KANSAS STATEWIDE HOMELESS COALITION

Safe, appropriate and affordable housing for all Kansans

Kansas Balance of State Continuum of Care
Priority Listing/ Rank and Review Appeals Form

Project Name: _____

Rank Given to Project: _____

Score Given to Project: _____

Are you appealing the Score? Y/N
Are you appealing the Rank? Y/N
Are you appealing the Process? Y/N

Please address specific concerns and or the rationale for the appeal

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