

Corrective Action Plan

Agency Name: _____

Date of Status Report: _____

Authority: **PL 105-285: Sec 676 B (A) (2) (CSBG law);
 IM 82 The tripartite Board;
 CSBG CAA Manual, Section III: The Board
 OMB Circulars A-87, A-102, A-110, A-122 or A-133**

Provide an explanation of your agency's corrective action plan for each finding listed, estimated timeframe, and the person(s) responsible. Email the completed status update to your Field Representative John Doe at johndoe@sample.gov.

Finding No.	Finding/ deficiency	Brief explanation of action to be taken to correct the deficiency	Estimated timeframe	Person Responsible
1				

Evidence that will tell us the change has been achieved

Finding No.	Evidence of Change	Verified by	Date	Progress/ Status	Accepted by OEO

Activities that will take place to achieve this outcome

Finding No.	Action step	Completion date	Person Responsible	Attachments/ Comments

Approved by the Board of Directors: _____ (date)

Signed: _____ Title: _____