**AGENCY MONITORING CORRECTIVE ACTION PLAN**

**RESPONSE LETTER**

If desired, this document may be accompanied by a cover letter with the agency’s letterhead. Email the completed form to the OCJP Assistant Director; QA at OCJP.Compliance@tn.gov.

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| Agency Name:       | OCJP Contract # (s) :      ,     ,     ,     ,       |
| Name of Person Completing CAP Letter:       | Date of CAP Letter:       |
| Title of Person Completing CAP Letter:       | Phone # of Person Completing CAP Letter:       |
| E-mail Address:       |
| Does your agency agree with the finding(s) and/or observation(s) contained within the OCJP monitoring report? | Agree: [ ]  |
| Disagree: [ ] Please Explain:       |
| **Address all Findings and/or Observations as outlined in your OCJP Monitoring Report. That is, what plan has been instituted at your agency to correct, as well as avoid in the future, the issue(s) identified? Attach any documentation that ensures compliance with the plan of action.** |
| Restate Finding #1:      Corrective Action #1:       |
| Restate Finding #2:      Corrective Action #2:       |
| Restate Finding #3:      Corrective Action #3:       |
| Restate Finding #4:      Corrective Action #4:       |
| Restate Observation #1:       Observation Corrective Action #1:       |
| Restate Observation #2:      Observation Corrective Action #2:       |

If you received more than four (4) findings or more than two (2) observations you may add additional rows to the table or make another copy of this document to complete your corrective action plan (CAP) response letter. If your finding(s) included questioned costs, please refer to the Tennessee Office of Criminal Justice Programs Grants Manual Section XIX Subrecipient Monitoring.

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 Signature of Authorized Official Date