

**VICTIM ASSISTANCE AND LAW ENFORCEMENT  
FOURTH JUDICIAL DISTRICT**

**GRANT FUNDED STAFF CHANGE FORM**

Subgrantee:	Grant Number:
Project Title:	
Project Duration - From:	To:
Prepared By:	Date:
Phone:	E-mail:

The purpose of this request is to change the grant funded staff in position: \_\_\_\_\_

The grant funded employee will change:

From: \_\_\_\_\_ Last Day on Grant: \_\_\_\_\_

To: \_\_\_\_\_ First Day on Grant: \_\_\_\_\_

Will this change impact your grant budget?  YES  NO

\*Note: If you answered yes, please submit a budget modification request.

Reason for change: \_\_\_\_\_

A grant modification is not authorized until it is approved in writing by the VALE Board. For change, submit this for with original or electronic signatures. An approved copy will be returned for your records. Review the full instructions to ensure the form is properly completed. Incomplete forms will be returned.

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 date entry required, has not been altered.

Change requested by: \_\_\_\_\_ Date: \_\_\_\_\_  
Project Director's Signature (required)

\*\*\*Office Use Only\*\*\*

This Request is  Approved  Denied, see attached

By: \_\_\_\_\_ Date: \_\_\_\_\_

VALE Administrator, 4<sup>th</sup> JD

## INSTRUCTIONS FOR COMPLETING GRANT FUNDED STAFF CHANGE FORM

### **Heading Description:**

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.

Prepared by: Name of the person completing this form. This person should be a current signing authority on the grant.

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

Project Director's Signature: The approved change will be sent to the Project Director. If the current Project Director is not available, another signing authority on the grant may sign.

### **Grant Funded Staff Change:**

- Enter the position number from the original/most recently approved budget that will be changing.
- Enter the date the change will be in effect.
- Enter the name of the employee that will no longer be working on the grant and their last day of work in the grant funded role.
- Enter the name of the employee that will be filling the grant funded position and their first day of work in the grant funded role.

### **Signing Authority:**

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 their time to the project.

**Reason for Change:** Briefly state the reason for the grant funded employee change.

Submit the Change in Signing Authority form to the VALE administrator by e-mail at:  
[AmberHolland@DA4Colorado.gov](mailto:AmberHolland@DA4Colorado.gov). An approved copy will be returned for your records.