

Staff Sergeant Parko

VA Form 10-316d

The Paperwork Reduction Act of 1995: This information is collected in accordance with Section 3507 of the collection of information is estimated to average 30 minutes per response, including the time to review information and complete and review the collection of information. Respondents should be aware that we may not collect information unless it displays a valid OMB number. This collection of information is intended for use by the to this information collection is mandatory, if a CAP is necessary, and failure to provide the requested information

Privacy Act Statement: VA is asking you to provide the information requested in this plan under the authority and maintain oversight of your participation in the SSG Fox SPGP. VA may use or disclose your CAP information for: civil or criminal law enforcement; congressional communications; the collection of money owed to the the administration of VA programs, including verification of eligibility to participate; and personnel administration participation with the SSG Fox Suicide Prevention Grant Program.

Grantee Name:	
Program Number:	
Date issued	
Response Deadline	
SSG Fox SPGP Point of Contact:	

Instructions:

As per the 2 CFR § 200.511 (c) At the completion of the audit, the auditee must prepare, in a document separate from the auditor's findings described in § 200.516, a corrective action plan.

The corrective action plan must provide the name(s) of the contact person(s) responsible for corrective action, the corrective action planned, and the anticipated completion date. If the corrective action plan must include an explanation and specific reasons. Indicate your Concurrence (Y or N) for each finding/recommendation.

If you agree with the recommendation, enter an Action Plan in the Response block and provide a Planned Completion Date for resolving the identified issue. If you disagree

Determining the Planned Completion Date: The Planned Completion Date is when all steps or processes listed in the recommendation action plan will be completed. Please include the Planned Completion Date for each finding or recommendation included in this report. The corrective action plan must provide the name(s) of the contact person(s) responsible for corrective action, the corrective action planned, and the anticipated completion date. If the corrective action plan must include an explanation and specific reasons.

Please consider current workload; staffing; holidays; major events; internal processes, such as drafting documents and approvals; external processes, such as routing documents

Extensions on Planned Completion Dates must be requested in writing and may require notification and approval by the facility, network, or area office director or other appropriate Program Office.

If the Planned Completion Date for a given recommendation precedes submission of this form, documentation supporting completion of the Action Plan for that recommendation must be submitted with this report.

If you have questions in determining the Planned Completion Date, please contact the SSG Fox SPGP point of contact designated in this report.

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Finding/Concern Identified	Reason for the Non-Compliance and Plan to Address the Issue	Timeline/Action Steps and who will
Prepopulated from Grant Team		
	Name:	
	Title	
	Date:	

er Gordon Fox Suicide Prevention Grant Program (SSG Fox SPGP) Corrective Action Plan (CAP)

re Paperwork Reduction Act of 1995. The public reporting burden for this
structions, search existing data sources, gather and maintain data needed,
nduct or sponsor, and you are not required to respond to, a collection of
e SSG Fox SPGP as the Grantee's Corrective Action Plan (CAP). Your response
rmation may adversely affect your continued participation in the SSG Fox SPGP.

riority of 38 U.S.C. section 7366 in order for the VA to assess your CAP, as necessary,
ation as permitted by law. VA may make a "routine use" disclosure of the information
e United States; litigation in which the United States is a party or has interest;
stration. You must provide the requested information to VA in order to continue

itor's findings described in § 200.516, a corrective action plan to address each audit finding included in the current year auditor's reports.
action planned, and the anticipated completion date. If the auditee does not agree with the audit findings or believes corrective action is not required,
inding/recommendation.
r resolving the identified issue. If you disagree with the recommendation, provide Justification for your disagreement in the Response block.
ndation action plan will be completed. Planned Completion Dates should be realistic and reasonable. The corrective action plan must address each
(s) responsible for corrective action, the corrective action planned, and the anticipated completion date. If the grantee does not agree with the audit
reasons.
als; external processes, such as routing documents and approvals; funding; contracting; and other variables.
y, network, or area office director or other levels of VA management as appropriate. Extensions are subject to final approval by SSG Fox SPGP
pletion of the Action Plan for that recommendation must be submitted with this form.
ted in this report.

Corrective Action Plan

OMB Control Number: 2900-XXXX

Estimated Burden: 30 Minutes

Expiration Date: 04/30/2025

s reports.

action is not required,

ponse block.

must address each
agree with the audit

SSG Fox SPGP
