Month XX, 20XX

Oregon Secretary of State, Audits Division

255 Capitol St. NE, Suite #500 Salem, OR 97310

**Plan of Action for Sample Municipality**

Sample Entity respectfully submits the following corrective action plan in response to deficiencies reported in our audit of fiscal year ended June 30, 20XX. The audit was completed by the independent auditing firm XXXXXX and reported the deficiencies listed below. The plan of action was adopted by the governing body at their meeting on Month xx, 20XX, as indicated by signatures below.

The deficiencies are listed below, including the adopted plan of action and timeframe for each.

1. Deficiency #1
	1. Type of deficiency (Material Weakness or Significant Deficiency) – include the text of the finding and auditor recommendation
	2. Document the plan of action
	3. Timeframe for (or date of) implementation
2. Deficiency #2
	1. Type of deficiency (Material Weakness or Significant Deficiency) – include the text of the finding and auditor recommendation
	2. Document the plan of action
	3. Timeframe for (or date of) implementation

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Governing Body Chair, print name Signature

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Superintendent, Mayor, or other executive Signature

Print Name and Title

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Other, print name and title Signature