

Corrective Action Plan Request for Exception

Corrective Action Plans (CAPs) must be developed and recorded when an organization cannot verify compliance with programmatic or grant requirements. Submission of a CAP allows organizations to work towards achieving full compliance and satisfy outstanding requirements for which the CAP is submitted that would otherwise exclude the organization from applying for and/or receiving direct benefit from federal preparedness grant funding.

Continued progress toward and completion of the CAP is required to maintain eligibility of federal preparedness grant funding. Progress toward the completion of the CAP will be included in quarterly grant reports. Changes to the CAP must be approved by the OEM Staff Contact prior to the projected CAP deadline. Failure to complete the requirements of the CAP may result in the loss of grant eligibility and funding. Proposed projects not selected for grant funding are highly encouraged to still complete the CAP in preparation of re-submission for funding at a later date.

If you have questions about integrating/maintaining compliance within your organization, please communicate with your OEM Staff Contact.

To be completed by requesting Jurisdiction

Jurisdiction: (Ex. City, County, Region, State, or Tribal Nation)	Contact Name:	
Organization/Dept. Name	Title:	
Submission Date:	Email:	
Authorizing Signature:	Phone:	
Identify the objectives or requirements that your agency cannot confirm or achieve:		

Provide a brief narrative outlining the reason for non-compliance:		
Identify the date the corrective action plan should be successfully implemented or achieved:		
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Establish a specific timeline for implementing the corrective actions:		
Establish a specific timeline for implementing the corrective actions.		

Identify the appropriate individual(s), department(s), agencies, and/or jurisdiction(s)	
responsible for completing the corrective actions:	
Completed by the OEM Staff Contact	
Date Corrective Action Plan Received:	
Proposed Corrective Action(s) will meet the	
implementation objectives: (Yes or No)	
Date Corrective Action(s) completed:	