

[Sample] Certification of Implementation (COI)

For the Fiscal Year ended June 30, 20XX

Prepare only if a CAP was uploaded
Upload to CAFR Repository with file name: COI.PDF

School District/Charter School /Renaissance School Project _____
County _____

I hereby certify that all corrective actions listed on the district's /charter school's/renaissance school project's Corrective Action Plan (CAP) for the fiscal year indicated above have been fully implemented with the following exceptions:

CAP Recommendation Number (Not Implemented)	Comments

Chief School Administrator: _____ **Date:** _____

Board Secretary/School Business Administrator: _____ **Date:** _____