# NHDOE Federal Funds Monitoring Corrective Action Plan

(Use a separate form for each Corrective Action Item)

Subrecipient contact: Cassandra Micucci and David Backler
Subrecipient:
Action Item: Internal Controls (Findings #01)  Description: Internal Controls
Date: September 31,3031
Please check the box that most appropriately matches the District's status in implementing the Corrective Action Plan (CAP). Please also provide any documentation that supports the District's assertion that the CAP has been fully implemented.
- (1) Partially implemented - (2) Revised CAP being implemented - (3) Fully implemented - (4) No further action required (provide detailed explanation below):
COSSANDRA MICUCCI Name of person completing this form  Date
If options (1) or (2) are selected, please explain the implementation status &/or how the CAP was revised as well as the anticipated completion date in the space below:  UDCATCA POLICIES ARE DEING DYDUGHT FOURTH TO All SCHOOL DOARDS.  EACH SCHOOL DOARD WILL MOVE A FIRST READING AND THEN MOVE  TOYOLOGY FOR A DOVING ONCE APPINGED THE SEMENTIAL OFFICE WILL  Corrective Action Plan Update or other explanation as necessary, (status date: / / )  If option (3) is selected, please explain how this was implemented in the space below:

Please return to the Bureau of Federal Compliance within 30 days of receipt.

The New Hampshire Department of Education does not discriminate on the basis of race, color, religion, marital status, national/ethnic origin, age, sex, sexual orientation, or disability in its programs, activities and employment practices.

TDD Access: Relay NH 1-800-735-2964

# NHDOE Federal Funds Monitoring Corrective Action Plan

(Use a separate form for each Corrective Action Item)

Subrecipient contact: David Backler and Cassandra Micucci
Subrecipient:
Action Item: Procurement Policy (Findings #02)
Description: Procurement Policy
Date: September 21,2021
Please check the box that most appropriately matches the District's status in implementing the Corrective Action Plan (CAP). Please also provide any documentation that supports the District's assertion that the CAP has been fully implemented.
<ul> <li>- (1) Partially implemented</li> <li>- (2) Revised CAP being implemented</li> <li>- (3) Fully implemented</li> <li>- (4) No further action required (provide detailed explanation below):</li> </ul>
Name of person completing this form  Olamber Date
If options (1) or (2) are selected, please explain the implementation status &/or how the CAP was revised as well as the anticipated completion date in the space below:  SAU #20 IS ONLIDOING O PROUMENT DOING THAT FOLLOWS
Federal grant guidevines along with a procedure to ensure
Members as a what arrived
Corrective Action Plan Update or other explanation as necessary, (status date: / / )
If option (3) is selected, please explain how this was implemented in the space below:

#### Please return to the Bureau of Federal Compliance within 30 days of receipt.

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### NHDOE Federal Funds Monitoring Corrective Action Plan

(Use a separate form for each Corrective Action Item)

Subrecipient contact: David Backter
Subrecipient: COSSONOYO MICUCCI
Action Item: Time and Effort Documentation (Findings #03)  Description: Time and Effort
Date: September aliabal
Please check the box that most appropriately matches the District's status in implementing the Corrective Action Plan (CAP). Please also provide any documentation that supports the District's assertion that the CAP has been fully implemented.
<ul> <li>(1) Partially implemented</li> <li>(2) Revised CAP being implemented</li> <li>(3) Fully implemented</li> <li>(4) No further action required (provide detailed explanation below):</li> </ul>
Cassandra Micucci Name of person completing this form  919191 Date
If options (1) or (2) are selected, please explain the implementation status &/or how the CAP was revised as well as the anticipated completion date in the space below:  GRS COOP 18 WORKING ON UPDATING DOCUMENTATION AND TIMESHEETS  TO DE IN COMPLIANCE WITH A CONTAINCE OF OUR POLICIES AND
PICCIANICO.
Corrective Action Plan Update or other explanation as necessary, (status date: // / )
If option (3) is selected, please explain how this was implemented in the space below:

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