Alabama Rural Coalition for the Homeless (ARCH)
Alabama Balance of State Continuum of Care (AL-507)

FY 2026 Applicant Rights and Grievance Form

Organization: _____

Project Name: _____

Applicant Contact: _____

Title: _____

Email: _____

Telephone: _____

Date Submitted: _____

Type of Grievance (Check all that apply)

- ☐ Failure to follow published Local Competition Policies and Procedures
- ☐ Mathematical or scoring calculation error
- ☐ Procedural error
- ☐ Conflict of interest
- ☐ Inaccurate factual information
- ☐ Other administrative error (describe below)

Description of Grievance

Please identify the specific policy, procedure, or administrative action being challenged and explain why you believe the published Local Competition Policies and Procedures were not followed.

Supporting Documentation

List all supporting documentation attached to this grievance.

Requested Resolution

Describe the action you are requesting ARCH to consider.

Applicant Certification

I certify that the information provided in this grievance is true and accurate to the best of my knowledge and that this grievance is submitted in accordance with the ARCH FY 2026 Applicant Rights and Grievance Policy.

Applicant Signature: _____

Date: _____

ARCH Use Only

Date Received: _____

Received By: _____

Timely Submitted:

- ☐ Yes
- ☐ No

Disposition:

- ☐ Denied
- ☐ Administrative Correction Made
- ☐ Other

Summary of Review:

Date of Determination: _____

Reviewer Signature: _____

By submitting this grievance, the applicant acknowledges that the grievance process is limited to reviewing the administration of the local competition and may not be used to submit a new application, materially modify an existing application, or reopen the local competition after the published deadline.