



OFFICE OF PLANNING AND BUDGET

Brian P. Kemp
Governor

Kelly Farr
Director

Vendor Management Form Instructions

Here are the steps awardees will need to follow to complete the SAO Approval Agreement.

1. Click on the "Review and sign" link from the email.
Signature requested on "SAO Approval Agreement"



GeorgiaGrants DO NOT REPLY <adobesign@adol
To Shane Lucas

Reply Reply All Forward

Tue 10/11/2022 6:44 AM



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**Adobe
Acrobat Sign**

GeorgiaGrants DO NOT REPLY requests your signature on
SAO Approval Agreement
Review and sign

After you sign **SAO Approval Agreement**, the agreement will be sent to meganp@stralto.com and johno@stralto.com. Then, all parties will receive a final PDF copy by email.

Don't forward this email: If you don't want to sign, you can **delegate** to someone else.

By proceeding, you agree that this agreement may be signed using electronic or handwritten signatures.

To ensure that you continue receiving our emails, please add adobesign@adobesign.com to your address book or safe list.

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2. Complete all required fields, apply your signature, and click submit



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Options ▾

SAO Approval Agreement

SECTION 2 – SUPPLIER IDENTIFICATION (Complete all applicable fields) *SUPPLIER USE ONLY*

FEI/SSN/TIN NUMBER:					
SUPPLIER NAME:	Information Technology Test				
PAYMENT ALT NAME: (IF PAYABLE TO A DIFFERENT NAME)					
ADDRESS:	2 Capitol Sq SW				
CITY:	Atlanta	STATE:	GA	ZIPCODE:	
COUNTRY:	US	DRIVERS LICENSE #		DL STATE:	
PRIMARY #		EXT:		SECONDARY#:	
CONTACT EMAIL:		shanel@stralto.com			

SECTION 3 – BANK ACCOUNT INFORMATION (REQUIRED FOR ALL NEW SUPPLIERS OR BANKING CHANGES/ADDIS FOR EXISTING SUPPLIER) *SUPPLIER USER ONLY*

ROUTING #	*	Account #	*
<input type="checkbox"/>	Check here if General Bank Account can be used by ALL State of Georgia agencies making payments.		
<input checked="" type="checkbox"/>	Check here if this account can only be used for SPECIFIC PURPOSE.		
		Georgia Investments in Housing Grant Program	
Describe specific purpose			



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3. Fill out required fields and sign the W-9 form.

Adobe Acrobat Sign [DEMO USE ONLY] SAO Approval Agreement

Next required field 1

Form W-9
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification
• Go to www.irs.gov/efile for instructions and the latest information.

Give Form to the requester.
Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line, do not leave this line blank.
First

2 Business name/disregarded entity name, if different from above.

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/disregarded proprietor or single-member LLC
☐ C Corporation
☐ S Corporation
☐ Partnership
☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) *

4 Exemptions (codes apply only to certain entities, not individuals, see instructions on page 3).
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

Note: Check the appropriate box in the box above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, if a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

5 Address, number, street, and apt. or suite no.
Tax ID#

6 City, state and ZIP code

Requester's name and address (optional)

Use the "Next" button to move to the next required field

Next

Next required field 2

line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.

Or
Employer identification number
* 123456789

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

3. I am an U.S. person (including an U.S. resident alien).

4. I (The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than dividends, you are not required to sign the certification, but you must provide your correct TIN.

Click to change

Sign Here Signature of U.S. Person * Date * 11-29-22

Primary Contact (First Signer) will click here to sign

Click to Sign

By signing, I agree to this agreement, the [Consent Disclosure](#), and to do business electronically with Georgia.



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4. Apply your signature and click Submit.

SECTION 3 –

ROUTING #

☐ Ch

☒ Ch

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USER ONLY

nts.

Program

pose

Type Draw Image Mobile

Draw or take a picture of your signature using your mobile device.

sign

Type your signature here

Close Apply

ACCOUNTS RECEIVABLE NOTIFICATION

PYMT REMIT EMAIL:

PYMT REMIT EMAIL:

I authorize the State of Georgia to deposit payment for goods and/or services received into the provided bank account by the Automated Clearing House (ACH). I further acknowledge that this agreement is to remain in full effect until such time as changes to the bank account information are submitted in writing by the vendor or individual named below. It is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information. The State of Georgia independently authenticates bank account ownership.

