ARIZONA DEPARTMENT OF EDUCATION
GRANTS MANAGEMENT
RACE TO THE TOP FISCAL REVIEW RESPONSE
CORRECTIVE ACTION PLAN (CAP)

NAME OF DISTRICT/CHARTER: _____

Type of Examination: **RTTT FISCAL Monitoring Review**

Contact Information: Name: _____

Address: _____

Phone: _____

Email: _____

Date of Response to Finding: _____

Individual Responsible for Implementation: _____

Finding: _____

Corrective Action:	Method of Implementation:

*** Supporting documentation must be submitted along with the CAP

Completion Date of Implementation: _____

Included (check when included):

- ☐ Forms
- ☐ Updated Policy
- ☐ Return of Funds

Signatures:

Business Manager: _____

RTTT LEA Personnel : _____

Superintendent: _____

Date submitted to ADE: _____

ADE purpose only:

Due Date: _____

Corrective Due date was:

☐ Met ☐ Not Met

ADE Approved/Completed: _____