|  |  |
| --- | --- |
| **State of Washington**  **Corrective Action Plan** | ***OMB Circular A-133 Audit***  ***For the Fiscal Year Ended***  ***June 30, 20XX*** |
| (This plan only addresses findings reportable under the revised OMB Circular A-133.) | |

**Agency Name**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Fiscal**  **Year** | **Finding**  **Number** | **Finding and Corrective Action Plan** | | |
| XXXX | XXX | Finding: |  | |
|  |  |  |  |  |
|  |  | Questioned  Costs: | CFDA# XX.XXX | Amount $ |
|  |  |  |  |  |
|  |  | Status: |  |  |
|  |  |  |  |  |
|  |  | Corrective  Action: |  | |
|  |  |  |  | |
|  |  | Completion Date: | Month Year (“Estimated Month Year” if not completed) | |
|  |  |  |  | |
|  |  | Agency  Contact: | Name  Title  Address  Phone Number  E-mail address | |