Next

John Doe

*Click here to sign

10-13-22

Printed Name of Company Officer

Signature of Company Officer

Date

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax transactions, item 2 does not apply.

Click to change

Sign Here	Signature of U.S. Person	Date
		10-13-22

If for any reason the form was submitted incorrectly, you will receive an email indicating the form was declined with instructions about what needs to be corrected. You will need to start a new vendor management form by requesting this form in your Georgia Grants portal account.



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How to Request New Vendor Management Form After Rejected Form

1. Email with subject "SAO Approval Agreement Exchange Canceled"
SAO Approval Agreement Exchange Canceled



Adobe Sign <adobesign@adobesign.com>
To: Shane Lucas

Reply Reply All Forward

Tue 10/11/2022 10:22 AM

If there are problems with how this message is displayed, click here to view it in a web browser.



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SAO Approval Agreement Agreement Exchange Canceled

Reason: Will not sign this document: need to correct the spelling of your company. Login to Georgia grants portal and click the Requests Vendor Form button to restart the process.

Document Title: SAO Approval Agreement
Status: Canceled

Parties:
bhuvana (bhuvanam@stralto.com)
shanel@stralto.com
bhuvanam@stralto.com

GeorgiaGrants DO NOT REPLY (State of Georgia
Governor's Office of Planning and Budget)

At your request, Adobe Acrobat Sign has terminated the agreement exchange for SAO Approval Agreement. All parties who have participated in the transaction have been notified accordingly, and the document has been deleted from all parties' Adobe Acrobat Sign accounts.

SUPPLIER (VENDOR) MANAGEMENT FORM

Agency Vendor (Vendor) MUST review this form to ensure the supplier has completed the appropriate highlighted section 2.5.

Agency Vendor (Vendor) MUST complete Section 3 the "AGENCY (VENDOR) USE ONLY" section prior to submission to SAO.

SECTION 2 - STATE OF GEORGIA AGENCY (VENDOR) USE ONLY

CHECK ONE AND ENTER ID NUMBER

<input type="checkbox"/> Newly Assigned Supplier ID	
<input type="checkbox"/> Existing Supplier ID	

SPECIFY THE TYPE OF ACTION(S) REQUESTED BY THE SUPPLIER (VENDOR)

<input type="checkbox"/> Change Bank Add - Enter Luhn	
<input type="checkbox"/> Change Address - Enter Add ID#	
<input type="checkbox"/> Replace Insurance Address	<input type="checkbox"/> Add ID#
<input type="checkbox"/> Replace Insurance Address	<input type="checkbox"/> Add ID#
<input type="checkbox"/> HCFM Vendor	
<input type="checkbox"/> Subcontractor (SOWS) Use Only	
<input type="checkbox"/> Insurance	<input type="checkbox"/> Non-Non State of GA
<input type="checkbox"/> Non-Non State of GA	<input type="checkbox"/> HCFM
<input type="checkbox"/> Supplier	<input type="checkbox"/> Supplier Warranty
<input type="checkbox"/> Supplier	
<input type="checkbox"/> Other (Provide Details in Section 3 and Initial)	

To ensure that you continue receiving our emails, please add adobesign@adobesign.com to your address book or safe list.



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2. Login to [Home | Georgia Grants Portal](#) and click on My Grants



Georgia Grants Portal

Thank you for visiting the Office of Planning and Budget's opportunities, apply, and check the status of grant applications. The navigation menu at the top of this page. If you have a

3. Go to the Grant related to the canceled agreement and click on the Request Vendor Form. This will restart the process and allow you to make the necessary changes and resubmit.

My Grants

The Governor's Office of Planning and Budget (OPB) is responsible for distributing and oversight of the Federal grants. If you have any questions, please contact grants@opb.georgia.gov.

Grant Application ID	Grantee	Grant Application Name ↑	Grant	Grant Approval Status	Awarded Amount	Amount Approved	Amount Drawn	
GA-0000742	Test Account #1		Georgia Investments in Housing Grant Program	Approved		\$0.00	\$0.00	
GA-0000785	Test Account #1		Georgia Investments in Housing Grant Program	Awarded	\$20,000.00	\$0.00	\$0.00	Request Vendor Form
GA-0001393	GC IT ***DEV***	001-Demo Budget Submission	Georgia Investments in Housing Grant Program	Awarded	\$10,000.00	\$0.00	\$0.00	Request Vendor Form