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-Exempt □ 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)