

# Wyoming Arts Council - Appeal Form

Applicant organization name: \_\_\_\_\_

Applicant organization address: \_\_\_\_\_

Your name: \_\_\_\_\_

Your title: \_\_\_\_\_

Your phone number: \_\_\_\_\_

Your email: \_\_\_\_\_

Grant Program application was submitted to: \_\_\_\_\_

**Please select one or both boxes and answer the corresponding questions:**

I believe a conflict of interest was not disclosed by a panelist.

Name of panelist(s) who had a conflict: \_\_\_\_\_

What is the nature of the conflict of interest: \_\_\_\_\_

How did this conflict of interest result in a low score? \_\_\_\_\_

---

---

---

---

---

---

I believe incorrect information was knowingly provided to the panel during its review of proposals. Despite correct information being provided in the original application.

What was the incorrect information: \_\_\_\_\_

What section of the application is this provided in: \_\_\_\_\_

How did this incorrect information result in a low score and/ or negative panel comment:

---

---

---

---

---

---

---

---

This Appeal Form must be submitted a minimum of 48 hours before the quarterly board meeting to approve grant panel recommendations. If you are unsure of this date please contact Wyoming Arts Council staff. Email this form to: [cashmere.balland@wyo.gov](mailto:cashmere.balland@wyo.gov)