**Agency Name**

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