

SLD Service Substitution Request

Date:

Service Substitutions – *via email*
Schools and Libraries Division
Box 125 — Correspondence Unit
80 South Jefferson Road
Whippany, New Jersey 07981

Re: Case #

Please process the service substitution as described below:

Applicant Name:
Billed Entity Number:
Form 471 App #:
Funding Request Number:

From: ORIGINAL EQUIPMENT SPECIFICATION

(Describe original equipment or insert Item 21- including price)

To: REVISED EQUIPMENT SPECIFICATION

(Describe revised equipment or configuration including price)

Original FRN Pre-discount amount:	\$
New FRN Pre-discount amount:	\$
FRN Pre-discount reduction:	\$ <hr/>

I certify:

- that the substituted products or services have the same functionality as contained in the original proposal;
- that the substitution does not result in an increase in the percentage of ineligible services or functions;
- that the substitution does not violate any contract provisions;
- that the requested change is consistent with the establishing Form 470 and any Request for Proposal for the original services;
- that the requested change is in compliance with all applicable state and local procurement laws; and
- that I have secured access to all of the resources necessary to make effective use of the modified services as well as to pay the discounted charges for eligible services.

To the extent that the requested service substitution provides a decreased cost, I authorize USAC to reduce my funding commitment.

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Please notify me via email (below) when this substitution has been approved.

Signed,