**Purpose**

The purpose of the grievance procedure is to settle any grievance between an Applicant Agency and the EFSP Howard County Local Board as efficiently and fairly as possible.

**Eligibility**

A grievance may be filed by any applicant that claims an adverse effect of:

1. Needing to correct erroneous application information or provision of information not previously available at time of the Local Board’s decision that that lack of could have negatively impacted funding allocation
2. Allegation of bias, fraud, abuse or violation of federal or National Board guidelines

**Procedure for Filing Respondent Agency’s Grievances**

The following steps must be followed in the order given. Time limits shall begin on the first business day after the appeal is submitted. Business days shall not include weekends or Howard County Government holidays.

**Step 1**

To be considered, a grievance must be filed in writing with The Howard County Department of Community Resources and Services (DCRS) within one business day of award announcements. This written grievance should be sent to Cara Baumgartner [cbaumgartner@howardcountymd.gov](mailto:cbaumgartner@howardcountymd.gov). DCRS has two 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 one business day to file a written appeal with the EFSP Local Board. The EFSP Local Board has two business days to investigate, talk with the grievant, and respond in writing using the official form.

General Provisions

* 1. The Grievance Forms provided should be used as a written appeal pursuing a resolution of the grievance
  2. The applicant may represent itself or be represented by a chosen representative when presenting the agency’s grievance.

\*Note: Grievance Forms are attached below.

**Grievance Form**

Phase:

Applicant Agency:

Applicant Representative:

Job Title:

Agency’s Address:

Agency’s Phone Number:

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

Nature of grievance. Explain how your agency 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:

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We understand that if we wish to further appeal our complaint, we have one business day 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

Grievance Form Response from DCRS

Applicant Agency:

Applicant Representative:

Phase:

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Date Signature