

Water Sector Program

In order for payments to be processed, the following information along with a completed IRS Form W-9 must be submitted to the Office of Community Development-Local Government Assistance (OCD-LGA).

Name of Grantee: _____

Remittance Address:

Parish: _____

Contact Person: _____

Phone: _____

Fax: _____

E-mail Address: _____

Name of Bank: _____

Bank Account Number: _____

Please return this form and the completed IRS Form W-9 to OCD-LGA by email to Janelle.Dickey@la.gov or fax a copy to (225) 342-1947.



<u>OCD-LGA Use Only</u>	
Application	#: _____
Sent to OSRAP:	_____
Vendor	#: _____