

DATE: 10/1/2020

**Department of Criminal Justice Services (DCJS)  
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 only when there are staff changes for the Project Administrator, Project Director, and/or Finance Officer positions.** For all other grant funded positions, the Project Administrator's signature is not required. If you have any questions about when or how to complete this form, please contact your Grant Monitor. Please submit the completed form to your Grant Monitor via e-mail.

Program/Locality Name: Mt Rogers Community Services Grant Number(s): 20- A49590A17

**SEPARATION**

**\*Required\* Please indicate if the change is one or more of the following:**  
Grant Funded Staff  Project Director  Project Administrator  Finance Officer

Name and Title of Staff Leaving Program: Ellen Moriarty

Effective Date: \* 8/24/2020

**NEW STAFF/OFFICIAL**

**\*Required\* Please indicate if staff person is one or more of the following:**  
 Grant Funded Staff  Project Director  Project Administrator  Finance Officer  Other

Name and Title of Staff/Official: Kala Hodge, LPC Program manager

Street Address: 6999 Carrollton Pike, Suite 1

City: State: Zip: Galax, VA 24333

Phone & E-Mail (Required): 276-238-9700 Kala.hodge@mountrogers.org

Effective Date: 10/2/2020

Project Administrator Signature: \* Sandy Bryant Date: 10-7-2020

**EXTENDED LEAVE (Longer than 30 days)**

**\*Required\* Please indicate if staff person is one or more of the following:**  
 Grant Funded Staff  Project Director  Project Administrator  Finance Officer

Name and Title of Staff to be on Extended 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 & E-Mail (Required): \_\_\_\_\_

DATE: 10/1/2020

Department of Criminal Justice Services (DCJS)  
**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 only when there are staff changes for the Project Administrator, Project Director, and/or Finance Officer positions.** For all other grant funded positions, the Project Administrator's signature is not required. If you have any questions about when or how to complete this form, please contact your Grant Monitor. Please submit the completed form to your Grant Monitor via e-mail.

Program/Locality Name: Mt Rogers Community Services Grant Number(s): 20- A49590A17

**SEPARATION**

**\*Required\* Please indicate if the change is one or more of the following:**  
Grant Funded Staff  Project Director  Project Administrator  Finance Officer

Name and Title of Staff Leaving Program: Ellen Moriarty

Effective Date: \* 8/24/2020

**NEW STAFF/OFFICIAL**

**\*Required\* Please indicate if staff person is one or more of the following:**  
 Grant Funded Staff  Project Director  Project Administrator  Finance Officer  Other

Name and Title of Staff/Official: Penny Dean System Navigator

Street Address: 6999 Carrollton Pike, Suite 1

City State: Zip: Galax, VA 24333

Phone & E-Mail (Required): 276-238-9700 penny.dean@mountrogers.org

Effective Date: 03/01/2020 email address change

Project Administrator Signature: \* Sandy Buzza Date: 10-7-2020

**EXTENDED LEAVE (Longer than 30 days)**

**\*Required\* Please indicate if staff person is one or more of the following:**  
 Grant Funded Staff  Project Director  Project Administrator  Finance Officer

Name and Title of Staff to be on Extended 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 & E-Mail (Required): \_\_\_\_\_

Rev 02/2020