



CORRECTIVE ACTION PLAN (CAP) FORM

This form is intended for use by **City of Florida Procurement Hub** personnel to implement contractor corrective actions to cure contract breaches and deficiencies. Failure to implement the corrective actions by the specified due dates may result in suspension or termination of existing contracts and may impact eligibility for future business opportunities.

PROJECT INFORMATION	
Project #/Title:	Contract #:
Contractor Name:	Contract Value: \$
Contractor Contact Name:	Contract Start Date:
Contractor Contact Email/Phone:	Contract End Date:
City Contract Manager Name:	City/User Dept:
CAP Facilitator:	CAP Date:
Project Description:	

Item No.	Deficiencies	Corrective Actions	Responsible Party	Due Date	Status
1					
2					
3					
4					
5					
6					



SIGNATURES

CAP Facilitator Signature: _____

Date: _____

City Contract Manager Signature: _____

Date: _____

City/User Dept Director Signature: _____

Date: _____

Contractor Signature: _____

Date: _____

UNAUTHORIZED USE PROHIBITED