



2017 NYC CCoC Evaluation Process Appeals Form

This form must be completed and sent to Joseph Kwon at kwonj@hra.nyc.gov by 12pm EST on May 5th 2017.

To appeal your score, please write a few short sentences describing your appeal and attach evidence supporting your request. For example, if your appeal involves information from your data system (such as AWARDS), please submit a copy of the page from your data system.

Name of Agency: _____

Program Name: _____

Program Address: _____

Part I

Section and Question (Measurement and Source/Score) being appealed and why.

Section: _____ Question: _____

Explanation:

Section and Question (Measurement and Source/Score) being appealed and why.

Section: _____ Question: _____

Explanation:

Section and Question (Measurement and Source/Score) being appealed and why.

Section: _____ Question: _____

Explanation:

Part II

Executive Director /Other Executive Name: _____

Signature: _____ Date: _____