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www.afterschoolga.org/boost/

Completing your Vendor Management Form (Electronically)

Important notes:

- Vendor Management Forms (available at afterschoolga.org/boost/) must be completed digitally. Forms may NOT be completed by hand and scanned.
- Only fully electronic versions of the Vendor Management Form will be accepted.
- Forms must remain editable after they've been saved.
- Grantees may use the [free version of Adobe Acrobat](#) to complete Vendor Management Forms.
- Due to pandemic-related procedural changes, a digital signature is not required and should be avoided. The "Fill & Sign" function in Adobe Reader/Acrobat should be avoided because it locks the document.
- To sign, simply type your name twice in Section 3 (once in the printed section, once in the signature section) and enter the date.

1. Visit www.afterschoolga.org/boost/ and download the Vendor Management Form on the left-hand side of the page:

The screenshot shows the website for the Building Opportunities in Out-of-School Time (BOOST) Grant. The page has a brown header with the title "Building Opportunities in Out-of-School Time (BOOST) Grant" and a breadcrumb trail "Home > Building Opportunities in Out-of-School Time (BOOST) Grant". Below the header is a row of three images showing children in various activities. To the right of the images is a "Resources" section with a list of links. A red arrow points to the "Vendor Management Form (New Content)" link at the bottom of the list.

Building Opportunities in Out-of-School Time (BOOST) Grant

Home > Building Opportunities in Out-of-School Time (BOOST) Grant

Resources

- [Updated RFP](#)
- [Budget Projection Planning Worksheet](#)
- [Updated Application Guidance](#)
- [Updated FAQs](#)
- [BOOST Applicant Workshop Recording](#)
- [Applicant Workshop Slides](#)
- [GaDOE Conflict Of Interest Disclosure Policy](#)
- [GaDOE Program Specific Assurances](#)
- [Capital Improvements Form](#)
- [Grant Application Readers Needed](#)
- [Grant Reader Application](#)
- [Grant Application Readers Conflict Of Interest & Confidentiality Statement](#)
- [BOOST Grantee Award List \(New Content\)](#)
- [W-9 Form \(New Content\)](#)
- [Vendor Management Form \(New Content\)](#)

2. Once downloaded, open the file using Adobe Acrobat Reader. The software is free and available for download [here](#).



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3. Leave section 1 blank, as it will need to be filled in later by GaDOE officials:

SECTION 1 – STATE OF GEORGIA-AGENCY LIAISON USE ONLY

CHECK ONE AND ENTER ID NUMBER	
<input type="checkbox"/> Newly Assigned Supplier ID	
<input type="checkbox"/> Existing TeamWorks Supplier ID	

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

<input type="checkbox"/> Change Bank Acct - Enter Loc#		<i>(Required for Bank Changes)</i>
<input type="checkbox"/> Change Address - Enter Addr ID#		<i>(Required for Address Changes)</i>
<input type="checkbox"/> Classification Change		
<input type="checkbox"/> HCM Vendor		
<input type="checkbox"/> Statewide Contract (DOAS Use Only)		
<input type="checkbox"/> Other (Provide Details in Section 6 and Initial)		

By my signature, I certify that all reasonable effort has been made to submit information that is complete, accurate, true, and is associated with the supplier name and Tax ID listed below.

Liaison Name: _____ Agency BU#: _____
 Signature: _____ Date: _____
 Email: _____ Phone: _____

4. Complete all fields in Section 2 except for Drivers Licence # and Drivers Licence State:

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

FEI/SSN/TIN NUMBER: 11-1234567
 SUPPLIER NAME: Sample Organization, Inc.
 PAYMENT ALT NAME: (IF PAYABLE TO DIFFERENT NAME) Sample Organization Center for Kids
 ADDRESS: 123 Acme Highway
 CITY: Augusta STATE: GA ZIP CODE: 30901
 COUNTRY: USA DRIVERS LICENSE #: _____ DL STATE: _____
 PRIMARY#: (123) 456-7890 EXT: 110 SECONDARY#: N/A EXT: N/A
 LANDLINE CELL (USED FOR IDENTITY VERIFICATION) LANDLINE CELL (USED FOR IDENTITY VERIFICATION)
 CONTACT EMAIL: sample@sampleorganization.org

5. Complete all fields in Section 3. Type the Company Officer name in both fields and be sure to fill in the date. DO NOT ELECTRONICALLY SIGN:

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

ROUTING # 0 1 2 3 4 5 6 7 8 ACCOUNT # 0 1 2 3 4 5 6 7 8 9

Check here if General Bank Account can be used by ALL State of Georgia agencies making payments.
 Check here if this account can only be used for SPECIFIC purpose. _____
Describe specific purpose

ACCOUNTS RECEIVABLE NOTIFICATION

PYMT REMIT EMAIL: accounting@sampleorganization.org
 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.

Jed Dews _____ Jed Dews _____ 10/12/2021 _____
Printed Name of Company Officer Signature of Company Officer Date



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6. For Section 4, take the following steps:

- Check "1099 applicable"
- Check "1099-M"
- Enter "01" in the "Enter Code" box
- Check "Add New Bank Account"

SECTION 4 – SPECIFY TYPE OF ACTION(S). CHECK ALL THAT APPLY TO THIS REQUEST.	
<input type="checkbox"/>	Deactivate Supplier Profile (Enter justification in Section 6)
<input type="checkbox"/>	Reactivate Supplier Profile
Non- 1099 Applicable <input type="checkbox"/>	1099 Applicable <input checked="" type="checkbox"/>
1099-N <input type="checkbox"/>	1099-M <input checked="" type="checkbox"/>
Enter Code	<input type="text" value="01"/> <i>(Required for Form 1099-M)</i>
<input checked="" type="checkbox"/>	Add New Bank Account (Must complete Section 3)
<input type="checkbox"/>	Change Existing Bank Account (Must complete Sections 1 & 3)
<input type="checkbox"/>	FEI/TIN Change (Cannot be changed if 1099 applicable)
<input type="checkbox"/>	Supplier (Business) Name Change
<input type="checkbox"/>	Add Additional Business Address (Must complete Section 2)
<input type="checkbox"/>	Change Existing Business Address (Must complete Sections 1 & 2)
<input type="checkbox"/>	Other (Provide Details in Section 6)

7. Complete Section 5 ONLY if one or more of the options applies to your organization:

SECTION 5 – TYPE OF BUSINESS (Check All That Apply)

BUSINESS CERTIFICATIONS – CHECK ALL THAT APPLY

*Small Business Women Owned

GA Resident Business Minority Business Certified

MINORITY BUSINESS ENTERPRISE (51% Owned):

Hispanic – Latino African American Native American

Asian American Pacific Islander Not Applicable

*Based on Georgia law (OCGA 50-5-21) (3) "Small Business" means any business which is independently owned and operated. Additionally, such business must either have 300 or less employees OR \$30 million or less in gross receipts per year.

8. Leave Section 6 blank:

SECTION 6 – ADDITIONAL SUPPLIER COMMENTS (Required if "Other" or "Deactivate" box checked in Section 4)

9. Save the document to your computer, attach to an email (along with your W-9 if you haven't previously sent it), and send to: BOOST@georgiavoices.org.