**Agency Name**

|  |  |  |
| --- | --- | --- |
| **Fiscal****Year** | **Finding****Number** | **Finding and** **Corrective Action Plan** |
| XX | XX | Finding: |  |
|  |  |  |  |
|  |  | QuestionedCosts: | CFDA # | Amount |
|  |  |  | XX.XXX | $ |
|  |  |  |  |
|  |  | Status: | Corrective action complete or Corrective action in progress |
|  |  |  |  |
|  |  | CorrectiveAction: |  |
|  |  | Completion Date: | Month Year (“Estimated Month Year” if not completed |
|  |  |  |  |
|  |  | AgencyContact: | NameTitleAddressPhone NumberE-mail address |