**Commonwealth of** **Virginia**

**Virginia Department of Criminal Justice Services**

**PROGRAM INFORMATION UPDATE FORM**

### All grant funded programs *are required* to notify DCJS *within 30 days* of any personnel changes in the grant funded program (see Grant Award Package). This form must be signed by the Project Administrator when there are staff changes for the Project Administrator, Project Director, and/or Finance Officer positions. Please submit the completed form in OGMS as a ‘Change in Authorized Official’ under the Contract Amendment component. For grant funded positions, changes should be submitted as a ‘Change Grant Funded Staff’ contract amendment in OGMS. If you have any questions about how to report personnel changes, please contact your Grant Monitor.

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| --- | --- | --- | --- |
| **Program/Locality Name:** |  | **Grant Number(s):** |  |
|  |
| **SEPARATION** |
| ***\*Required\** Please indicate if the change is one or more of the following**: |
| [ ]  Project Director | [ ]  Project Administrator | [ ]  Finance Officer |
| Name of StaffLeaving Program: |  |  Title of StaffLeaving Program: |  |
| Effective Date: |  |  |
|  |
| **NEW STAFF/OFFICIAL** |
| ***\*Required\** Please indicate if staff person is one or more of the following**: |
| [ ]  Project Director  | [ ]  Project Administrator  | [ ]  Finance Officer  | [ ]  Other |
| Name of Staff/Official: |  |  Title ofStaff/Official: |  |
| Street Address: |  |
| City:  |  | State:  |  | Zip: |  |
| Phone *(Required)*: |  | Email *(Required)*: |  |
| Effective Date: |  |  |
| **Project Administrator Signature:** |  | **Date:** |  |
|  |
| **EXTENDED LEAVE (Longer than 30 days)** |
| ***\*Required\** Please indicate if staff person is one or more of the following**: |
| [ ]  Project Director  | [ ]  Project Administrator | [ ]  Finance Officer |
| Name of Staff to be on Extended Leave: |  | Title of Staff to be onExtended Leave: |  |
| Effective Dates:  | Begin |  |  **TO** | End |  |
| Please list name & contact information of staff providing coverage and/or assisting with grant responsibilities: |
| Name: |  | Title: |  |
| Street Address: |  |
| City: |  | State: |  | Zip: |  |
| Phone *(Required)*: |  | Email *(Required)*: |  |