**State of Washington**

**Certification of Completion of Corrective Action**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency Code:** |      |  **Agency Title:** |       |
|  |
| **The following elements are REQUIRED for ALL certifications:** |
| **Audit Report Number:** |       |
| **Finding Number:** |       |
| **Finding:** |       |
| **Agency Resolution:** |       |
| **Actual Date Completed:** |       |
|  **Agency Contact:** |  |
| Name: |       |
| Title: |       |
| Address or Mailstop: |       |
| Phone Number: | (   )    -     ext.       |
| Email: |       |
|  |
| **The following elements are required ONLY for certifications related to FEDERAL findings:** |
| **CFDA Number(s):** |       |
| **Questioned Cost (if any):** |       |
|  |
| **The following elements are required ONLY for certifications related to findings of FRAUD:** |
| **Fraud Amount:** |       |
| **Amounts to be Recovered:** |  |
| Restitution of Misappropriation: |       |  |
| Audit Costs: |       |  |
| Court Costs: |       |  |
| Other (Specify): |       | Specify: |       |
| TOTAL: |  |  |
| **Amts. Recovered to Date:** |       |
| **Criminal Action Taken:** |       |
| **Personnel Action Taken:** |       |
|  |
| ***I certify that, to the best of my knowledge, the corrective action taken by the agency related to the above audit finding is appropriate to resolve the finding and has been completed.*** |
|       |
| Printed Name and Title of Agency Head or Assigned Designee | Signature | Date |
|  |  |
| Phone Number: | (   )    -     ext.       | Email: |       |
|  |
| Email completed, signed certificate to: |
| OFMAccounting@ofm.wa.gov |