

Internal Control Unit

SAIC - Internal Corrective Action Plan (ICAP) Form v 2.3

Effective Date: Fall 2022

1. The Appointing Authority is responsible for Certifying that the **Internal Control Corrective Action Plan (ICAP)** has been reviewed by both the Appointing Authority and the Senior Financial Management and everyone agrees to the proposed Corrective Action Plan.

Printed Name & Title of Appointing Authority (continue item 2 below)

For this ICAP Certification, Appointing Authority refers to elected officials, agency secretaries and department commissioners, heads of branches, divisions, boards, and commissions not reporting to a department commissioner or agency secretary; this certification responsibility cannot be delegated to Deputies or other personnel.

2. Electronic Certification Option for Appointing Authority



By accepting this box with a **prelabeled X mark**, I authorize the Department of Finance & Management (DFM) to accept this document transmitted from my state email account as our official ICAP submission. In addition, I certify that my name as typed above shall be treated as my written signature for the purposes of certifying this document. Important: To electronically certify, the above box must be checked AND the file must be sent directly from the Appointing Authority's State email account to DFM. Email submissions from the Appointing Authority's delegate (i.e., On Behalf of) or others are NOT permitted.

This **Internal Corrective Action Plan (ICAP)** form covers material weaknesses, investigation assigned to, corrective action to be taken, and many other deficiencies that are discovered and identified during the annual **Self-Assessment of Internal Control (SAIC) - Data Validation Review (DVR) Audit**.

As the DVR audit results are discussed, if a "Failed" Scoring decision is received on the SAIC DVR report, the State Agency should list the identified Agency & material weaknesses in column "A" on the form. The Internal Control Unit and the Agency's CFO or Senior Financial Director IV (SFD IV) or equivalent shall agree on a tentative time frame for the Agency's completion of the corrective action plan.

The Agency's CFO or SFD IV should delegate the investigation of potential corrective actions, noted from the "Source of Investigation" from column "B" of the Internal Corrective Action Plan (ICAP). The Agency should ensure that the documentation is completed in writing. The Agency should determine the appropriate corrective action(s) and a target date for completing corrective action plans and list the information in columns "C" and "D" on the Internal Corrective Action Plan form.

This corrective action plan is an open-ended plan and shall remain in effect until all deficiencies in program operations have been reduced substantially or eliminated. State agencies shall provide updates to their corrective action plans through regular, and or semiannual updates until the deficiency is resolved.

These updates shall be received by the Internal Control Unit and must contain:

- Any additional deficiencies identified since the previous corrective action plan.
- Documentation that a deficiency has been corrected and removed from the plan.
- Any changes to planned corrective actions for previously reported deficiencies.
- Specific description and identification of each deficiency.
- Magnitude of each deficiency, if appropriate, Geographic extent of the deficiency (e.g., Statewide project area or management unit - specific project areas in which the deficiency occurred).
- Identification of any action already completed to eliminate the deficiency.
- For each deficiency, a description of the way the State agency will monitor and evaluate the effectiveness of the corrective action in eliminating the deficiency.

Agencies shall be held accountable for their efficiency and effectiveness of their operations. Please email the ICAP Form to the DFM Internal Control Unit at jeffrey.montgomery@vermont.gov or if there are any questions.

DFM SAIC ICAP Form, v 2.3

(A) Agency / Material Weakness	(B) Source of Investigation	(C) Corrective Action to be taken to resolve Weakness	(D) Target Date to Implement ICAP
	SAIC DVR Question _____		M D YR ____/____/____
	SAIC DVR Question _____		M D YR ____/____/____

	SAIC DVR Question _____		M D YR ___/___/___
	SAIC DVR Question _____		M D YR ___/___/___

Please use additional sheets if necessary.