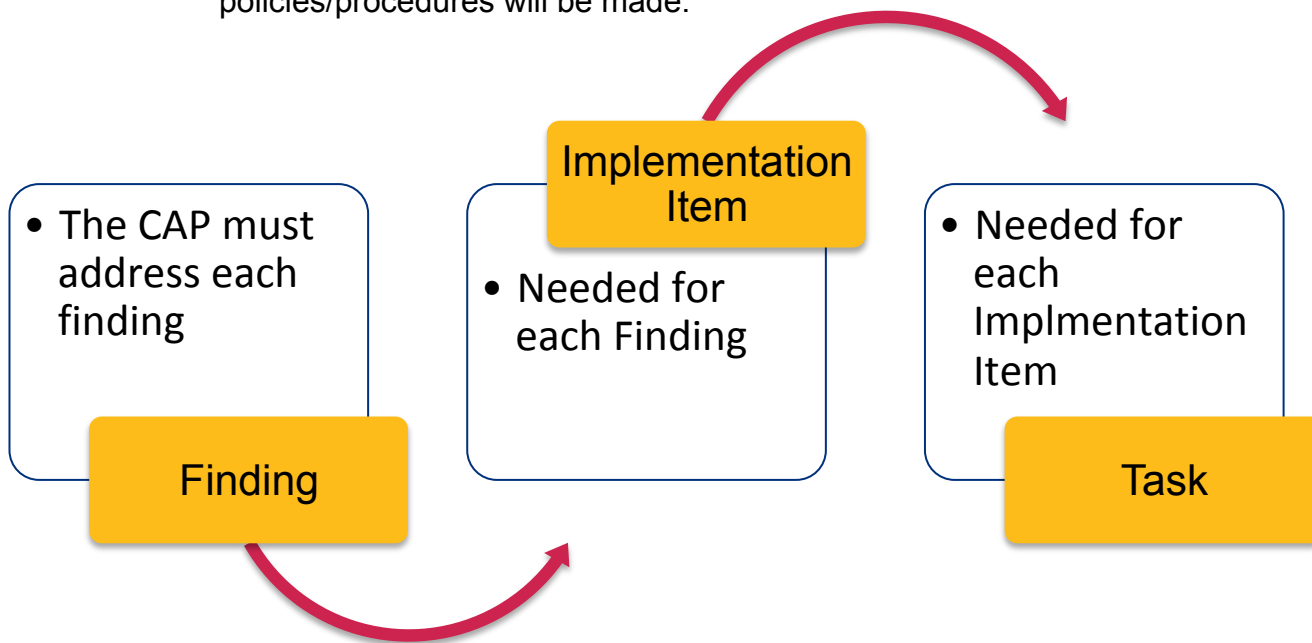


CORRECTIVE ACTION PLAN CHECKLIST

The following items are necessary, without these items the Corrective Action Plan (CAP) will be rejected:

- The following must be addressed for each **finding**:
 - **Date**: Anticipated date the Corrective Action will be implemented.
 - **Responsible Party**: Provide title (not personal name) of responsible party.

- The following must be addressed for each **finding**:
 - **Required Task**: Include all of the tasks needed to complete the corrective action.
 - **Responsible Party**: Provide title (not personal name) for each required task.
 - **Approval Party**: Provide the title (not personal name) for any tasks that require approval to be initiated or completed.
 - **Training (if applicable)**: Specify which training will be provided, include a description of the training and expected dates of the training.
 - **Policies, Procedures, Forms (if applicable)**: Specify if new policies/procedures will be written, or if updates to existing policies/procedures will be made.



Please Note: Grants Management can ask for all documented mentioned in your CAP as part of the follow up process.