

CHANGE OF PROVIDER - AUTHORIZATION FORM

1	Applicant (School/Library)	
2	Funding Year	
3	Funding Request Number (FRN)	
4	Description	
5	Name of Old Provider	

NEW SERVICE PROVIDER INFORMATION:

6	Company Name of new provider	
7	SPIN (if known)	
8	Address	
9	City, State, Zip	
10	Contact Person Name	
11	Contact Person Phone #	
12	Contact Person Email	

13	Please answer the following:	Yes or No
a	Is the requested change of provider allowed under all applicable state and local procurement rules?	
b	Is the requested change allowable under the terms of the contract, if any, between the applicant and its original service provider?	
c	Have you notified your original service provider of your intent to change service providers? OR If your service provider is no longer in business, have you attempted to contact them?	
If you answered "No" to any of the questions a,b or c above , please explain.		
d	Was the original service provider the ONLY bidder for services during the competitive bidding period for this funding request?	
e	If your answer to question (d) above is No, did the new provider receive the second highest points during your bid evaluation for the applicable funding year? If no, you must select the 2nd highest bidder.	

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