



Grant Denial Appeal Form

Name of Applicant:	Date:
Email:	Phone #:

Identify the specific grant you are appealing the decision for:

- | | |
|---|--|
| <input type="checkbox"/> Caregiver Respite Grant Program (CRGP) | <input type="checkbox"/> Supplemental Respite Grant Program (SRGP) |
| <input type="checkbox"/> CORE Grant | <input type="checkbox"/> Group Respite Grant Program (GRGP) |
| <input type="checkbox"/> Other/Specialty Grant | |

All appeals must be submitted within ten days of the denial letter being received. The appeal process does not guarantee the reversal of the denial decision made by RCAW grant administration staff. Please identify the reason for the denial identified in your denial letter.

- Retroactive services
- Incomplete application
- Insufficient supporting documentation
- Not enough time in between grant periods
- Situations not aligning with our program models and intentions

The RCAW Executive Committee reviews every statement of appeal and any related supporting documentation. All decisions are final, and re-appeals will not be accepted. Use the space below to explain why you feel the reason for denial is inaccurate. Your appeal must be related to the reason for the denial. You may attach a letter and any supporting documentation you feel is relevant to your appeal.

Below for Office Use Only

Decision: Approved Denied Date of decision: _____

Date applicant notified of appeal decision: _____