

Nebraska Crime Commission Personnel Change Request Form

See page two to view full instructions for completing this form.

SUBGRANTEE:	GRANT NUMBER:
PROJECT TITLE/PROGRAM NAME:	PROJECT PERIOD FROM: TO:
PREPARED BY:	PHONE: DATE:
THE PURPOSE OF THIS REQUEST IS TO (select one): <input type="checkbox"/> CHANGE THE PROJECT CONTACT <input type="checkbox"/> CHANGE THE FINANCIAL CONTACT <input type="checkbox"/> CHANGE THE AUTHORIZED OFFICIAL	

FORMER OFFICIAL	NEW OFFICIAL
NAME:	NAME:
	TITLE:
AGENCY NAME:	AGENCY NAME:
MAILING ADDRESS:	MAILING ADDRESS:
DATE CHANGE EFFECTIVE:	PHONE:
REASON FOR CHANGE:	EMAIL:
	Does this person need access to Euna? YES NO
	Designate as Principal Contact in PMT? YES NO (VOCA and BJA Grants Only)

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.

Project Contact Or Authorized Official

Date

NOTE: If the purpose of the request is to change the Project Contact, the Authorized Official must certify the change.

NCC Use Only

This Request is: Approved Denied Reason for Denial:

Grant Manager Signature and Date

DETAILED INSTRUCTIONS FOR COMPLETING PERSONNEL CHANGE REQUEST FORM

HEADING

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

Grant Number: This is the grant number assigned to the project by NCC. It can be found on the Grant Award.

Project Title/Program Name: This is name of the project or program within the grant that is generating program income.

Project Period: This is the period of the grant award, not the period for which this report is being submitted. It can be found on the Grant Award. Fill in the From date and the To date.

Prepared By: This is the person completing this form. Include this person's 10-digit phone number.

Date: This is the date this form is completed.

PERSONNEL CHANGE:

Check which project official 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 contact, financial contact, or authorized official. Print or type the name, title, agency, mailing address, telephone number, and email address of the new person.

Project Contact: The project contact 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 contact will be expected to devote a major portion of his/her time to the project.

Financial Contact: The financial contact 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 contact.

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 Contact or Financial Contact. In local units of government, this individual will normally be a city manager, mayor, and/or commissioner. At the state level, this individual will be an agency or department head. For private nonprofit organizations, this individual will be the Chair of the Board of Directors.

Examples of Authorized Official:

If the grantee is:

Then the Authorized Official is the:

State Agency

Agency Director or Division/Department Director

An agency of/or 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 Justice

County Attorney's Office

County 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

Date Change Effective: Indicate the date the project officials will change.

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

Signatures: The new project official must sign the form unless the request is to change the Project Contact. The Authorized Official must certify the change of a Project Contact.

A GRANT MODIFICATION IS NOT AUTHORIZED UNTIL IT IS APPROVED IN WRITING BY THE CRIME COMMISSION.