

Phoenix Business and Workforce Development Board Monitoring Corrective Action Plan

NAME OF ORGANIZATION: POINT OF CONTACT:			PROGRAM NAME: DATE:		
Finding/Observation #1 (Identify the Finding/Observation to be addressed)					
Action Steps (Identify the specific action steps that will be implemented to address the stated Finding/Observation)	Start Date	Responsible Lead Name of individual responsible for each action step	Target Completion Date	Status (date): enter the status of each action step until completed. On a monthly basis until the entire plan is completed and accepted by the PBWDB.	Any Supporting Documentation
Finding/Observation #2 (Ident	tify the Findin	g/Observation to be	addressed)	L	I
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* NOTE: Add additional sheets if needed.