

## REQUEST TO APPEAL A DENIAL DETERMINATION

To request an appeal, the applicant business must complete and submit this form within 30 days of receipt of the denial letter, which gave written notice of the denial determination (referred to herein as "Denial Determination"). requests to appeal the NYS Department of Economic (Print applicant business name) Development, Division of Minority and Women's Business Development's Denial Determination denying such applicant business' application (application no. ) for M/WBE (re)certification. (Print application number) The applicant business must select ONE (1) of the options below, indicating whether it requests to appeal via a virtual hearing OR via written submission. The applicant business requests to appeal via a [ ] The applicant business requests to appeal via virtual hearing. written submission. Please note that virtual hearings are conducted using the Webex videoconferencing platform, which requires that all parties have a fast, reliable internet connection and computer enabled with audio/video capabilities. On appeal, the applicant business' presentation of evidence is limited to such relevant documentation that was before the Division at the time of the review of the application and Denial Determination. Please provide a brief statement of the bases upon which each of the Denial Determination grounds are being appealed and identify the documents that the applicant business anticipates relying on in support of its appeal. DO NOT attach additional documents or exhibits when returning this Request to Appeal Form. NOTE: The brief statement to be provided here does NOT constitute a written appeal submission. Applicants that are granted an appeal via written submission will receive a subsequent letter, a Notice to Proceed by Written Appeal, that will provide a deadline and instructions on where to send the written appeal submission including exhibits.

## This Request to Appeal the Denial Determination is submitted by: **Business Name:** Address 1: Address 2: City: State: Zip: **Business Representative:** First Name: Last Name: Title: Phone: Email: Signature: Date: If the applicant business is represented by counsel or an attorney on appeal, please provide the following: Attorney Address (if applicable): Law Firm: Address 1: Address 2: City: State: Zip: Attorney Representative (if applicable): Atty. First Name: Atty. Last Name: Title: Phone: Atty. Email: Signature: Date:

To submit by mail, please send the completed, signed form to:

MWBE Appeals Unit NYS Dept. of Economic Development 633 Third Ave, Floor 37 New York, NY 10017

**Alternatively, this form may be submitted online** and signed electronically by accessing the *Request to Appeal webform* at: <a href="https://esd.ny.gov/mwbe-appeals">https://esd.ny.gov/mwbe-appeals</a>