

**NHDOE Federal Funds Monitoring  
Corrective Action Plan**

*(Use a separate form for each Corrective Action Item)*

**Subrecipient contact:** DAVID BACKLER

**Subrecipient:** CASSANDRA MICUCCI

**Action Item:** Time and Effort Documentation (Findings #03)

**Description:** Time and Effort

**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.

- (1) Partially implemented
- (2) Revised CAP being implemented
- (3) Fully implemented
- (4) No further action required (provide detailed explanation below):

Cassandra Micucci \_\_\_\_\_  
Name of person completing this form

9/21/21 \_\_\_\_\_  
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 IS WORKING ON UPDATING DOCUMENTATION AND TIMESHEETS TO BE IN COMPLIANCE WITH ACCORDANCE OF OUR POLICIES AND PROCEDURES. ALONG WITH UPDATING POLICIES WE ARE FULFILLING THE TIME AND EFFORT REQUIREMENT FOR GRANTS IN QUESTION.

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

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