**CONTRACT ID #**

# CORRECTIVE ACTION PLAN – COST SHARE PROGRAM

**--STATUS VERIFICATION --**

**[ ]  LAND OCCUPIER IS NOW IN COMPLIANCE** *(check here to certify that the non-compliance or violation has been resolved).*

*[ ]* **LAND OCCUPIER IS NOT IN COMPLIANCE** *(see Corrective Action Transmittal).*

[ ]  **LAND OCCUPIER DID NOT RESPOND** within 30 days of his/her receipt of *Corrective Action Transmittal*

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Technical Assistance Provider Date

*Corrective Actions Required:*

**Item Deadline**

*We, the undersigned, do hereby agree that implementation of this Corrective Action Plan will resolve the contract violation.*

### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Technical Assistance Provider Date

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

**Applicant Signature**  **Date**
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Land Owner Signature Date

**LANDOWNER: You must sign this form in the space above and return it to the insert LGU within 21 working days of the insert LGU signature. Failure to agree to the *Corrective Action Plan* will place you in a violation status, subject to possible legal action.**

**--CERTIFICATION OF APPLICANT REFUSAL TO COOPERATE –**

*(To be completed by the LGU if the applicant does not agree to the corrective action plan or does not implement its provisions)*

On behalf of the insert LGU, I hereby declare that the *Corrective Action Plan* described herein has been sent via United States Postal Service Registered Mail to the applicant and that the applicant refuses to acknowledge and/or implement the corrective actions within the required timelines.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

LGU Authorized Signature Date