

# COMMUNITY CULTURE DEVELOPMENT FUND

## A GRANT PROGRAM

## APPEAL FORM

### **Approval of final funding decisions:**

CULTURE DEVELOPMENT CATEGORY - **within 10 business of business days of conditional funding notification**

CULTURE OPPORTUNITIES CATEGORY - **Within 6 weeks of funding notification**

Funding Year

### **Submission Process**

It is the responsibility of the appellant to submit this completed Appeal Form within the outlined appeal period, no later than 10 business days from the date the funding notification was issued. The form may be submitted electronically by e-mail to CultureMailbox@reddeer.ca or delivered in hard copy to Culture Services Reception, Intermediate School Building,

Level 300, 5205 48 Ave, Red Deer, AB, T4N 6X3 (delivering in person or by courier). It is the responsibility of the appellant to verify that the submitted appeal form has been received in a method appropriate to the submission (i.e. by written receipt by staff or by reply e-mail). Electronic copies must be properly signed. Fax copies will not be accepted.

### **CONTACT INFORMATION**

Applicant/Agency Name (as listed on the submitted proposal):

Project Name:

Contact name for this Appeal (*please include only one name*):

Position Title:

Email Address:

Telephone:

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The City of Red Deer has determined that appeals will only be considered where the appellant believes there has been an error in fact or error in process around their submission. Disagreement with a final funding decision in itself does not warrant an appeal.

This applicant wishes to appeal the funding decision made based on their belief that there has been an error in:

- Process: An error in process used that had an adverse effect on the applicant organization.
- Fact: Information that was incorrect or materially misrepresented.

In one sentence, please briefly describe this error:

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### **Appeal Statement**

We wish to appeal the funding decision made for the following reason(s):

*This submission is not to exceed these two pages.*

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### **Signatures of Appellants**

Two signatures of Board Members are required. Appeal forms that are NOT signed will not be considered.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_