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CITY OF PHOENIX
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Phoenix Business and Workforce Development Board Monitoring Corrective Action Plan

NAME OF ORGANIZATION:	**PROGRAM NAME:**
POINT OF CONTACT:	**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 PBWD Board staff.	**Any Supporting Documentation**

Finding/Observation #2 (Identify the Finding/Observation to be addressed)

***Note: Add additional sheets if needed**