CONTRACT ID #

# CORRECTIVE ACTION TRANSMITTAL – CONSERVATION PRACTICE ASSISTANCE

**Organization:**

**Land Occupier Name:**

**Address:**

**DESCRIPTION OF NON-COMPLIANCE *(to be completed by the organization)*:**

**CORRECTIVE ACTIONS REQUIRED:**

  **Item Deadline**

**Approved by Organization:**

 **(Authorized Representative’s Signature) (Date)**

*Note: Attach a copy of the Practice Site Inspection Form from the Grants Administration Manual that identifies the problem.*

**LAND OCCUPIER RESPONSE:**

I,      , (*print name*) have read the *Corrective Actions Required* listed above and forward my statement for consideration by the ORGANIZATION NAME in the resolution of this matter.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(Land occupier signature) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Land owner signature, if different from land occupier) (Date)

**This form must be signed and returned to the organization’s office within 30 days after signature by the organization for land occupier input to be considered.**