



CHANGE OF INFORMATION FORM- FSD, VOCA UNIT

SUBMIT THIS FORM AS AN ATTACHMENT TO YOUR DSS INTERNAL CONTACT EMAIL OR TO FSD.VOCAUNIT@DSS.MO.GOV.

Date:

Subrecipient Name:		Subaward Number:	
Contact Person:		Phone Number:	

If the change affects multiple subawards, please complete a form for each subaward and submit to grant program representative

Is the following change(s) because of criminal activity? ☐ Yes ☐ No

MY PROFILE/CONTACT INFORMATION

Complete the following 2 fields if an individual needs to be removed. Skip this section if a person is not being removed.

Name of Individual Being Removed:		Last Date of Employment :	
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Complete the following fields if an individual needs to be added. Skip this section if a person is not being added.

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, add to the distribution list only		
	☐ No correspondence requested		

BUDGET

If the change affects the Budget, please complete the following. If the change does not affect the Budget, skip this section.

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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1. 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.