

# E-RATE REDUCTION REQUEST

I authorize Kellogg & Sovereign Consulting, LLC to REDUCE the following funding request(s):

Applicant Name (School/Library):	
Funding Year:	
A. Funding Request Number (FRN)	
Original Funding Commitment Amount	
New Funding Commitment Amount	
Service Provider Name	
Description of Services Requested	

I understand that I am authorizing Kellogg & Sovereign Consulting, LLC to submit a Form 500 with the Schools & Libraries Division to reduce the listed funding request(s).

I also understand that filing of the Form 500 and subsequent reduction of the Funding Request Numbers (FRNs) listed is IRREVOCABLE.

**Authorized by:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Attach additional sheets as needed**

**Email completed form to Kellogg & Sovereign Consulting**

# E-RATE REDUCTION REQUEST

**School/Library:** \_\_\_\_\_

B. Funding Request Number (FRN)	
Original Funding Commitment Amount	
New Funding Commitment Amount	
Service Provider Name	
Description of Services Requested	

C. Funding Request Number (FRN)	
Original Funding Commitment Amount	
New Funding Commitment Amount	
Service Provider Name	
Description of Services Requested	

D. Funding Request Number (FRN)	
Original Funding Commitment Amount	
New Funding Commitment Amount	
Service Provider Name	
Description of Services Requested	

E. Funding Request Number (FRN)	
Original Funding Commitment Amount	
New Funding Commitment Amount	
Service Provider Name	
Description of Services Requested	

F. Funding Request Number (FRN)	
Original Funding Commitment Amount	
New Funding Commitment Amount	
Service Provider Name	
Description of Services Requested	

**Initial:** \_\_\_\_\_ **Date:** \_\_\_\_\_