

CORRECTIVE ACTION PLAN: [INSERT SUBRECIPIENT'S NAME]

Focus Area	Finding #	FINDINGS	A REMEDIAL ACTION	B RESPONSIBILITY	C TIMEFRAME FOR IMPLEMENTATION		D FOLLOW-UP PROCESS	E RESPONSIBILITY	F SOURCE	This Section for Ryan White Program Office Use Only		
		Ryan White Staff indicates the identified standard and finding(s)	Describe the steps to change policy, procedure, or process to correct the issue	Name & Title of person(s) accountable for change implementation	Target Start implementation date(s)	Target Completion implementation date(s)	Describe how changes will be monitored or incorporated into an internal CQI process	Name & Title of person(s) accountable for follow-up	Data source for documentation of follow-up	PO Approval	PO Denial	Reason for Denial
Administrative	A1.											
	A2.											
Fiscal	F1.											
	F2.											
Quality Management	C1.											
	C2.											

Programmatic Designee's Signature: _____ Date: _____

RW Project Officer's Signature: _____ Date: _____

RW Fiscal Project Officer's Signature: _____ Date: _____

RW QM Project Officer's Signature: _____ Date: _____



Fiscal Designee's Signature: _____ Date: _____

RW Director's Signature: _____ Date: _____