Subrecipient Corrective Action Plan

Submit an original and one copy of a "**Subrecipient Corrective Action Plan"** to the California Governor's Office of Emergency Services (Cal OES) by no later than 30 days following the date of the Compliance Review Report issued by Cal OES Grants Monitoring, for the following grant(s):

Subrecipient:	
Grant/Disaster #:	
FIPS #:	

For each review "Finding", please provide the following information (use more paper if necessary):

Finding: *(please include any identifiers included in the report, along with citations as appropriate)*	
Contact Name & Title: *(this is the person(s) responsible for completing resolved or planned corrective action)*	**Contact Information:** *(please provide phone number and e-mail address for each contact)*

Corrective Action(s): *(include specific objectives and activities completed or planned to address the Finding, with actual or estimated dates)*	
Objective or Activity:	**Date:**

Required Signature: The S/R authorized agent certifies that all corrective action(s) have been, or will be, implemented as specified:

Signature of Authorized Agent	Date	Telephone

Name and Title of Authorized Agent