

TX-700 THE WAY HOME CONTINUUM OF CARE (COC) FY 2025 APPLICANT RIGHTS & GRIEVANCE FORM LOCAL COC COMPETITION

This document outlines the rights of all applicants participating in The Way Home CoC's local competition for HUD CoC Program funding and includes the process and form for submitting a formal grievance.

SECTION 1: APPLICANT RIGHTS IN THE LOCAL HUD COC COMPETITION

All applicants participating in the TX-700 CoC local competition for HUD Continuum of Care Program funds are entitled to the following rights:

1. Right to Transparent Information

- Access to published:
 - NOFO timeline and deadlines
 - Local scoring tools and competition procedures
 - Priority ranking policies
- Materials are posted on: www.homelesshouston.org → NOFO Competition Page

2. Right to Fair Scoring and Ranking

- Applications are scored using publicly posted criteria
- Final ranking considers both score and alignment with HUD and CoC priorities

3. Right to Notification

 Applicants are notified in writing of their project score, rank, and inclusion or exclusion from the final Priority Listing

4. Right to Grieve and Appeal

- Applicants may file a grievance if they believe the process was applied unfairly or inconsistently
- All grievances are first discussed with the Vice President of the Homeless Response System (VP of HRS)
- If unresolved, a formal grievance may be submitted for review by the Steering Committee Chair or Acting Chair (without conflict)



5. Right to Impartial Review

 Any individual with a conflict of interest (COI) will be recused from scoring, reviewing, or making decisions related to the agency's application or grievance

SECTION 2: GRIEVANCE & APPEAL PROCESS

1. Step 1 – Informal Resolution Attempt

Contact the **VP of HRS** to discuss your concern. Document the date and nature of the response.

2. Step 2 – Submit Formal Grievance

If unresolved, complete the grievance form below and submit it to the Collaborative Applicant.

3. Step 3 – Steering Committee Review

The grievance will be reviewed by the **Steering Committee Chair** or an **acting Chair with no COI**. All decisions and conflicts will be documented.

4. Step 4 – Appeal Option

If dissatisfied with the response, the applicant may submit a written appeal within **24 business hours**. If no appeal is submitted, the grievance will be considered resolved.



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Applicant Organization Name:
Applicant Representative Name:
Job Title:
Phone:
Email:
Organization Address:
 Date Verbal Response Received from VP of HRS: Description of Grievance (attach additional pages if needed): Acknowledgement of Appeal Rights:
I understand that I may appeal the decision on this grievance within 24 business hours of receiving the written response. If no appeal is submitted, the grievance will be considered resolved.
Applicant Signature:
Date:
SECTION 4: FOR COC USE ONLY
Grievance Received By:
Date Received:
• VP of HRS Review Completed: Yes Date:
• Steering Committee Chair/Acting Chair Review Completed: Yes Date:
Conflict of Interest Check: □ No COI □ COI Identified — Recused
Written Response Sent to Applicant: Yes Date:



• Appeal Submitted: ☐ Yes ☐ No

• Final Resolution Date: _____

Visit: <u>www.homelesshouston.org</u> → *NOFO Competition Page*

Contact: NOFO@homelesshouston.org

Phone: 713-739-7514