

# Contracting and Disbursement Documentation Guidance HPD Homelessness Grant Programs

April 2026





# Required Documentation

1. Taxpayer ID Form
  - Government Agency Taxpayer ID Form (GovTIN)
  - Payee Data Record(STD 204)
  
2. Authorized Signatories Form
  - Cities
  - Counties/CoCs
  
3. Updated Contact Information



# Taxpayer ID Form

**Two** Options - Complete the only **one** form that is applicable to your organization.

1. Government Agency Taxpayer ID Form (GovTIN)
  - For Government Agencies ONLY
  - State of California – Financial Information System for California (Fi\$Cal) is the only version accepted.
  
2. Payee Data Record (STD 204)
  - For nonprofits and other non-governmental organizations ONLY
  - State of California – Department of Finance (Rev. 03/201)

\*Submit the form accurately and fully filled out, signed and dated.



# GovTIN

State of California  
 Financial Information System for California (Fi\$Cal)  
**GOVERNMENT AGENCY TAXPAYER ID FORM**  
 2000 Evergreen Street, Suite 215  
 Sacramento, CA 95815  
 www.fiscal.ca.gov  
 1-855-347-2250

**Fi\$Cal**  
 Financial Information System for California

The principal purpose of the information provided is to establish the unique identification of the government entity.

**Instructions:** You may submit one form for the principal government agency and all subsidiaries sharing the same TIN. Subsidiaries with a different TIN must submit a separate form. Fields bordered in red are required. Hover over fields to view help information. Please print the form to sign prior to submittal. You may email the form to: vendors@fiscal.ca.gov, or fax it to (916) 576-5200, or mail it to the address above.

Principal Government Agency Name

Remit-To Address (Street or PO Box)

City  State  Zip Code+4

Government Type:  City  County  Federal Employer Identification Number (FEIN)   
 Special District  Federal  
 Other (Specify)

List other subsidiary Departments, Divisions or Units under your principal agency's jurisdiction who share the same FEIN and receives payment from the State of California.

Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>
Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>
Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>
Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>

Contact Person  Title

Phone number  E-mail address

Signature  Date

- **Principal Government Agency Name**
  - Only list the name of government agency
    - Ex: County of Sacramento
    - Ex: City of Stockton
  - Do not include the Department or Office name in this section
- **Remit-To Address (Street or PO Box)**
  - List the address where you want to receive the disbursement check
  - PO Boxes cannot be used for Los Angeles Region and Ventura Region or for disbursements over \$30 million
- **Government Type:**
  - Check the box that is applicable to your organization
- **Federal Employer Identification Number (FEIN)**
  - 9-digit number that is checked against Fi\$Cal. Must be accurate or we cannot make a disbursement
- **List other subsidiary Departments or Units under your principal agency's jurisdiction who share the same FEIN and receives payment from the State of California**
  - Not required to be completed – only use if including a Department or Office
  - List specific Departments/Offices that you want your disbursement check sent
  - Include an address that can receive a disbursement check
- **Contact Person, Title, Phone Number, E-mail address, Signature, and Date**
  - All sections must be fully and accurately completed



# Payee Data Record – STD 204

STATE OF CALIFORNIA - DEPARTMENT OF FINANCE  
**PAYEE DATA RECORD**  
 (Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)  
 STD 204 (Rev. 03/2021)

Print Form | Reset Form

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**Section 1 – Payee Information**

NAME (This is required. Do not leave this line blank. Must match the payee's federal tax return)

BUSINESS NAME, DBA NAME or DISREGARDED SINGLE MEMBER LLC NAME (if different from above)

MAILING ADDRESS (number, street, apt. or suite no.) (See Instructions on Page 2)

CITY, STATE, ZIP CODE | E-MAIL ADDRESS

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**Section 2 – Entity Type**

Check one (1) box only that matches the entity type of the Payee listed in Section 1 above. (See Instructions on page 2)

<input type="checkbox"/> SOLE PROPRIETOR / INDIVIDUAL	<input type="checkbox"/> CORPORATION (see instructions on page 2)
<input type="checkbox"/> SINGLE MEMBER LLC Disregarded Entity owned by an individual	<input type="checkbox"/> MEDICAL (e.g., dentistry, chiropractic, etc.)
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LEGAL (e.g., attorney services)
<input type="checkbox"/> ESTATE OR TRUST	<input type="checkbox"/> EXEMPT (e.g., nonprofit)
	<input type="checkbox"/> ALL OTHERS

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**Section 3 – Tax Identification Number**

Enter your Tax Identification Number (TIN) in the appropriate box. The TIN must match the name given in Section 1 of this form. Do not provide more than one (1) TIN. The TIN is a 9-digit number. Note: Payment will not be processed without a TIN.

• For Individuals, enter SSN.  
 • If you are a Resident Alien, and you do not have and are not eligible to get an SSN, enter your ITIN.  
 • Grantor Trusts (such as a Revocable Living Trust while the grantors are alive) may not have a separate FEIN. Those trusts must enter the individual grantor's SSN.  
 • For Sole Proprietor or Single Member LLC (disregarded entity), in which the sole member is an individual, enter SSN (TIN if applicable) or FEIN (FTB prefers SSN).  
 • For Single Member LLC (disregarded entity), in which the sole member is a business entity, enter the owner entity's FEIN. Do not use the disregarded entity's FEIN.  
 • For all other entities including LLC that is taxed as a corporation or partnership, estates/trusts (with FEINs), enter the entity's FEIN.

