

**1047 Return to the Revenue Release and Release of Risk for Homeless LIFT Fund Program**  
**1047 - Income Support Program Report**

OMB No. 1545-0047  
 Department of Social Services  
 Homeless LIFT Fund

The Payment Reduction Act of 2010. This information is collected in accordance with Section 1007 of the Payment Reduction Act of 2010. The public reporting burden for this collection of information is estimated to average 100 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, reviewing and reporting the collection of information, reviewing and approving the data for release, and reviewing and approving the data for release. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing the burden, to Washington Headquarters Office, Paperwork Project (0192-0108), Washington, DC 20543-4148. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing the burden, to Washington Headquarters Office, Paperwork Project (0192-0108), Washington, DC 20543-4148.

**Why is this information being collected?** We are asking you to provide the information requested in this report under the authority of the Public Access to Information Act (PAIA). We are asking you to provide the information requested in this report under the authority of the Public Access to Information Act (PAIA). We are asking you to provide the information requested in this report under the authority of the Public Access to Information Act (PAIA). We are asking you to provide the information requested in this report under the authority of the Public Access to Information Act (PAIA).

**How do I get this information?** This information is available to the public. You may obtain this information by contacting the Department of Social Services, Homeless LIFT Fund, at the address listed below. You may also obtain this information by contacting the Department of Social Services, Homeless LIFT Fund, at the address listed below.

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# Legal Services for Homele

<b>Grantee Name:</b>	
<b>Program Number:</b>	
<b>Date issued</b>	
<b>Response Deadline</b>	
<b>LSV Point of Contact:</b>	

**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 audit report, a corrective action plan for 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 corrective action planned, and the anticipated completion date. If the auditee does not agree with the audit findings or believes corrective action is not required, then the corrective action plan must include an explanation and specific reasons for each finding/recommendation.

If you agree with the recommendation, enter an Action Plan in the Response block and provide a Planned Completion Date. If you do not agree with the recommendation, 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 corrective action plan are completed. The date should be realistic and reasonable. The corrective action plan must address each finding or recommendation included in this report, including the name(s) of the contact person(s) responsible for corrective action, the corrective action planned, and the anticipated completion date. If the auditee does not agree with the recommendation, 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 budget; funding; contracting; and other variables.

Extensions on Planned Completion Dates must be requested in writing and may require notification and approval by the LSV Program Office. 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 supporting the corrective action plan must be submitted with this form.

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

Finding/Concern Identified	Reason for the Non-Compliance and Plan to Address the Issue	Timeline/Action Steps and who will be responsible for the action and who will be the point of contact
Prepopulated from Grant Team		

<b>Name:</b>		
<b>Title</b>		
<b>Date:</b>		

# Less Veterans and Veterans At-Risk for Homelessness (LSV) Grant P Corrective Action Plan (CAP)

VA Form 10-319b


As a document separate from the auditor's findings described in § 200.516, a corrective action plan to address the finding must include the following information: the finding, the corrective action planned, and the anticipated completion date. If the auditee does not agree with the recommendation, the corrective action plan must include an explanation and specific reasons. Indicate your Concurrence (Y or N) for each finding. Provide a Planned Completion Date for resolving the identified issue. If you disagree with the recommendation, explain why. List the steps or processes listed in the recommendation action plan will be completed. Planned Completion Dates should be provided for each recommendation included in this report. The corrective action plan must provide the name(s) of the contact person responsible for the planned completion date. If the grantee does not agree with the audit findings or believes corrective action is not warranted, explain why. Examples of corrective actions include: drafting documents and approvals; external processes, such as routing documents and approvals; and other processes. The corrective action plan must include identification and approval by the facility, network, or area office director or other levels of VA management as appropriate. The corrective action plan form, documentation supporting completion of the Action Plan for that recommendation must be submitted to the VA Regional Office at the point of contact designated this report.

<b>Corrective Action Plan</b>	
<b>Steps for accomplishing corrective action that will be involved in each step of the process</b>	<b>Describe system of internal controls to prevent reoccurrence</b>



# rogram

OMB Control Number: 2900-XXXX

Estimated Burden: 120 Minutes

Expiration Date: XXX XX, 202X

plan to address

the auditee does  
pliance (Y or N) for

recommendation,

ion Dates should  
e contact  
ative action is not

approvals;

management as

st be submitted

**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.**

