

# NC ESG Corrective Action Instructions and Form

## Instructions for Completing the Corrective Action Form

Subrecipient must provide a written response detailing specifically how the agency will address each finding/concern and assure that the finding/concern identified will be corrected to ensure ESG program compliance per HUD policy, DHHS\_DAAS ESG Guidelines and ESG Contract. **A concern will likely lead to a finding if not corrected.**

The corrective action submission **must include a detailed plan** of how the organization will take steps to assure that the FINDING/CONCERN cited will not be repeated. **Please use one form for each finding/concern identified in the attached letter.** This must include:

- Identification of the issue (finding/concern)
- Steps toward correcting the finding/concern
- The employee(s) responsible for carrying out these steps
- Dates for beginning and completing steps for corrective action
- Internal control measures that will be instituted
- Any training that will take place including the topic, who will be giving the training and where it is to be held.
- How the organization will assure identified findings/concerns will not be repeated and will remain in compliance with HUD policy, DHHS\_DAAS ESG Guidelines and ESG Contract.
- Attachments amending any policies, procedure or implementing policies/procedures as a result of the finding/concern.

## Instructions for Submitting the Corrective Action Form

**\*\*Please refer to the attached letter for Corrective Action Plan Due Date**

- Hard copy submission with original must be mailed to:  
ESG Program  
Division of Aging and Adult Services  
NC Department of Health and Human Services  
2101 Mail Service Center  
Raleigh, NC 27699-2101
- Electronic copy submission must be sent to:  
[NCESG@DHHS.NC.GOV](mailto:NCESG@DHHS.NC.GOV)

## NC ESG Corrective Action Form

|                       |  |                       |  |
|-----------------------|--|-----------------------|--|
| Organization Name:    |  | Date:                 |  |
| Grant Number:         |  |                       |  |
| Contact Person:       |  | Contact Person Title: |  |
| Contact Person Email: |  |                       |  |
| Contact Person Phone: |  |                       |  |

### Corrective Action Plan

**Identification of the Issue (finding/concern):**

**Specific steps, date and employees responsible for correcting the identified issue:**

**Specific steps, date and employees responsible for correcting the identified issue continued:**

**Internal control measures that will be instituted:**

**Any training that will take place including the topic, who will be giving the training and where it is to be held.**

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**How the organization will assure identified findings/concerns will not be repeated and will remain in compliance with HUD policy, DHHS\_DAAS ESG Guidelines and ESG Contract.**

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**List of Attachments:**

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|---|--|
| <b>Date Corrective Action Will Be Implemented</b> |  |
| <b>Date Corrective Action Will Be Completed</b>   |  |
| <b>Contract Signature Authority's signature</b>   |  |
| <b>Date</b>                                       |  |

**FOR USE BY THE NC ESG OFFICE ONLY**

Received By \_\_\_\_\_

Date Received \_\_\_\_\_

Decision \_\_\_\_\_

Notes \_\_\_\_\_