

### Schools and Libraries Cybersecurity Pilot Program

Post-Commitment Change Request Form (Form 488) (using FCC Forms 471, 486 and 500 information collection requirements approved pursuant to OMB Control Nos. 3060-0806, 3060-0853, and 3060-1286)

Note: This is a representative description of the information to be collected via the online portal and is not intended to be a visual representation of what each applicant will see, the order in which they will see information, or the exact wording or directions used to collect the information. Where possible, information already pre-filed in the system portal will be carried forward and auto-generated into the form.

Item #	Field Description	Purpose/Instructions
1	Applicant's Nickname	Optional. To create a unique identifier for this request, the user simply enters a nickname (e.g., ABC School Post-Commitment Change Request).
2	Applicant Name	Pre-populated by the system: This is the name of the applicant submitting the Post-Commitment Change Request as provided on the applicant's FCC Form 471.
3	Entity Number	Pre-populated by the system: This is the unique Universal Service Administrative Company (USAC) assigned identifier for the Billed Entity Number (BEN) name.
4	BEN Contact Information	Pre-populated by the system: This is the physical address, county, city, state, zip code, telephone, email address, website, and geolocation as provided on the applicant's FCC Form 471.
5	Consortium Name	Pre-populated by the system: This is the name of the consortium submitting the Post-Commitment Change Request as provided on the consortium's FCC Form 471.
6	Consortium Contact Information	Pre-populated by the system: This is the address, county, city, state, zip code, telephone, email address, website, contact name, contact employer and geolocation as provided on the consortium's FCC Form 471.
7	FCC Registration Number	Pre-populated by the system: This is either the consortium's or the applicant's unique FCC registration number (FCC RN) as provided on the FCC Form 471.
8	Pilot Funding Year	Pre-populated by the system based on the Pilot funding year of the FRN line item(s) that are being adjusted.
9	Contact Person Name	The user provides the name of the person who should be contacted with questions about this request. This could be the Primary Contact, Additional Contact(s), or another person qualified to answer questions relating to the post-commitment change request.

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10	Contact Person Title	The user provides the title of the person who should be contacted with questions about this request. Information will be pre-populated if available.
11	Contact Person Mailing Address	The user provides the mailing address of the person who should be contacted with questions about this request. Information will be pre-populated if available.
12	Contact Person Telephone Number	The user provides the telephone number of the person who should be contacted with questions about this request. Information will be pre-populated if available.
13	Contact Person Email Address	The user provides the email address of the person who should be contacted with questions about this request. Information will be pre-populated if available.
15	Type of Post-Commitment Request	Choices (choose all that apply; at least one is required): Site and Service Substitution; Service Provider Identification Number (SPIN) or Service Provider Change; Cancel Funding Request Number (FRN(s)); or Reduce Commitment Amount for FRN(s).
<b>Site and Service Substitution</b>		
16	FRN Information	The applicant or service provider will select one or more line item(s) from the applicable FCC Form 471 that requires this change.
17	FCC Form 471	The system will pre-populate this information based on the FRNs selected by the applicant.
18	Site & Service Substitution Requirements	Applicants and service providers must meet the following requirements: <ul style="list-style-type: none"> <li>➤ The substitution is provided for in the contract, within the change clause, or constitutes a minor modification;</li> <li>➤ The substitution does not violate any contract provision or local, state, or Tribal procurement laws; <u>and</u></li> <li>➤ Support is restricted to qualifying site and service substitutions that do not increase the total amount of support under the applicable funding commitment.</li> </ul>
19	Site & Service Substitution Reason	The applicant or service provider will provide a narrative of the substitution request and has the option to upload supporting documents. The narrative should provide a brief explanation regarding the necessity for the change and why the request complies with the Site and Service Substitution Requirements.

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<b><i>SPIN or Service Provider Change/Update</i></b>		
20	Service Provider Change Type	Select if you are requesting a service provider change. Check one that applies: <input type="checkbox"/> Corrective service provider change: <ul style="list-style-type: none"> <li>➤ Correcting data entry errors;</li> <li>➤ Updating a SPIN that has changed due to the merger of companies or the acquisition of one company by another; <u>or</u></li> <li>➤ Effectuating a change that was not initiated by the applicant.</li> </ul> <input type="checkbox"/> Operational SPIN change: <ul style="list-style-type: none"> <li>➤ The applicant has a legitimate reason to change services providers (e.g., breach of contract or the service provider is unable to perform).</li> </ul>
21	Old Service Provider Information	The system will pre-populate this information based on the FRN(s) selected by the applicant or service provider.
22	New Service Provider Information	The applicant or service provider will provide information for the new service provider or update information for existing service providers. The applicant will enter the SPIN and the system will pre-populate the contact information for the service provider. The unique entity identifier (UEI) number, FCC Registration Number, and Employer Identification Number (EIN) or Taxpayer Identification Number (TIN) can also be modified or updated, if necessary.
23	SPIN Change Reason	The applicant or service provider will provide a narrative for the change and has the option to upload supporting documents.
<b><i>Request to Cancel FRN(s)</i></b>		
24	FRN Information	The applicant will select one or more FRNs that it would like to cancel.
25	FCC Form 471	The system will pre-populate this information based on the FRNs selected by the applicant.
<b><i>Request to Reduce Commitments for FRN(s)</i></b>		
26	FRN Information	The applicant will select one or more FRNs for which it would like the amount of committed funding to be reduced.

