

Date

Operational SPIN Change
Schools and Libraries Division
Box 125 – Correspondence Unit
80 South Jefferson Road
Whippany, NJ 07981

Fax: (973) 599-6526
Page 1 of 1

Reference:

Applicant Name: APPLICANT
Billed Entity Number: NNNNNN
Form 471 Application Number: NNNNNN
Funding Request Number(s): NNNNNN
Funding Year: YYYY

E-Rate Administrators:

[Brief explanation of reason for change request.]

The requested change is shown below:

Current: 1430NNNNN	ORIGINAL SUPPLIER
	Contact: NAME
	Telephone: NNN-NNN-NNNN
	E-mail: nnnnn@mmmmmm.com
Request: 1430NNNNN	ORIGINAL SUPPLIER
	Contact: NAME
	Telephone: NNN-NNN-NNNN
	E-mail: nnnnn@mmmmmm.com

The effective date of this SPIN change should be [DATE – normally July 1 of the funding year].

I certify that (1) all SPIN changes requested in this letter are allowed under all applicable state and local procurement rules, (2) the SPIN changes are allowable under the terms of the contract, if any, between the applicant and its original service provider, and (3) the applicant has notified its original service provider of its intent to change service provider.

Thank you for your assistance.

Sincerely,

AUTHORIZED SIGNER
nnnnn@mmmmmm.com