



# Missouri Balance of State Continuum of Care FY 2019 CoC Program Competition Grievance Policy

## Grievance Conditions

Missouri Balance of State Continuum of Care (Mo BoS CoC) project applicants may file a grievance with the Mo BoS CoC if the applicant believes the Mo BoS CoC:

1. improperly applied processes or requirements related to project scoring, rating, ranking, reallocation, or prioritization established by the Mo BoS CoC or the Department of Housing and Urban Development for the FY 2019 Continuum of Care Program Competition;
2. improperly denied the applicant the right to participate in FY 2019 Continuum of Care Program Competition; or
3. otherwise violated or improperly applied rules, policies, or processes established by the Mo BoS CoC or the Department of Housing and Urban Development for the FY 2019 Continuum of Care Program Competition.

## Grievance Procedure

Failure to follow the grievance procedure will result in denial of the grievance. Grievances with no evidence supporting its claim(s) will be denied. Grievances must be submitted to the Mo BoS CoC with adequate time to conduct all grievance processes in advance of the Mo BoS CoC Consolidated Application submission requirements established by the Department of Housing and Urban Development. Grievances submitted with insufficient time to conduct all grievance activities will be denied.

1. Mo BoS CoC project applicants must submit grievances in writing to the Mo BoS CoC Collaborative Applicant and the Mo BoS CoC Board Chair by emailing the Mo BoS CoC Grievance Form and all supporting documentation to [moboscoc@outlook.com](mailto:moboscoc@outlook.com) and [beckypoitras@mlmkc.org](mailto:beckypoitras@mlmkc.org). Grievances must be submitted no later than 5:00 pm on the second business day following notification of the project's ranking or rejection.
2. The Mo BoS CoC Collaborative Applicant must confirm receipt of the grievance no later than 5:00 pm on first business day following notification by responding to the project applicant and Mo BoS CoC Board Chair.
3. The Mo BoS CoC Collaborative Applicant must respond to and attempt to resolve grievances no later than 5:00 pm on first business day following confirmation of receipt of the grievance.
4. Mo BoS CoC project applicants unsatisfied by the response of the Mo BoS CoC Collaborative Applicant may appeal the grievance resolution to the Mo BoS CoC Board of Directors by emailing their decision to appeal, the rationale for the appeal, and all supporting documentation to the Mo BoS CoC Board Chair, Becky Poitras, at [beckypoitras@mlmkc.org](mailto:beckypoitras@mlmkc.org). Grievance resolution appeals must be submitted no later than 5:00 pm on first business day following the response from the Mo BoS CoC Collaborative Applicant.
5. No later than 5:00 pm on first business day following receipt of the grievance appeal, the Mo BoS CoC Board Chair will appoint three (3) members of the Mo BoS CoC Board of Directors who do not receive CoC Program funding, did not apply for CoC Program funding through the FY 2019 CoC Program Competition, and did not participate in the FY 2019 Mo BoS CoC project application review and ranking process to review and respond in writing to the grievance appeal.
6. The Mo BoS CoC Board of Directors appointees must respond to the appeal within no later than 5:00 pm on the second business day following appointment. Responses by the three (3) members Mo BoS CoC Board of Directors to grievance appeals are considered the official and final response of the Mo BoS CoC to the grievance.

7. Projects applicants unsatisfied by the decision of the Mo BoS CoC may appeal to the Department of Housing and Urban Development through the procedures established in the Notice of Funding Availability for the Fiscal Year 2019 Continuum of Care Program Competition.

*Grievance Forms attached.*

**Mo BoS CoC Project Application Grievance Form**  
**Notice of Funding Availability for the Fiscal Year 2019 Continuum of Care Program Competition**

Applicant Organization: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Organization Phone Number: \_\_\_\_\_

Applicant Representative: \_\_\_\_\_ Job Title: \_\_\_\_\_

Representative Email: \_\_\_\_\_ Representative Phone: \_\_\_\_\_

**Nature of grievance.** Briefly explain the grievance including relevant details. Attach all additional explanation information, supporting documentation, and evidence.

**Proposed solution.** Briefly describe the proposed solution to the grievance. Attach all additional information.

I, the above named representative, attest that the information provided in and attached to this grievance form is true and accurate to the best of my knowledge and that I have read and understand the Mo BoS CoC FY 2019 CoC Program Competition Grievance Policy including the grievance procedure and associated timelines.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Mo BoS CoC Board of Directors Grievance Response  
Notice of Funding Availability for the Fiscal Year 2019 Continuum of Care Program Competition**

Applicant Organization: \_\_\_\_\_

Applicant Representative: \_\_\_\_\_

Date of Response: \_\_\_\_\_

Mo BoS CoC Board of Directors Members Issuing Response:

**Response:**

**Action:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date