



This form identifies the identity of official representatives authorized to submit project reports and financial payment requests. The State will not release funds if names and signatures below, excluding electronic verification, do not match those shown on requests for payments and on invoices or reports. "Authorized Official" must be the person legally authorized to sign contracts or otherwise represent the Grantee. As protection to both the State and Grantee, no one official can fulfill more than one responsibility and each of the three officials must be different from the other two.

Project Information	
<b>Grantee:</b>	<b>Grant Number:</b>
<b>Project Title:</b>	
<b>The purpose of this request is to (select one):</b>	

Former Official			
Last Name	First Name	Position/Rank	
Agency			
Mailing Address	City	State	Zip Code

New Official			
Last Name	First Name	Position/Rank	
Agency			
Mailing Address	City	State	Zip Code
Office Phone	Email Address		
Signature:	Date:		

<b>Date of Effective Change:</b>	
<b>Reason for Change:</b>	
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 Director or Signature Authority	Date

CATPA Office Use Only	
Comment:	
Grant Manager Signature	Date