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Grantee Name:	
Program Number:	
Date issued	
Response Deadline	
LSV-A Grant 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 corre 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 supporting with this form.

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

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

Name:	
Title	
Date:	

## ns - Legal Assistance with Access to VA Programs (LSV-A) Grant Pr Corrective Action Plan (CAP)

VA Form 10-367a

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

or corrective action, the corrective action planned, and the anticipated completion date. If the auditee does rective action plan must include an explanation and specific reasons. Indicate your Concurrence (Y or N) for

vide 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 mendation included in this report. The corrective action plan must provide the name(s) of the contact ted completion date. If the grantee does not agree with the audit findings or believes corrective action is not

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

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

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

point of contact designated this report.

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

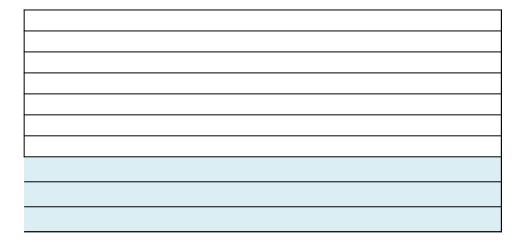
## 'ogram

OMB Control Number: 2900-XXXX Estimated Burden: 120 Minutes Expiration Date: XX/XX/20XX

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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.



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 for this collection of information is estimated to average 120 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at VACOPaperworkReduAct@va,gov. Please refer to OMB Control No. 2900-XXXX in any correspondence. Do not send your completed VA Form 10-367a to this email address.

**Privacy Act Statement:** VA is asking you to provide the information requested in this report under the authority of 38 U.S.C. section 7366 in order for the VA to assess your financial budget situation, any CAP, and maintain oversight of your participation in the LSV-A Grant Program. VA may use or disclose your report information as permitted by law. VA may make a routine use disclosure of the information for: civil or criminal law enforcement; congressional communications; the collection of money owed to the United States; litigation inwhich the United States is a party or has interest; the administration of VA programs, including verification of eligibility to participate; and personnel administration. You must provide the requested information to VA in order to continue participation with the LSV-A Grant Program.