

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

**Instructions:** Please see page 2 for detailed instructions for completing this form.

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GRANT #: [Click or tap here to enter text.](#)

PROJECT TITLE: [Click or tap here to enter text.](#)

AGENCY NAME: [Click or tap here to enter text.](#)

PROJECT FUNDING PERIOD: FROM: [Click or tap here to enter text.](#) TO: [Click or tap here to enter text.](#)

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**The purpose of this request is to:**

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

Date changes effective: [Click or tap here to enter text.](#)

Reason for change: [Click or tap here to enter text.](#)

Change Signing Authority

From: [Click or tap here to enter text.](#)

To: [Click or tap here to enter text.](#)

Telephone: [Click or tap here to enter text.](#)

Email: [Click or tap here to enter text.](#)

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\_\_\_\_\_  
Original Signature of New Official/Director/Officer

\_\_\_\_\_  
Date

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

**Project change requested by:** \_\_\_\_\_  
Signature Date

Name of person requesting change: [Click or tap here to enter text.](#)

Title of the person requesting the change: [Click or tap here to enter text.](#)

Telephone of person requesting change: [Click or tap here to enter text.](#)

Email of person requesting change: [Click or tap here to enter text.](#)

Date received by VALE: \_\_\_\_\_

## DETAILED INSTRUCTIONS FOR COMPLETING CHANGE IN SIGNING AUTHORITY FORM

**Grant #:** This is the number of the grant that you are requesting change in signing authority on. This can be found in the grant contract. Please note that you may need to complete a change in signing authority for more than one grant: This can occur if you have an active grant and have already signed a contract for the following year's grant.

**Project Title:** This is the name of the project which can be found in your grant contract.

**Agency Name:** This is the agency to which the grant award was made.

**Project Funding Period:** This is the period for the grant award. It can be found in the grant contract.

**Signing Authority Change:** Check which signing authority is changing. Submit a separate form for each person changed.

**Authorized Official:** This person is authorized to enter into contracts for the applicant agency. This includes the Mayor or City manager, Chairperson of the County commissioners, District Attorney, Board president or Chairperson of the Board of Directors, Superintendent, or another Chief Executive Officer. The Authorized Official may be the same person as the Agency Director.

**Project Director:** This is the person who has direct responsibility for the implementation of the project. This person should combine knowledge and experience in the project area with ability to administer the project and may or may not directly supervise personnel. They share responsibility with the Financial Officer for seeing that all expenditures are within the approved budget. This person will normally devote a major portion of their time to the project and is responsible for meeting all reporting requirements. This person may NOT be the same person as the Agency Director, Financial Officer, or Authorize Official.

**Agency Director:** The executive director of the agency. This may be the same person as the Authorized Official. This may NOT be the same person as the Project Director.

**Financial Officer:** The person who is responsible for all financial matters related to the program, including the accounting and management of grant funds, verification of grant expenditures, audit information, and financial reports. The person who prepares the financial reports may be under the supervision of the Financial Officer. The Financial Officer may NOT be the same person as the Agency Director, Project Director, or Authorized Official.

**Change effective:** Indicate the date the change becomes effective.

**Reason for change:** Briefly state why the previous person no longer holds the position with this grant.

**Change in Signing Authority FROM:** Supply the name of the person who signed the original contract, or a subsequent change in signing authority, as the Project Director, Financial Officer, Agency Director, or Authorized Official, but will not hold the position any longer.

**Change in Signing authority TO:** Supply the name of the person who will now hold the position.

**Telephone:** Supply the new person's telephone number.

**Email:** Supply the new person's email address.

**Signature:** The original signature of the new person is required.

**Project change requested by:** Please supply the name and contact information for the person who is authorized to request changes to the signing authorities.