

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

Please read instructions before completing. (To be completed by Schools and Libraries or Consortia.)

Applicant's Form Identifier: (Create your own code to identify THIS Form 500)	Form 500 Application Number: (To be assigned by administrator.) _____
--	--

Block 1: Applicant Information

1. Name of Billed Entity	2. Billed Entity Number	3. Funding Year
--------------------------	-------------------------	-----------------

4. Complete Mailing Address of Billed Entity Applicant Street Address, P. O. Box or Route Number	City	State	Zip Code
---	------	-------	----------

10-Digit Phone Number	Fax Telephone Number	Email Address
-----------------------	----------------------	---------------

5. Contact Person Information
Contact Person Name

Mailing Address Street Address, P. O. Box or Route Number	City	State	Zip Code
--	------	-------	----------

10-Digit Phone Number	Fax Telephone Number	Email Address
-----------------------	----------------------	---------------

10-Digit Phone Number	Fax Telephone Number	Email Address
-----------------------	----------------------	---------------

10-Digit Phone Number	Fax Telephone Number	Email Address
-----------------------	----------------------	---------------

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PER, Paperwork Reduction Act Project (3060-0853), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0853.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

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 _____

5. 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: _____
- (B) Funding Request Number: _____
- (C) Billing Account Number: _____
- (D) Service Provider Name: _____
- (E) Service Provider SPIN: _____

ADJUSTMENT TO FRN LISTED ABOVE:

(F) Service Start Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
Change Date		
(G) Contract Expiration Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
Change Date		
(H) Cancel FRN	Original Commitment Amount:	New Commitment Amount:
Please Cancel		\$0.00
(I) Reduce FRN	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:
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, 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	11. Date
12. Printed name of authorized person	
13. Title or position of authorized person	
14. Telephone number of authorized person	
15. E-Mail address of authorized person	
16. Address of authorized person	

A paper copy of this form, with an authorized 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-Forms
ATTN: SLD Form 500
3833 Greenway Drive
Lawrence, Kansas 66046
888-203-8100**