

Safer Ground Hotel Voucher Program



Business Vendor Add/Update Form

Instructions. This form is for hotel operators or service agencies seeking reimbursement for payments to a hotel. It is to be completed on behalf of tenants or residents approved to receive one-time housing related financial assistance from Alameda County to pay for hotel stays. Please complete this form along with an invoice and W-9 form. Both forms with signatures are required to ensure timely payment to you by the County. This vendor and W-9 forms are only required once to create a payment account within Alameda County.

E-mail this Form to COVIDHOUSING@acgov.org or give it to the service provider of the applicant if you prefer.

Is an Alameda County Employee/Board Member/Commissioner affiliated with this business? Yes No

Full Legal Name of Business: _____

Doing Business As (DBA) Name (if applicable): _____

Have you previously been set up as a vendor with Alameda County? Yes No

Type of Business Entity (Select ONE): Individual Sole Proprietor Partnership
 Corporation Tax-Exempted Government or Trust

Check the boxes that apply to Alameda County payments you may receive:

Rents/Leases Rents/Leases paid to you as the agent Home Furnishings/Household Items
 Moving Services Safety & Accessibility Modifications/Services

Business Federal Tax ID Number (**required**): _____

Business Mailing Address - PO Box/Street Address: _____

City: _____ State: _____ Zip Code: _____

Is the business located in Alameda County? Yes No If yes, how long? _____ Yrs _____ Mos.

Business/Vendor Contact Name: _____

Business/Vendor Contact Phone #: _____ Fax #: _____

Business/Vendor E-mail Address: _____

Is this business a publicly traded entity, a public school, or government? Yes No

Is this business a non-profit or a faith-based organization? Yes No

If "Yes" to one of the above, please skip Ethnicity/Gender questions below. The collection of business ethnicity and gender data is for statistical and demographic purposes only. Please check the ONE most applicable in each category that describes the ethnic and gender makeup of your business. This is required for processing payments.

Ethnicity: African American or Black (> 50%) Hispanic or Latino (> 50%) Asian (> 50%)
 American Indian or Alaskan Native (> 50%) Native Hawaiian or other Pacific Islander (> 50%)
 Multi-ethnic minority ownership (> 50%) Multi-ethnic ownership (50% Minority – 50% Non-Minority)
 Caucasian / White (> 50%)

Gender: Female (> 50% ownership) Male (> 50% ownership)