**Corrective Action Incomplete LEtter**

(MONTH) (DAY), (YEAR)

Recipient Name

Recipient Organization

Organization Address Line 1

Organization Address Line 2

Dear XXX (Recipient Name):

In accordance with the Code of Federal Regulations, OMB Circulars, program guidance, and the terms and conditions for funds awarded for United States Department of Housing and Urban Development (HUD) Community Development Block Grant – Disaster Recovery (CDBG-DR) grant programs, administered by the State of Nebraska Department of Economic Development (DED); a **(Desktop OR On-Site)** monitoring review weas conducted on **(Month) (Date), (Year).**

During the review the following corrective actions were found and detailed to within the ***Corrective Action Letter*** sent on **(Month) (Date), (Year).**

* ***Corrective Action One***
* ***Corrective Action Two***
* ***Corrective Action Three***
* ***Corrective Action Four***

As noted in the ***Corrective Action Letter*** these items and associated findings were to be addressed within 30 calendar days ending on **(Month) (Date), (Year).** While it is noted steps may have been taken to rectify this identified corrective actions additional revisions are needed to the corrective actions listed below before they can be cleared and must be addressed before project close out scheduled for **(Month) (Date), (Year).**

* ***Additional Revision One***
* ***Additional Revision Two***
* ***Additional Revision Three***
* ***Additional Revision Four***

Please do not hesitate to contact **(DED Contact)** should you or your staff have any questions or concerns regarding the additional revisions, who can be reached at **(E-mail and/or Phone Number).**

Sincerely,

**Contact Name**

**Position, Department**

State of Nebraska

Department of Economic Development