



# 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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**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](mailto:meganp@stralto.com) and [johno@stralto.com](mailto: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](mailto: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/ADDS FOR EXISTING SUPPLIER) *SUPPLIER USER ONLY*

Next →

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](http://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.

2 Business name (or 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/sole 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.)

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

1 Line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a married alien, sole proprietor, or disregarded entity, see the instructions for Part 1 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  
# 12345678

**Part 1 Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- I am an U.S. person (including an U.S. resident alien), and
- 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 the agreement, the [Privacy Disclosure](#), and to do business electronically with GOVCON.



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- 4. Apply your signature and click Submit.

SECTION 3 – E

ROUTING #

<input type="checkbox"/>	Ch
<input checked="" type="checkbox"/>	Ch PU

USER ONLY

nts.

Program

pose

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	<a href="#">*Click here to sign</a>	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.

Sign Here	Signature of U.S. Person	<input type="text" value="SL Testing"/>	Date	10-13-22
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Click to change

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

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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**SUPPLIER (VENDOR) MANAGEMENT FORM**

Agency Vendor (Statewide MRF) users are to ensure the supplier has completed the appropriate highlighted section 2.3.

Agency Vendor (Statewide MRF) users MUST complete Section 2 of 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 Team/Works Supplier ID	

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

<input type="checkbox"/> Change Bank Acct / Enter LSP#	
<input type="checkbox"/> Change Vendor / Add ID#	
<input type="checkbox"/> Update Working Address	<input type="checkbox"/> LSP# <input type="checkbox"/> Add ID# <input type="checkbox"/> Update Business Address <input type="checkbox"/> LSP# <input type="checkbox"/> Add ID#
<input type="checkbox"/> MRF Vendor	
<input type="checkbox"/> Reallocate Contract (MRF Use Only)	
Classification Change	
<input type="checkbox"/> Domestic	<input type="checkbox"/> Non-Res. State of GA <input type="checkbox"/> MRF
<input type="checkbox"/> Non-Resident	<input type="checkbox"/> Student <input type="checkbox"/> Supplier Minority
<input type="checkbox"/> Supplier Name Change	
<input type="checkbox"/> Other (Provide Details in Section 4 and Initial)	

## SAO Approval 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](mailto:bhuvanam@stralto.com))  
shanel@stralto.com  
[bhuvanam@stralto.com](mailto: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.

To ensure that you continue receiving our emails, please add [adobesign@adobesign.com](mailto: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 any

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](mailto: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	<a href="#">Request Vendor Form</a>
GA-0001393	GC IT ***DEV***	001-Demo Budget Submission	Georgia Investments in Housing Grant Program	Awarded	\$10,000.00	\$0.00	\$0.00	<a href="#">Request Vendor Form</a>