# **Attachment A: Applicant Information**

Please provide the following information:

Applicant Legal Name:

Business Address (street, city, state, zip code):

Minnesota Tax Identification Number:

Federal Tax Identification Number:

SWIFT Vendor ID Number (if you have one and are a current vendor with the State):

Name of Director of Applicant Agency:

Phone Number for Director of Applicant Agency:

Email for Director of Applicant Agency:

Name of Financial Contact:

Phone Number for Financial Contact:

Email for Financial Contact:

Name of Contact Person for this Application:

Phone Number for Contact Person for this Application:

Email for Contact Person for this Application: