

**(Sample) Corrective Action Plan (CAP)**  
**Prepare only** when there is a finding(s) in the CAFR or AMR.

**Upload to the CAFR Repository with file name: CAP.PDF (within 30 days of board approval)**

**and**

**Email a copy of the CAP to: CAP@ag.nj.gov**

**School District/Charter/Renaissance School Project**

**County**

**Contact Person**

**Type of Audit**

**Telephone Number**

**Email Address**

**Date of Board Meeting**

<b>Recommendation Number</b>	<b>Corrective Action Required by The Board</b>	<b>Method of Implementation</b>	<b>Person Responsible for Implementation</b>	<b>Planned Completion Date of Implementation</b>
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**Chief School Administrator:**

**Date:**

**Board Secretary/School Business Administrator:**

**Date:**