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27	FCC Form 471	The system will pre-populate this information based on the FRNs selected by the applicant.
<b>FRN Information</b>		
28	Type of Service	The system will pre-populate this information based on the FRNs selected by the applicant.
29	Monthly Recurring Unit Cost	If there is a change in the monthly recurring unit cost, provide the updated cost.
30	Monthly Quantity	If there is a change in the monthly quantity, provide the updated monthly quantity.
31	Months of Service	If there is a change in the number of months of service, provide the updated number of months of service.
32	Service Start Date	If the original service start date was delayed, enter the actual start date here.
33	Service End/Termination Date	If the service was ended or terminated earlier than the original service end/termination date, enter the actual end or termination date here.
34	Total Recurring Cost	The system will calculate the updated Total Recurring Cost based on the changes that were made.
35	One-Time Cost	If there is change in the one-time cost, provide the updated cost.
36	One-Time Quantity	If there was a change on the one-time quantity, provide the updated quantity amount.
37	Total One Time Cost	The system will calculate and display the updated total cost for the updated non-recurring cost.
38	Type of Equipment/Make/Model	If the type of equipment, make, or model has changed, provide the updated type of product, make, and model.
39	One-Time Cost	If the one-time cost has changed, provide the updated one-time cost.
40	One-Time Quantity	If the one-time quantity amount has changed, provide the updated one-time quantity amount.

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41	One-Time Total Cost	The system will calculate and display the updated total undiscounted cost for eligible non-recurring cost.
<b>Certifications</b>		
42	I am authorized to submit this application on behalf of the above-named applicant or service provider and that based on information known to me or provided to me by employees responsible for this data being submitted, I hereby certify that the data set forth in the application has been examined and is true, accurate, and complete. I acknowledge that any false statement on this application or on any other documents submitted by the applicant can be punished by fine or forfeiture under the Communications Act (47 U.S.C. §§ 502, 503(b)), or fine or imprisonment under Title 18 of the United States Code (18 U.S.C. § 1001), or can lead to liability under the False Claims Act (31 U.S.C. §§ 3729-3733).	The authorized representative of the applicant or service provider must provide this certification. This is the same certification required for Schools and Libraries FCC Forms 471, 472, and 474.

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43	In addition to the foregoing, this applicant or service provider is in compliance with the rules and orders governing the Schools and Libraries Cybersecurity Pilot Program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of funding, cancellation of funding commitments, and/or recoupment of past disbursements. I acknowledge that failure to comply with the rules and orders governing the Schools and Libraries Cybersecurity Pilot Program could result in civil or criminal prosecution by law enforcement authorities.	The authorized representative of the applicant or service provider must provide this certification. This is the same certification required for Schools and Libraries FCC Forms 471, 472, and 474.
44	By signing this form, I certify that the information contained in this application is true, complete, and accurate, and the projected expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, §§ 1001, 286-287 and 1341 and Title 31, §§ 3729-3730 and 3801-3812).	The authorized representative of the applicant or service provider must provide this certification. This is the same certification required for Schools and Libraries FCC Forms 471, 472, and 474.
45	Signature	The authorized representative of the applicant or service provider is required to provide all required certifications and signatures. The Post-Commitment Change Request Form must be certified electronically.
46	Date Submitted	Auto generated by system.
47	Date Signed	Auto generated by system.

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48	Authorized Person's Name	This is the name of the Authorized Person certifying the Post-Commitment Request Form on behalf of the applicant or service provider. This field will be pre-populated if the name of the Authorized Person is already within the system.
49	Authorized Person's Employer	This is the name of the employer of the Authorized Person certifying the Post-Commitment Request Form on behalf of the applicant or service provider. This field will be pre-populated if already within the system.
50	Authorized Person's Employer FCC RN	This is the FCC RN of the Authorized Person certifying the Post-Commitment Request Form on behalf of the applicant or service provider. This field will be pre-populated if already within the system.
51	Authorized Person's Title/Position	This is the title of the Authorized Person certifying the Post-Commitment Request Form on behalf of the applicant or service provider. This field will be pre-populated if already within the system.
52	Authorized Person's Mailing Address	This is the address (can be physical address or mailing address) of the Authorized Person certifying the Post-Commitment Request Form on behalf of the applicant or service provider. This field will be pre-populated if already within the system.
53	Authorized Person's Telephone Number	This is the telephone number of the Authorized Person certifying the Post-Commitment Request Form on behalf of the applicant or service provider. This field will be pre-populated if already within the system.
54	Authorized Person's Email Address	This is the email address of the Authorized Person certifying the Post-Commitment Request Form on behalf of the applicant or service provider. This field will be pre-populated if already within the system.