

CARES Act Applicant Information Form

Parish:

Applicant Entity:

Mailing Address:

Type of Entity:

Federal Tax ID Number:

Fiscal Year End Date:

DUNS Number:

Head of Local Government
Unit/Chief Executive Officer
(or Designee):

Last 4 Digits SSN:

Telephone:

Email address:

LaGov Vendor Number

(if available):

Name (printed):

Title (printed):

Signature:

Date:

Complete form and email a copy to LACares@la.gov