

**A-4: VENDOR INFORMATION FORM**

Louisiana Community Development Block Grant 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 (OCD).

Name of Grantee: \_\_\_\_\_

Remittance Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parish: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Non-interest Bearing Bank Account Number: \_\_\_\_\_

Please return this form and the completed IRS Form W-9 to OCD or fax a copy to (225) 342-1947.

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**CDBG Use Only**

Application #: \_\_\_\_\_

Sent to  
OSRAP: \_\_\_\_\_

Supplier #: \_\_\_\_\_