

Emergency Food and Shelter Program (EFSP) Phase 41

Grievance Procedure

Purpose

The purpose of the grievance procedure is to settle any grievance between an Applicant and the EFSP Local Board/Coordinating Agency (ACAM) as quickly as possible to assure an efficient and fair procurement.

Eligibility

A grievance may be filed by any applicant that claims it has been adversely affected by:

1. The score assigned by the application review team.
2. Improper application of the EFSP Local Board scoring and/or allocation methodology.

Procedure for Filing Respondent Organization Grievances

The following steps must be followed in the order given. Time limits shall begin on the first working day after the applicable occurrence, filing, appeal, response, or recommendation. Working days shall not include weekends or national holidays.

Step 1

To be considered, a grievance must be filed in writing with the Coordinating Agency (ACAM) within two (2) business days of conditional award announcements. This written grievance should be sent to Caitlyn Peacock at caitlyn.peacock@networktoendhunger.org. ACAM has three (3) business days from receipt of the grievance form to respond to and resolve the grievance.

Step 2

If the applicant is not satisfied with the proposed resolution, the applicant has two (2) business days to file a written appeal with the EFSP Local Board. The EFSP Local Board has three (3) business days to investigate, talk with the grievant, and respond in writing using the official form.

General Provisions

1. The Grievance Forms provided by the Coordinating Agency should be used in pursuing a resolution of the grievance.
2. The applicant may represent itself or be represented by a chosen representative when presenting the organization's grievance.

*Note: Grievance Forms are attached below.

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Grievance Form

Applicant Organization: _____

Applicant Representative: _____

Job Title: _____

Organization's Address: _____

Organization's Phone Number: _____

We have discussed this complaint with the Coordinating Agency contact and received his/her verbal answer on (date) _____. Because this answer is unacceptable to us, we wish to file a formal complaint.

Nature of grievance. Explain how your organization was unfairly treated including names and dates. (Use additional pages if needed.)

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A just and fair solution of our grievance is:

We understand that if we wish to further appeal our complaint, we have two (2) business days from response to submit a grievance form to the next level of appeal. Grievances not appealed timely are considered settled at the previous level.

Date

Signature

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Grievance Form Response from the EFSP Local Board

Applicant Organization: _____

Applicant Representative: _____

EFSP Local Board response to Applicant Organization’s Complaint:

Grievances not appealed timely are considered settled at the previous level.

Date

Signature