

**Finance and  
Administration Cabinet**

**Office of EEO and  
Contract Compliance**

# NOTICE OF APPEAL: MWBE DETERMINATION STATUS



Case Number

\_\_\_\_\_

Date Appeal Received

\_\_\_\_\_

All Appeals Must be Submitted on This Form. Appeals should be submitted to the Following Address:

**Attn: MWBE Appeals Processing**  
Office of EEO and Contract Compliance  
702 Capitol Ave, Room 395  
Frankfort, KY 40601

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email Address: \_\_\_\_\_

Date of Letter Being Appealed: \_\_\_\_\_ (PLEASE ATTACH DECERTIFICATION OR DENIAL LETTER)

Please State the Reasons You Are Appealing the decertification or denial: (you may attach additional pages, if needed, to explain the reason for your appeal. You may also attach supporting documentation. You do not need to attach any documentation you already submitted as part of your application for certification)

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\_\_\_\_\_

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

Appellant Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Are you an attorney or officer of the appealing company?

- Attorney representing company as legal counsel
- Company officer: \_\_\_\_\_
- Other: \_\_\_\_\_

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