**Allegheny County Continuum of Care (PA-600)**

**2019 NOFA Continuum of Care Program Competition**

**Ranking Appeal Form**

**Instructions**

*Complete contact information and provide a one (1) page maximum summary that clearly articulates the ranking issue being appealed and provides justification for the requested change. Projects should review the Allegheny County Continuum of Care 2019 Rate, Rank, Review, and Selection Criteria Process* *document before submitting an appeal to ensure that the justification provided is not duplicative of review and ranking processes that have already been completed, such as the service providers review of completed Performance Outcome Tools for their projects.*

***Submit this completed form by 5:00pm on Monday, September 9th to Hilary Scherer at*** ***hilary.scherer@alleghenycounty.us***

**Contact Information**

|  |  |
| --- | --- |
| **Agency Name:** |  |
| **Project Name:** |  |
| **Contact Name:** |  |
| **Contact Email:** |  |
| **Contact Phone:** |  |

**Appeal and Justification** *(one page)*