

Program Update Form/ Change in Authorized Official



DCJS

Virginia Department of Criminal Justice Services



Notification of Changes

Changes Requiring Notification

- Grant funded staff
- Authorized Officials (Project Director, Project Administrator or Finance Officer)

Timeline for Notification

- Within 30 days of any changes

Change in Authorized Official

- This form is utilized to document changes in authorized officials.
- This form must be signed by the Project Administrator and attached to a Contract Amendment request in the DCJS On-line
- Grants Management System (OGMS). Electronic signatures are accepted.
- If the form is not signed by your Project Administrator, it unfortunately cannot be processed. Please do not email this form to DCJS staff.
- **Note:** This form must be complete and uploaded for each affected grant.



Virginia Department of Criminal Justice Services Program Update Form

CHANGE IN AUTHORIZED OFFICIAL

All sub-recipients are required to notify the Virginia Department of Criminal Justice Services (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.

This form must be signed by the Project Administrator and attached to a Contract Amendment request in the DCJS On-line Grants Management System (OGMS). Electronic signatures are accepted. If the form is not signed by your Project Administrator, it unfortunately cannot be processed. Please do not email this form to DCJS staff. Note: this form must be complete and uploaded for each affected grant.

For all other changes/requests, submit a Contract Amendment in OGMS (no signature or additional form is required). For technical assistance, please contact grantsmgmt@dcjs.virginia.gov.

Program/Locality Name: _____ Grant Number: _____

Reason(s) for completing this form:

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

PREVIOUS 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 Authorized Official Leaving Program

Name: _____ Title: _____

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

Name: _____ Title: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email (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

Name: _____ Title: _____

Effective Dates Begin: _____ TO End: _____

Please list name and contact information of staff providing coverage and/or assisting with grant responsibilities:

Name: _____ Title: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Project Administrator Signature: _____ Date: _____

Other Changes/Requests

- Submit a Contract Amendment in OGMS
 - Grant Funded Staff
- No signature or additional form is required.
- For technical assistance, please contact grantsmgmt@dcjs.virginia.gov.

Instructions for Completing Program Update Form

Change in Authorized Official



DCJS

Virginia Department of Criminal Justice Services

Previous Authorized Official

- Indicate if the authorized official is one or more of the following by checking either:
 - Project Director
 - Project Administrator
 - Finance Officer

PREVIOUS 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 Authorized Official Leaving Program

Name: Title:

Effective Date:

Microsoft Search (Alt+Q)

New Authorized Official

- Indicate if the authorized official is one or more of the following by checking either:
 - Project Director
 - Project Administrator
 - Finance Officer

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

Name: _____ Title: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email (Required): _____

Effective Date: _____

Extended Leave

- Indicate if the authorized official is one or more of the following by checking either:
 - Project Director
 - Project Administrator
 - Finance Officer

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

Name: _____ Title: _____

Effective Dates Begin: _____ TO End: _____

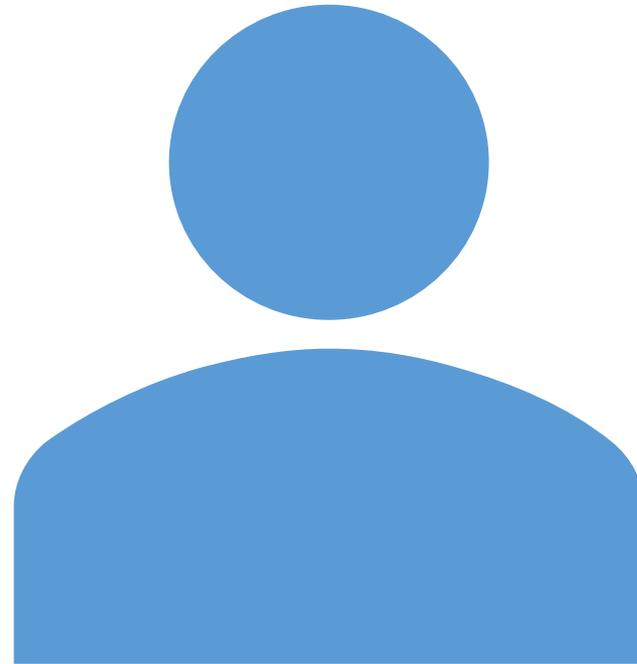
Please list name and contact information of staff providing coverage and/or assisting with grant responsibilities:

Name: _____ Title: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Project Administrator's Signature



Terry Willie-Surratt, CASA Grant **Monitor and Quality Assurance Coordinator**

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OGMS Technical Support

ogmssupport@dcjs.Virginia.gov

DCJS Staff Contact Information



DCJS

Virginia Department of Criminal Justice Services