**FORM 7**

**APPEAL REQUEST FORM**

**2022-2023 Proposal**

 City of Detroit Housing & Revitalization Department/City Council

**2022- 2023 Homeless Solutions (CDBG and ESG) NOFA**

 *(Only those organizations not recommended for funding are eligible to make an appeal.)*

**Name of organization**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What activity did you apply for? (*Check all that applies*.)

[ ]  *Outreach (Street Outreach and/or Navigation)* [ ]  *Emergency Shelter*

[ ]  *Rapid Re-Housing* [ ]  *Homelessness Prevention*

If you applied for more than one activity which activity recommendation are you appealing? (*A separate appeals form will be needed for each activity*.)

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Please explain your understanding of the reason your organization was not recommended for funding.

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In the space provided below, state your reason for this appeal and/or why you should be recommended for funding.

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Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 (Please print) (Please print)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_