _____

VI. Evidence: (optional)

In the space below, provide the total number of attachments, not including this form, and a short description of each document that your agency is submitting as evidence to the claim that the NSD failed to correctly apply the criteria, as described in the grant, in reviewing your agency's application.

VII. Signature of Authorized Representative:

Name of Authorized Representative: _____

Signed: _____

Date: _____