

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.

<u>CDBG Use Only</u>		<u>OFSS Use Only</u>	
Application #:	_____	Date Received:	_____
Reason:	_____	Location Code Assigned:	_____
<input type="checkbox"/>	New Vendor	Processed Date:	_____
<input type="checkbox"/>	Update Contact Info.	Update Completed By OSRAP:	_____
<input type="checkbox"/>	Inactive Vendor		
Comment:	_____		