

## Grant Appeal Procedures

Applicants that wish to appeal a grant award decision must submit a letter of appeal to the Nutrition Services Division (NSD). Appeals are limited to the grounds that the NSD failed to correctly apply the criteria for reviewing the application as specified in the Request for Applications.

Once applicants are notified and the grant awards are posted, your agency will have 10 calendar days to contact the NSD to request information on the reason for your grant denial. The NSD will have 10 calendar days to provide a written response (through email, fax, or certified mail).

If, after receiving the NSD's written response, your agency wishes to file an appeal, your agency must complete an appeal request form included in this document.

Your agency must send a completed appeal request form to:

Kim Frinzell, Director  
Nutrition Services Division  
California Department of Education  
1430 N Street, Suite 4503  
Sacramento, CA 95814

- The completed appeal request must be **postmarked** no later than **15 calendar days** after receipt of the NSD's initial written response. Once submitted, the NSD shall acknowledge the receipt of the appeal request within 10 calendar days. All appeals will be based on written record alone.
- Written documentation for all appeals must be submitted within 30 calendar days from the receipt date of the NSD's written response. All documentation must be sent to the address identified above.
- The NSD Director or designee will review the appeal documentation from the applicant and the NSD. The applicant will be notified in writing of the NSD's determination within 60 calendar days from the date the California Department of Education (CDE) received the appeal request.
- The NSD's initial determination shall remain in effect during the appeal process.

## Contact Information

If you have any questions regarding this subject, please contact the Fresh Fruit and Vegetable Program (FFVP) at [FFVP@cde.ca.gov](mailto:FFVP@cde.ca.gov).

## Appeal Request

### Agency Information

Legal Name of Agency:

Mailing Address:

Child Nutrition Information and Payment System Identification  
or Vendor Number:

### Statement of Purpose

Name of grant your agency was denied:

Specifically, what is being appealed?

What is the basis (reason) for the appeal?

### Background Information

Explain the events that led to your decision to appeal the action taken  
against you:

## Contact Person for Information Regarding this Appeal

Name:

Title:

Mailing Address:

Phone:

Fax:

Email:

## Evidence

You can submit written documents and evidence by attaching them to this appeal request or by mailing under a separate cover. (Note: If mailed separately, you must adhere to the deadline for submittal as noted in the Appeal Procedures.)

## Signature of Authorized Representative

Signed:

Date:

Name of Authorized Representative:

## Mail the completed Appeal Request to:

Kim Frinzell, Director  
Nutrition Services Division  
California Department of Education  
1430 N Street, Suite 4503  
Sacramento, CA 95814-5901