

Staff Change Form

You must complete this form if there are any staffing changes related to your grant funded project/program; new hires, change in job descriptions, etc. Failure to do so may result in suspension of your grant.

Grant Type: _____ **ORD. No:** _____ - _____

Organization Name: _____

Physical Address: _____

Contact Phone Number: _____

The following personnel changes have taken place within the above referenced organization effective as of the ____ day of _____, _____.

New Hire Employee Removed Change in Job Description

Name of Personnel: _____ **Signature of Staff Member:** _____

Title of Personnel: _____ **Contact Phone Number:** _____

Brief Description of Grant Responsibilities: _____

New Hire Employee Removed Change in Job Description

Name of Personnel: _____ **Signature of Staff Member:** _____

Title of Personnel: _____ **Contact Phone Number:** _____

Brief Description of Grant Responsibilities: _____

New Hire Employee Removed Change in Job Description

Name of Personnel: _____ **Signature of Staff Member:** _____

Title of Personnel: _____ **Contact Phone Number:** _____

Brief Description of Grant Responsibilities: _____

I, _____ certify and approve the above referenced staff changes for our organization's federally funded program/project.

Name and Title

Signature

Date

Community Development Department Use ONLY:

Reviewed by: _____ *Date:* _____

Approved by: _____ *Date:* _____