

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:** \_\_\_\_\_