

## VA Form 10-398a

**VA Burden Statement:** An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-XXXX, and it expires XX/XX/20XX. Public reporting burden estimate, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, is estimated to be XX hours per response. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to [VACOPaperworkReduAct@va.gov](mailto:VACOPaperworkReduAct@va.gov).

Please refer to OMB Control No. 2900-XXXX in any correspondence. Do not send your completed VA Form

**Privacy Act Statement:** VA is asking you to provide the information requested in this plan under the authority of 38 U.S.C. 5605 and to ensure that VA can monitor and maintain oversight of your participation in the program. VA may use or disclose your CAP information for the following purposes: civil or criminal law enforcement; congressional communications; the collection of money owed to the VA; the administration of VA programs, including verification of eligibility to participate; and personnel administration. Your participation with the Telehealth Grant Program.

Grantee Name:	
Program Number:	
Date issued	
Response Deadline	
Telehealth Grant Program 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

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 is not complete, then 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. The Planned Completion Date must be determined 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 to be taken, and the Planned Completion Date. If the finding or believes corrective action is not 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 approvals; external processes, such as routing documents to other agencies.

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 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 recom

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

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

# Telehealth Grant Program (THGP)

## Corrective Action Plan (CAP)

), a collection of information unless it displays a currently valid OMB control number.  
1 for this collection of information is estimated to average 30 minutes per respondent, per year,  
ie data needed, and completing and reviewing the collection of information.  
uding suggestions for reducing the burden, to VA Reports Clearance Officer at  
10-398a to this email address.

ority of 38 U.S.C. section 7366 in order for the VA to assess your CAP, as necessary,  
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.  
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

Steps for accomplishing corrective  
I be involved in each step of the  
process

**Describe system of internal controls to prevent recurrence**


OMB Control Number: 2900-XXXX

Estimated Burden: 30 Minutes

Expiration Date: XX/XX/20XX

s reports.

action is not required,

ponse block.

must address each  
agree with the audit

SSG Fox SPGP

**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.**
