

CHANGE OF INFORMATION FORM- FSD, VOCA UNIT

SUBMIT THIS FORM AS AN AT	TACHMENT TO	YOUR DSS INTERNAL CONTA	ACT EMAIL OR TO	o <u>FSD.VOC</u>	<u>AUNIT@DS</u>	S.MO.G	<u>ov</u> .
Date:							
Subrecipient Name:				Subawar	d Number:		
Contact Person:			Phone Number:				
If the change affe	cts multiple sub	awards, please complete a form	for each subawa	rd and submit t	to grant progra	m represer	tative
Is the following change(s)) because of	criminal activity? 🗌 Ye	es 🗌 No				
MY PROFILE/CONTACT	'INFORMA	ΓΙΟΝ					
		ds to be removed. Skip this section if a person is not being removed.					
Name of Individual Bein	g Removed:		Last Date of Employment :				
Complete the following fields if ar	n individual nee	ds to be added. Skip this sec	tion if a person i	is not being a	dded.		
Name of Individual Being Added:				Job Title:			
Mailing Address:							
Street Address: (if different than the mailing address)							
City:		Zip Code:					
Email:							
Phone:		Ext:					
Fax:							
Does the individual need copied on correspondence from DSS?	Yes, select as a grant contact <i>and</i> add to the distribution list						
	Yes, ad	add to the distribution list only					
		No correspondence requested					
D33:							
BUDGET f the change affects the Budget,	please complet	e the following. If the change	e does not affect	t the Budget,	skip this sectio	on.	
Name of Individual Being Removed:		Last Date of Employment : (m/d/yyyy)	Individual Being Added: (if unknown, list as TBH)			Hire Date: (m/d/yyyy)	
Provide a brief summary of the new individual's experience, certifications, and job responsibilities for the Budget – Personnel Justification section:							

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If the vendor provides any "personal information" as defined in §105.1500, RSMo concerning an entity exempt from federal income tax under Section 501(c) of the Internal Revenue Code of 1986, as amended, the vendor understands and agrees that it is voluntarily choosing to seek a state contract and providing such information for that purpose. The state will treat such personal information in accord with §105.1500, RSMo.