



OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

KWAME RAOUL
ATTORNEY GENERAL

CHANGE IN PROGRAM OFFICER / FISCAL OFFICER

I hereby authorize the following change(s) to VCVA Grant Number: _____

Agency Name: _____

Change Program Officer to: _____

Change Fiscal Officer to: _____

Address: _____

Area Code/Phone: _____

Area Code/Fax Number: _____

Email Address: _____

Chief Executive Officer

Date

I, _____, have reviewed the Financial Guide and I agree to ensure that all fiscal and programmatic guidelines are met.

New Program Officer

Date

New Fiscal Officer

Date