

Department of Criminal Justice Services (DCJS) Victims Services

CHANGES IN AUTHORIZED OFFICIALS FORM

All sub-recipients are required to notify DCJS within 30 days of any changes in grant funded staff or authorized officials (Project Director, Project Administrator, or Finance Officer) listed on the grant face sheet. This form is utilized to document changes in authorized officials. The form must be signed by the Project Administrator and attached to the contract amendment request in OGMS. Electronic signatures are accepted.

For changes in Grant Funded Staff or staff on leave for more than 30 days - submit a contract amendment request in OGMS (no signature or additional form required). For technical assistance, please contact your DCJS Grant Monitor.

Program/Locality Name: _____ Grant Number(s): _____

Reason(s) for completing this form:

Separation New Authorized Official /Hiring Extended Leave (**longer than one week**) Other _____

PREVIOUS AUTHORIZED OFFICIAL

***Required* Please indicate if staff person is one or more of the following:**

Project Director Project Administrator Finance Officer

Name and Title of Authorized Official Leaving Program: _____

Effective Date: _____

NEW AUTHORIZED OFFICIAL

***Required* Please indicate if the authorized official is one or more of the following:**

Project Director Project Administrator Finance Officer

Name and Title of New Authorized Official: _____

Street Address: _____

City: State: Zip: _____

Phone: E-Mail (Required): _____

Effective Date: _____

EXTENDED LEAVE

***Required* Please indicate if the authorized official is one or more of the following:**

Project Director Project Administrator Finance Officer

Name and Title of Authorized Official 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: _____

Phone/Email: _____

Project Administrator Signature: _____

Date: _____