

# Grant Payment Setup Form

Complete this form along with a corresponding [W-9](#) form. Provide an answer for all questions, including N/A for Not Applicable. This form is essential for TNECD to initiate grantee payments and finalize the grant contract. It must be completed prior to a project being awarded.

*If you have questions regarding completion of this form, please reach out to a TNECD staff member.*

**TNECD Program Name:**

**Grantee's Legal Name:**

*(as listed on line one of W-9)*

**Business Name/Disregarded Entity:**

*(as listed on line two of W-9, if applicable)*

**FEIN (or SSN):**

**Grantee Fiscal Year End (mm/dd):**

**Grantee Remittance Address:**

*Include unit designators (STE, BLDG, etc.). This should be a street address OR a PO BOX, not both.*

*Ex. Line 1: 123 Example Street, Suite 201 | Line 2: Example, TN 12345*

**Last 4 Digits of the Bank Account Number to be Used for this Grant:**

*If the account has not previously been used by the State, or you are changing bank account information, you will need to set up an account to receive funds by completing the [SDDA Access form](#). Once submitted, Supplier Maintenance will review and approve. Upon approval, you will receive access to the electronic SDDA form via Adobe Acrobat Sign. If adding new banking information to the State system, select "New" in Section 1 of the form; to remove and change existing account select "Change Existing Account". Supplier Maintenance offers direct assistance in completing the form.*

**Completion Checklist (check all that apply):**

The Legal Entity/Business Names on this form match what is listed on the W-9 (and SDDA, if applicable).

The FEIN (Or SSN for Sole Proprietors) match what is listed on the W-9 (and the SDDA, if applicable).

This form (handwritten or Adobe digitally verified) and the W-9 (handwritten) have been signed.

All forms have been dated within the last 365 days.

This form and the W9 will be returned to TNECD.

If applicable, the SDDA access form has been completed and submitted.

**Sign and date below:**

Name:

Phone:

Email:

Date:

Signature:

**For internal TNECD use ONLY:**

Supplier ID:

Address  
Number:

Bank  
Location:

Reviewer  
Name:

Completion  
Date: