



## SERVICE SUBSTITUTION – AUTHORIZATION FORM

Please complete the following:

Applicant (School/Library)	
Funding Year	
Funding Request Number(s):	
Service Provider:	

Regarding the service substitution, I certify the following:

- a. that the substituted products or services have the same functionality as that contained in the original proposal,
- b. that the substitution does not result in an increase in the percentage of ineligible services or functions,
- c. that the substitution does not violate any contract provisions,
- d. that the requested change is consistent with the establishing Form 470 and any Request for Proposal for the original services.
- e. that the requested change is in compliance with all applicable state and local procurement laws, and
- f. that the applicant has 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.

\_\_\_\_\_ I have attached a copy of the new proposal and I approve the new proposal for submission to USAC/SLD.

\_\_\_\_\_ I authorize KSLLC to prepare an E-Rate contract for the new provider for signature, **OR**

\_\_\_\_\_ I have attached a signed agreement with the new provider.

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Authorized Signature

Date

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Printed Name

Title