

REQUEST TO ADD/MODIFY ALCOLINK SUPPLIER RECORD
Email completed 110-13 with supplier-signed IRS W9 to: SupplierCreator.Auditor@acgov.org

Sent by:	Name:			
	Department Name:			
	QIC:	Telephone:	Email:	

Request to Add: New supplier. Is this a result of merger or acquisition? Yes No
If "Yes", provide previous supplier information (e.g. supplier ID #, supplier name)

Modify Existing Supplier: New doing-business-as (DBA) name
 Name Change DBA Name Change
 New address for existing
 Replacement Address for existing supplier. Address Sequence# _____
Is this the Remit to address? Yes No

*****IMPORTANT*****

Is the supplier an Alameda County Employee/Board Member/Commissioner and/or affiliated with this business? Yes No
If "Yes", there may be a conflict of interest pursuant to "Section 66 of the Alameda County Charter"

Supplier Information:

ALCOLINK Supplier Number (if known):	
Full Legal Name:	
DBA Name:	

Type of Entity: | Individual Corporation | | Sole Proprietor Tax-Exempted | | Partnership Government or Trust

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

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Goods Only | <input type="checkbox"/> Goods and Services | <input type="checkbox"/> Rents/Leases | <input type="checkbox"/> Rents/Leases paid to you as the agent |
| <input type="checkbox"/> Medical Services | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Other Services (describe) | |
| <input type="checkbox"/> Settlement, Judgment, Refunds (If checked, skip Composition of Ownership section below) | | | |
| <input type="checkbox"/> Court-Appointed Services (If checked, skip Composition of Ownership section below) | | | |

Federal Tax ID Number (r			
PO Box/Street Address:			
City:	State:	Zip Code:	

Is the business located in Alameda County? Yes No If yes, how long? Yr. Mo.

Supplier Contact Name:		
Supplier Contact Telephone:		Fax:
Supplier Contact Email Address:		

Composition of Ownership. This is a Required Section.

Is supplier a publicly traded entity, a public school, or a government? Yes No
Is supplier a non-profit or a church? Yes No

If "Yes" to one of the above, skip Ethnicity and Gender below. The collection of ethnicity and gender data is for statistical and demographic purposes only. Please check the ONE that is most applicable in each category:

Ethnicity	<input type="checkbox"/> African American or Black (> 50%)	<input type="checkbox"/> Hispanic or Latino (> 50%)
	<input type="checkbox"/> American Indian or Alaskan Native (> 50%)	<input type="checkbox"/> Native Hawaiian or other Pacific Islander (> 50%)
	<input type="checkbox"/> Asian (> 50%)	<input type="checkbox"/> Multi-ethnic minority ownership (> 50%)
	<input type="checkbox"/> Caucasian / White (> 50%)	<input type="checkbox"/> Multi-ethnic minority ownership (50% Minority – 50% Non-Minority)
	<input type="checkbox"/> Filipino (> 50%)	
	Gender	<input type="checkbox"/> Female (> 50% ownership)

List the Product and/or Services supplier is interested in providing: include North American Industry Classification System (NAICS) Code (available at <http://www.naics.com/search.htm>)

Alameda County Health Care Services Agency (HCSA) Housing Assistance Fund –

Request To Add/Modify ALCOLINK Supplier Record, [Form 110-13](#) Instructions:

The Request to “ADD/ MODIFY ALCOLINK SUPPLIER RECORD (Form # 110-13)” is a form that property owners and managers must complete on behalf of tenants or residents approved to receive one-time housing related financial assistance from Alameda County. HCSA Housing Assistance Funds can be used for security deposits, residential program fees, and rental expenses only.

Please complete this Form# 110-13 along with an original invoice and original W-9 form. The invoice and W-9 forms require original signatures to ensure timely payment to you by the County. The Form #110-13 vendor and W-9 forms are only required once to create a payment account within Alameda County. To complete Form #110-13, please ONLY complete the sections highlighted on the form. Please note that ethnicity and gender information is required. **Both W-9 form and Form 110-13 must have the same (matching) information**

Property Owners and Managers must mail the completed Form # 110-13, signed *original* IRS W9 form, and signed *original* invoice to the Housing Services Office:

ATTN: **Martin Pacheco**
1900 Embarcadero, Suite #206
Oakland, CA 94606

E-mail: HSO@acgov.org; Fax: (877) 341-5867; Phone: (510) 567-8016

Upon receipt of mail-in requests, the Housing Services Office will review and submit all required information and documents to set up the supplier, generate a 10-digit supplier number, and generate a check.

You have the option of having payment mailed or available for pick up. Request for direct pick up of payment must be made in advance. For those making this request, you will receive a telephone call once your payment is ready.