

1. A-5: 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.

CDBG Use Only

Application #: _____

Sent to
OSRAP: _____

Supplier #: _____