

**NHDOE Federal Funds Monitoring
Corrective Action Plan**

(Use a separate form for each Corrective Action Item)

Subrecipient contact: *Kelly Seeley*

Subrecipient: *Hollis School District*

Action Item: *Finding #2*

Description: *Update time and effort documentation, implement a procedure and retroactively have employees sign compliant documentation*

Date: *11/3/21*

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):

K Seeley
Name of person completing this form

11/3/21
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:

We are currently working on the procedures and updating the time and effort documentation. Once this is complete, we will work on getting the non-compliant documentation into compliance. We anticipate all this will be complete on 12/31/21.

Corrective Action Plan Update or other explanation as necessary, (status date: *12/3/21*)

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.