

VICTIM ASSISTANCE AND LAW ENFORCEMENT

CHANGE IN SIGNING AUTHORITY

SUBGRANTEE:		GRANT NUMBER:	
PROJECT TITLE:		FROM:	PROJECT DURATION TO:
PREPARED BY:	PHONE:	DATE:	

A GRANT MODIFICATION IS NOT AUTHORIZED UNTIL IT IS APPROVED IN WRITING BY VALE BOARD. For change, submit two forms with **original** signatures. One approved copy will be returned for your records. **See reverse side for full instructions.**

All other terms and conditions of the original grant with any approved modifications thereto remain in full force and effect. I, hereby certify that the content of this form, other than the data entry required, has not been altered.

Change requested by: _____
 SUBGRANTEE PROJECT DIRECTOR Signature DATE

PROJECT DIRECTOR ' S MAILING ADDRESS: _____

- THE PURPOSE OF THIS REQUEST IS TO:
- CHANGE THE PROJECT DIRECTOR**
 - CHANGE THE FINANCIAL OFFICER**
 - CHANGE THE AUTHORIZED OFFICIAL**

Date Change Effective: _____

From: _____

To: _____
 PRINT OR TYPE FULL NAME/TITLE

 Agency Name

 Agency Name

 Mailing Address

 Mailing Address

 Telephone Fax

 Email

 Original Signature of new Official (required)

Reason for change: _____

Office Use Only THIS REQUEST IS ___ Approved ___ Denied, see attached	
By: _____	_____
VALE ADMINISTRATOR, 4 TH JD	DATE

DETAILED INSTRUCTIONS FOR COMPLETING
CHANGE IN SIGNING AUTHORITY

HEADING

Subgrantee: This is the agency to which the grant award was made.

Grant Number: This is the grant number assigned to the project by local VALE. It can be found on the Statement of Grant Award.

Project Title: This is the name of the project which is identified on the Statement of Grant Award.

Duration: This is the period of the grant award. It can be found on the Statement of Grant Award, and is changed only if the project requests and receives a grant extension.

Prepared by: Name of person completing this form. Include this person's phone number.

Date: This is the date the Change in Signing Authority form is completed.

Project Director's Signature and Address: The approved change will be sent to the Project Director at this address.

SIGNING AUTHORITY CHANGE

Check which signing authority is changing. Submit a separate form for each person changed.

Indicate the date the change becomes effective. Supply the name of the person who will no longer hold the position of project director, financial officer, or authorized official. Print or type the name, title, agency, mailing address, telephone and fax number, and email address of the new person. The original signature of the new person is required.

Project Director: The project director is the individual who will be in direct charge of the project. This should be a person who has knowledge and experience in the project area and ability in administration and supervision of personnel. The project director will be expected to devote a major portion of his/her time to the project.

Financial Officer: The financial officer is the person who will be responsible for fiscal matters relating to the project and in ultimate charge of accounting, management of funds, verification of expenditures and grant financial reports. This must be an individual other than the project director.

Authorized Official: This is the individual authorized to enter into binding commitments on behalf of the applicant agency. This must be an individual other than the Project Director or Financial Officer. In local units of government, this individual will normally be a city manager, district attorney, mayor and/or commissioner. At the state level, this individual will be a department or division head. For private non-profit agencies, this individual will be the Chair of the Board of Directors.

Examples of Authorized Officials Follow:

If the subgrantee is a:

Then the Authorized Official is the:

State Agency

Department or Division Director

An agency of/or a unit of local government:

City

Mayor or City Manager

County

Chairperson of the County Commissioners

Sheriff's Department

Chairperson of the County Commissioners

Police Department

Mayor or City Manager

Courts

Chief Judge

District Attorney's Office

District Attorney or Chair of the County Commissioners

Institution of Higher Education

President of the institution or chair/dean of the appropriate department

Private Non-Profit Agency

President/Chairperson of the Board of Directors

School District

Superintendent/Asst. Superintendent

REASON FOR CHANGE: Briefly state why the previous person no longer holds the position with this grant.

E-mail or mail your request to Amber B. Holland, amberholland@elpasoco.com or 105 E. Vermijo Colorado Springs, CO 80903. One approved copy will be returned for your records.