**Targeted Technical Assistance / Corrective Action Plan – Page 1**

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| --- | --- |
| **Grantee Name** |  |
| **Name /Email Responsible** |  |
| **Dates of Correction or Request** |  |
| **Grant Award(s)** |  |

**Revised 11/10/2022**

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| **Targeted Technical Assistance** | **Corrective Action Plan** |
| |  | | --- | | **Complete this side if requesting Technical Assistance**  ***To be completed by: Grantee*** |  |  |  | | --- | --- | | **Requested Targeted Area(s)** | | | Recruitment | | | Enrollment | | | Staffing | | | Professional Development | | | Collaboration | | | Fiscal | | | Data | | | Other: |  |  |  | | --- | | **TA Needed** | | **Please be as specific and concise as possible** | |  |  |  | | --- | | **Previous Efforts** | | **Have there been any previous attempts to address the condition or issue for which the technical assistance is requested? *To be completed by: Grantee*** | |  | | |  | | --- | | **Conditions or Issues identified in the Monitoring Tool. *To be completed by: Family Support Consultant*** | |  |  |  | | --- | | **Previous Efforts** | | **Have there been any previous attempts to address the condition or issue for which the technical assistance is requested? *To be completed by: Grantee*** | |  | |

**Targeted Technical Assistance / Corrective Action Plan – Page 2**

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| |  | | --- | | **Goals and Outcomes** | | **Describe the goals and outcomes you would like to achieve as a result of this technical assistance. *To be completed by: Grantee*** | |  |  |  | | --- | | **Targeted Action Steps** | | **Describe, as specifically as possible, the action steps that will be taken. *To be completed by: Specialist*** | |  | | |  | | --- | | **Corrective Plan of Action** | | **Please share your plans to help correct the condition or issue identified. *To be completed by: Grantee*** | |  |  |  | | --- | | **Estimated Date of Completion**  ***To be completed by: Grantee*** | |  |  |  |  | | --- | --- | | **Status: *To be completed by: Specialist*** | | | Approved | **Date:** | | Returned for additional information | **Date:** | |

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| **Representative Printed Name** |  | **Title** |  | | |
| **Representative Signature** |  | | | **Date** |  |

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| **Family Support Consultant | Follow-up Date/ Comments** |
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