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Legal Services for Homeles

Grantee Name:	
Program Number:	
Date issued	
Response Deadline	
LSV 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 t each audit finding included in the current year auditor's reports.

The corrective action plan must provide the name(s) of the contact person(s) responsible for corrective action, the corrent not agree with the audit findings or believes corrective action is not required, then the corrective action plan must include each finding/recommendation.

If you agree with the recommendation, enter an Action Plan in the Response block and provide a Planned Completion D provide Justification for your disagreement in the Response block.

Determining the Planned Completion Date: The Planned Completion Date is when all steps or processes listed in the rec be realistic and reasonable. The corrective action plan must address each finding or recommendation included in this re person(s) responsible for corrective action, the corrective action planned, and the anticipated completion date. If the gr required, then 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 a funding; contracting; and other variables.

Extensions on Planned Completion Dates must be requested in writing and may require notification and approval by the appropriate. Extensions are subject to final approval by the LSV Program Office.

If the Planned Completion Date for a given recommendation precedes submission of this form, documentation supporti with this form.

If you have questions in determining the Planned Completion Date, please contact the LSV point of contact designated to

Finding/Concern Identified	Reason for the Non-Compliance and Plan to Address the Issue	Timeline/Action Ste action and who wil	
Prepopulated fron Grant Team			

		-
		•
Name:		
Title		
Date:		

	Corrective Action Plan (CAP)
docume	ent separate from the auditor's findings described in § 200.516, a corrective action plan to addres
	ve action, the corrective action planned, and the anticipated completion date. If the auditee does ion plan must include an explanation and specific reasons. Indicate your Concurrence (Y or N) for
e a Plar	nned Completion Date for resolving the identified issue. If you disagree with the recommendation
ndation	ses listed in the recommendation action plan will be completed. Planned Completion Dates shound included in this report. The corrective action plan must provide the name(s) of the contact etion date. If the grantee does not agree with the audit findings or believes corrective action is no
	ng documents and approvals; external processes, such as routing documents and approvals;

Corrective Action Plan				
eps for accomplishing corrective I be involved in each step of the process	Describe system of internal controls to prevent reoccurrence			

orm, documentation supporting completion of the Action Plan for that recommendation must be submitted

point of contact designated this report.

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OMB Control Number: 2900-XXXX Estimated Burden: 120 Minutes Expiration Date: XXX XX, 2022

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If a repeat finding:
Provide documentation/evidence that the finding has been corrected. Evidence should include plan or system of internal controls to prevent the finding from reoccurring.

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