



## 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](mailto:grantsmgmt@dcjs.virginia.gov).

Program/Locality Name: \_\_\_\_\_ Grant Number: \_\_\_\_\_

#### 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 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: \_\_\_\_\_