



## 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 in the LSV Point of Contact field.

Finding/Concern Identified	Reason for the Non-Compliance and Plan to Address the Issue	Timeline/Action Steps and who will be responsible for the corrective 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


In a document separate from the auditor's findings described in § 200.516, a corrective action plan to address

for corrective action, the corrective action planned, and the anticipated completion date. If the auditee does not agree with the corrective action plan must include an explanation and specific reasons. Indicate your Concurrence (Y or N) for

provide a Planned Completion Date for resolving the identified issue. If you disagree with the recommendation,

or processes listed in the recommendation action plan will be completed. Planned Completion Dates should be included in this report. The corrective action plan must provide the name(s) of the contact person and the anticipated completion date. If the grantee does not agree with the audit findings or believes corrective action is not

such as drafting documents and approvals; external processes, such as routing documents and approvals;

documentation and approval by the facility, network, or area office director or other levels of VA management as

required. Documentation supporting completion of the Action Plan for that recommendation must be submitted

to 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  
once (Y or N) for

recommendation,

ion Dates should  
e contact  
tive 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.**

