

OPERATIONAL SPIN CHANGE REQUEST

Date:

To: Operational SPIN Change
Schools and Libraries Division
Box 125 – Correspondence Unit
80 S Jefferson Road
Whippany, NJ 07981

Via Fax: 1-973-599-6526

To Whom It May Concern:

Please change the SPIN number of our service provider as specified below:

1. Billed Entity Number
2. Applicant Name
3. Funding Request Number (FRN)
4. Form 471 Application Number
5. Applicant Contact
6. Applicant Phone
7. Applicant E-mail address
8. Original SPIN
9. Original Service Provider
10. Original Service Provider Contact
11. Original Service Provider Phone
12. Original Service Provider E-mail address
13. New SPIN
14. New Service Provider
15. New Service Provider Contact
16. New Service Provider Phone
17. New Service Provider E-mail address
18. Has the original service provider supplied any services under this funding request? If yes, you must supply the following information.

For recurring services:

a.	MONTHLY PRE-DISCOUNT AMOUNT for original service provider	Do not provide the total pre-discount amount for the funding year or the total funding commitment. Only provide the monthly amount.
b.	MONTHLY PRE-DISCOUNT AMOUNT for new service provider	Neither a. nor b. may be greater the Item 23c on Form 471.
c.	EFFECTIVE DATE OF CHANGE	The date must be expressed as the first day of the month (e.g., October 1, 2003 not October 20, 2003).
d.	LAST DAY OF SERVICE for new service provider	

For non-recurring services:

a.	ONE-TIME PRE-DISCOUNT AMOUNT for original service provider	Do not provide the total pre-discount amount for the funding year or the total funding commitment. Only provide the monthly amount.
b.	ONE-TIME PRE-DISCOUNT AMOUNT for new service provider	The sum of a. and b. may be greater the Item 23h on Form 471.
c.	EFFECTIVE DATE OF CHANGE	The date must be expressed as the first day of the month (e.g., October 1, 2003 not October 20, 2003.
d.	LAST DAY OF SERVICE for new service provider	

19. The following certification: "I certify that (1) all SPIN changes requested in this letter 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) the applicant has notified its original service provider of its intent to change service providers."

OR

In cases where the original provider is no longer in business, you may use the following certification instead: "I certify that (1) all SPIN changes requested in this letter 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) the applicant attempted to notify its original service provider of its intent to change service providers but could not because the service provider is not available for contact."

Signature: _____

Printed Name:

Title:

Please notify me when this change is complete.

Sincerely,

Name

Title