Appeals Instructions

Please follow the instructions below to submit an appeal regarding the 2019-2022 OFCY funding recommendation for your application. Appeals must be submitted on the two page form below and must be in 12-point font with 1-inch margins. Appeals must be based on one or more of the criteria described below and should clearly state the issue that negatively affected the review of the proposal.

**Unfair process** (e.g., the appellant’s proposal was treated differently than others)

**Material error** (e.g., the appellant’s proposal was reviewed under the wrong funding category or based on some other objective error occurred), or

**Conflict of interest** potentially leading to financial gain by a POC member or reviewer or members of these individuals’ immediate families.

Please note that substantive disagreement with the funding recommendations is not grounds for appeal. No appeals will be accepted that challenge the review process as a whole. Appellants also cannot submit any new or updated information about the proposal.

Appellants will receive written notice of the outcome of their appeal. In the event of one or more successful appeals, the POC may amend the funding recommendations and submit final revised funding recommendations to the Oakland City Council, which has the authority to accept or reject the entire package.

**Appellants can submit the appeal via email to OFCY Program Analyst Scott Kim** [**sskim@oaklandca.gov**](mailto:sskim@oaklandca.gov) **or submit one hard copy of the appeal in person at the OFCY office located at 150 Frank H. Ogawa Plaza, Suite 4216 Oakland, CA 94612.** **All appeals must be received no later than *Wednesday, May 1, 2019 by 12:00 pm.***

The Planning and Oversight Committee will form an ad-hoc Appeals subcommittee to receive and review appeals. The subcommittee will review and determine the validity of the appeals received and provide an update at the next public POC meeting in May 2019.

**Appeals Form**

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| --- | --- |
| Contact Person: |  |
| Organization: |  |
| Program Name: |  |
| Address: |  |
| City, State, Zip: |  |
| Telephone: |  |
| Email: |  |

Please check the criteria upon which your appeal is based (check all that apply):

Unfair process

Material error

Conflict of Interest

Describe your appeal here:

(Describe your appeal here continued)