Social Security Number (SSN) or Individual Tax Identification Number (ITIN)

OR

Federal Employer Identification Number (FEIN)

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**Section 4 – Payee Residency Status** (See instructions)

CALIFORNIA RESIDENT – Qualified to do business in California or maintains a permanent place of business in California.  
 CALIFORNIA NONRESIDENT – Payments to nonresidents for services may be subject to state income tax withholding.  
 No services performed in California  
 Copy of Franchise Tax Board waiver of state withholding is attached.

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**Section 5 – Certification**

I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the state agency below.

NAME OF AUTHORIZED PAYEE REPRESENTATIVE	TITLE	E-MAIL ADDRESS
SIGNATURE	DATE	TELEPHONE (include area code)

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**Section 6 – Paying State Agency**

Please return completed form to:

STATE AGENCY/DEPARTMENT OFFICE	UNIT/SECTION
MAILING ADDRESS	FAX   TELEPHONE (include area code)
CITY	STATE   ZIP CODE   E-MAIL ADDRESS

## Section 1 – Payee Information

- **Name**
  - Name must match the name listed on the Federal Employer Identification Number (FEIN) or Individual Tax Identification Number (TIN)
- **Business Name, DBA Name or Disregarded Single Member LLC Name**
  - Enter “N/A”
- **Mailing Address**
  - List the address where you want to receive the disbursement check
- **City, State, Zip Code, and E-Mail Address**
  - Must be fully and accurately completed

## Section 2 – Entity Type

- Check only one (1) box that is applicable to your organization

## Section 3 – Tax Identification Number

- **Enter either a TIN or a FEIN**
  - Ensure the number is accurate. Must be accurate or we cannot make a disbursement

## Section 4 – Payee Residency Status

- Must select a box applicable to your organization

## Section 5 – Certification

- All sections must be fully and accurately completed

## Section 6 – Paying State Agency

- Leave blank



# Authorized Signatories Form



**Authorized Signatories Form  
Encampment Resolution Funding Program (ERF)**

**Instructions:** This form is intended to list all of the individuals who are authorized to sign Encampment Resolution Funding Program (ERF) grant documents. The Authorized Representative who signs this form must be an individual who is authorized to legally bind the awarded entity and/or payee to ERF grant agreements. The Authorized Representative is authorized to sign all ERF grant documents and may authorize additional signatories to sign ERF grant documents using the Authorized Signatories' section below.

**Grantee Information:** Enter the name of the awarded entity (e.g. Sacramento CoC) and payee (e.g. Sacramento Steps Forward).

**Authorized Signatories:** Enter the names and title/position of the individuals authorized by the Authorized Representative to sign ERF grant documents. Each of the authorized signatories listed below must sign this form. Signatures may be wet or electronic.

**PLEASE NOTE:** Pursuant to California Government Code, Section 40602, for cities (including charter cities), the Authorized Representative must be the mayor of the city, or the city must include a reference to a city ordinance that delegates signing authority.

**Certification:** By signing this form, the Authorized Representative certifies that they are authorized to legally bind the awarded entity and/or payee to ERF grant agreements, they are authorized to sign all ERF grant documents, and the authorized signatories listed on this form are additionally authorized to sign ERF grant documents. Signatures may be wet or electronic.

**Changes to this form:** This form must be updated whenever the Authorized Representative or signatories change.

GRANTEE INFORMATION	
Awarded Entity:	
Payee:	
Contract Number:	

AUTHORIZED SIGNATORIES		
Name	Title/Position	Signature

CERTIFICATION	
<i>I certify that I am legally authorized to sign ERF grant documents and that I am additionally authorizing the above signatories to sign ERF grant documents.</i>	
Name of Authorized Representative	Title
Signature of Authorized Representative	Date

- **Awarded Entity**
  - Enter the name of the awarded organization listed the Award Letter
  - Ex: Lake County CoC
  - Ex: City of Fillmore
- **Payee**
  - Enter the name of the organization that will receive disbursement funds
  - Name must match the taxpayer ID submitted
  - Ex: County of Lake
  - Ex: City of Fillmore
- **Contract Number**
  - Prepopulated by HCD
- **Authorized Signatories**
  - Individuals Authorized to sign the Standard Agreement by the Authorized Representative
  - Is not required to be completed
  - If an individual(s) are entered in this section, the Name, Title/Position, and Signature must be completed
- **Certification**
  - This section must be fully and accurately completed

\*cont. next slide



## Authorized Signatories Form cont.

\*CITY specific Requirement\*

Pursuant to California Government Code, Section 40602, for cities (including charter cities), the **Authorized Representative** must be the **mayor** of the city, or the city must include a reference to a city ordinance that delegates signing authority.



# Updating Contact Information

- Contracting contact information is pulled from applications.
- This contracting contact will receive the pending standard agreement and disbursement emails.
- Please provide any important contracting contact updates via email ([HPDHomelessnessGrants@HCD.ca.gov](mailto:HPDHomelessnessGrants@HCD.ca.gov)).