



CHANGE OF PROVIDER – AUTHORIZATION FORM

Please complete the following:

Applicant (School/Library)	
Funding Year	
Funding Request Number:	
Description	
Name of Old Service Provider	

NEW SERVICE PROVIDER INFORMATION:

Company Name	
Service Provider Identification Number (SPIN)	
Address	
Contact Person Name	
Contact Person Phone #	
Contact Person Email	

I authorize Kellogg & Sovereign Consulting, LLC (KSLLC) to change the service provider on our E-Rate Form 471 application as indicated above. I certify that (1) the SPIN changes requested as shown 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) I have authorized Kellogg & Sovereign Consulting, LLC to notify the original service provider of our intent to change service providers.

_____ I have attached a copy of the proposal from the new service provider and I approve the new proposal.

_____ I authorize KSLLC to prepare an E-Rate contract for the new provider for signatures

OR _____ I have attached a signed agreement with the new provider.

Authorized Signature Date

Printed Name Title