

**17th JUDICIAL DISTRICT
VICTIM & WITNESS ASSISTANCE AND LAW ENFORCEMENT
CHANGE IN SIGNING AUTHORITY**

Instructions: Please use this form when there is any change during the grant funding period in signing authorities as submitted on the original grant application and contract agreement. 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 Authorized Official, Project Director, Agency Director or Financial Officer. Print or type the name, title, agency, mailing address, telephone, fax number and email address of the new person. The original signature of the new person is required.

GRANT # _____
PROJECT TITLE _____

AGENCY NAME _____

AGENCY MAILING ADDRESS _____
Include city and zip code

PROJECT FUNDING PERIOD FROM: _____ **TO:** _____

The purpose of this request is to:

- Change the Authorized Official
- Change the Project Director
- Change the Agency Director
- Change the Financial Officer

Date change effective: _____

FROM: _____
Print or type full name

TO: _____
Print or type full name

Agency Name

Mailing Address

Telephone

FAX

Email address

Original Signature of New Official / Director / Officer

All other terms and conditions of the original grant with any approved modifications thereto remain in full force and effect.

Change requested by: _____
Project Director Signature _____ Date _____

Project Director Phone _____

Email Address _____

DATE RECEIVED BY VALE: _____