

# Federal Grant Management Assessment Corrective Action Plan

June 2015

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Organization

Name:

Person(s) Leading

Corrective Action:

Date Corrective

Action Initiated:

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Item #:

Problem/Issue:

Recommended  
solution:

Person(s)  
responsible for  
correcting this  
issue:

Proposed  
completion date:

Action taken:

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Date completed:

Final status:

Issue corrected

Partially corrected

Unable to correct

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