

Community Development Block Grant – Disaster Recovery/Mitigation Decision Appeal Form

Instructions: This form is for applicants who wish to appeal a funding decision for the Community Development Block Grant – Disaster Recovery and Mitigation program. Appeals must be submitted within 30 business days of the date on your notification letter. Late submissions will not be considered. General Complaints about a State of Alaska entity should be submitted to the Alaska Ombudsman office ([Contact Information](#)).

I. APPLICANT INFORMATION

Legal Name of Organization/Individual: _____

Application ID Number (If Applicable): _____

Disaster Name: _____

Primary Contact Name: _____ **Title:** _____

Email Address: _____ **Phone:** _____

Mailing Address:

II. DECISION DETAILS

Date of Decision Notification: _____

Funding Amount Requested: \$ _____ ****Amount Awarded (if any):**** _____

III. BASIS FOR APPEAL

Standardized appeals are generally limited to procedural errors or factual inaccuracies. Please check the box(es) that apply to your appeal:

- Factual Error:** The reviewers relied on demonstrably incorrect information in the application.
- Procedural Error:** The agency failed to follow the evaluation process outlined in the Request for Applications (RFA).
- Conflict of Interest:** There is evidence of bias or a conflict of interest in the review panel.
- Other:** (Please specify)

IV. STATEMENT OF APPEAL

Provide a clear, concise explanation of why the decision should be reconsidered. Reference specific sections of your application or the grant guidelines. Attach additional pages if necessary.

V. SUPPORTING DOCUMENTATION

Please list any documents you are attaching to support your claim (e.g., a copy of the denial letter, specific email correspondence, or excerpts from the grant manual).

1. _____
2. _____
3. _____
4. _____

VI. ACCOMMODATIONS REQUESTS

Please list any accommodations or language translation requests you need assistance with:

1. _____
2. _____
3. _____
4. _____

VII. CERTIFICATION AND SIGNATURE

I certify that the information provided in this appeal is true and correct to the best of my knowledge. I understand that the filing of this appeal does not guarantee a change in the funding decision.

Signature of Authorized Representative: _____ **Date:** _____

Printed Name: _____

Submission Instructions:

- **Email:** cdbgdr@alaska.gov, (Subject: GRANT APPEAL - [Your Name or Organization Name, Disaster Name])
- **Mail:**

Division of Community and Regional Affairs,
Attn: Grants Section
550 W 7th AVE, STE 1640
Anchorage, AK 99501-3510