

Universal Service for Schools and Libraries
Adjustment to Funding Commitment and
Modification to Receipt of Service Confirmation Form

Estimated Average Burden Hours Per Response: 1.5 hours
 (To be completed by Schools and Libraries or Consortia.)

Please read instructions before completing.

Form 500 Number
 (unique identifying number assigned by applicant)

Block 1: Applicant Information

1. Name of Billed Entity Applicant (required)	2. Billed Entity Number (required)	3. Funding Year (required)
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4. Complete Mailing Address of Billed Entity Applicant (required)			
Street Address, P. O. Box or Route Number	City	State	Zip Code
10-Digit Phone Number	Fax Telephone Number	E-Mail Address	

5. Contact Person Information			
Contact Person Name (required)			
Mailing Address (required if different from Item 4)			
Street Address, P. O. Box or Route Number	City	State	Zip Code
10-Digit Phone Number	Fax Telephone Number	E-Mail Address	

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

NOTICE: The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the form will be used to inform the Schools and Libraries Division of the Universal Service Administrative Company that a billed entity, and/or the schools and libraries that it represents, wishes to reduce its funding commitment amount on the funding request number level, or has modified the beginning or ending date for services received during the funding year.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party in a proceeding before the body or has an interest in the proceeding.

If you do not provide the information requested on the form, your application may be returned without action or your application may be delayed.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, *et seq.*

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden, to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.

Billed Entity Applicant's 500 Number (to be assigned by Fund Administrator) _____

Billed Entity Name _____ Contact Name _____

Billed Entity Number _____ Contact Telephone Number _____

Block 2: Services Adjustment: Fill in one Block 2 for EACH Funding Request (FRN) affected. If you are submitting more than one Block 2, please number your pages 2A, 2B, 2C, etc. and write the number in the space provided here: Page 2

6. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request, [FRN] for which you want to take one of the following actions:

Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 1.

New Start Date: If you wish to change the Funding Year Service Start Date you listed on a previously filed Form 486 in this funding year. This action will NOT result in more funding.

Contract Expiration Date: If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding.

Cancel: If you wish to cancel a Funding Request Number. Please note: This action is irrevocable and the FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

Reduce: If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected.

To launch the submission of invoices for payment, please file **Form 486**.

IDENTIFICATION OF THE FRN TO BE ADJUSTED

(A) Form 471 Application Number (required):

(B) Funding Request Number (required):

(C) Billing Account Number (required, if contained in your FCDL):

(D) Service Provider Name (required):

(E) Service Provider SPIN (required):

ADJUSTMENT TO FRN LISTED ABOVE:

(F) Service Start Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input type="checkbox"/> Change Date		
(G) Contract Expiration Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input type="checkbox"/> Change Date		
(H) Cancel FRN	Original Commitment Amount:	New Commitment Amount:
<input type="checkbox"/> Please Cancel		\$0.00
(I) Reduce FRN	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:
<input type="checkbox"/> Please Reduce		

Do Not Write In This Area

Billed Entity Name _____ **Contact Name** _____

Billed Entity Number _____ **Contact Telephone Number** _____

Block 3: Certification

- 7. I certify that I am authorized to submit this Form on behalf of the above-named billed entity applicant, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.
- 8. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from those services.
- 9. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.

10. Signature (original ink signature required)	11. Date (required)
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12. Printed name of authorized person (required)

13. Title or position of authorized person (required)

14. Telephone number of authorized person (required)

15. E-Mail address of authorized person (required, if available)

16. Address of authorized person (required)

A paper copy of this form, with an original signature in Block 3, Item 10 should be mailed to:

SLD-Form 500
P. O. Box 7026
Lawrence, Kansas 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form should be mailed to:

SLD-Form 500
c/o Ms. Smith
3833 Greenway Drive
Lawrence, Kansas 66046
888-203-8100