



OFFEROR INFORMATION FOR PERSONAL SERVICES CONTRACTS WITH INDIVIDUALS

PRIVACY ACT STATEMENT

Authority: Foreign Assistance Act, Pub. L. 87-165, as amended; 48 CFR 37.104, Personal services contracts; 48 CFR Ch. 7, App. D, Direct USAID Contracts with a U.S. Citizen or a U.S. Resident Alien for Personal Services.

Purpose: This form collects personal information on offerors for USAID personal services contracts and is used to evaluate your qualifications for award of such a contract. This form is only valid with an OMB Number displayed in accordance with 44 USC 3506(c)(1)(B)(iii)(V).

Routine Uses: The personal information is used to examine and evaluate your qualifications for award of a specific personal services contract. The personal information is also used to determine the most appropriate offeror for such an award. The information may be shared outside of USAID to confirm your qualifications.

Disclosure: Providing personal information is voluntary. However, failure to provide any of the requested information may delay or prevent action on your offer for award of a personal services contract.

Section A – Offeror Information

| | | | |
|---------------------------------|-----------|-----------------------------------|--|
| 1. Title of Solicited Position | | 2. Offeror's Proposed Base Salary | 3. Solicitation Number |
| 4a. Last Name | | 4b. First and Middle Names | |
| 5a. Mailing Address | | | 6. Phone Numbers (include area code if within the United States of America): 6a. Daytime 6b. Evening |
| 5b. City | 5c. State | 5d. Zip Code | 5e. Country (If not within the United States of America) |
| 7. Email Address (if available) | | | |



Section B – Work Experience

Describe your paid and unpaid work experience related to this offer. Do not attach job descriptions. Base Salary definition – basic compensation for services rendered, excluding bonuses, profit-sharing arrangements, commissions, consultant fees, extra or overtime work payments, overseas differential or quarters, cost of living or dependent education allowances.

1. Job Title (if Federal, include series and grade)

2. From (mm/yyyy)

3. To (mm/yyyy)

4. Base Salary
\$ per

5. Hours per week

6. Employer's Name and Address

7a. Supervisor's Name

7b. Supervisor's Phone

8. May we contact your current supervisor? Yes No

If we need to contact your current supervisor before making an offer, we will contact you first.

9. Describe your duties, accomplishments and related skills (if you need to attach additional pages, include your name, address, and solicitation number)

Section C – Additional Work Experience

Continue on a separate page if required to list all employment relating to the duties of the position.

1. Job Title (if Federal, please include series and grade)

2. From (mm/yyyy)

3. To (mm/yyyy)

4. Base Salary
\$ per

5. Hours per week

6. Employer's Name and Address

7a. Supervisor's Name

7b. Supervisor's Phone

8. May we contact your current supervisor? Yes No

If we need to contact your current supervisor before making an offer, we will contact you first.

9. Describe your duties, accomplishments and related skills (if you need to attach additional pages, include your name, address, and solicitation number)



Section D - Education

1. Last High School (HS)/GED school. Give the school's name, city, state, zip code (if known), and year of diploma or GED received:

2. Mark highest level completed: Some HS HS/GED Associate Bachelor Master Doctoral

3. Colleges and universities attended.
Do not attach a copy of your transcript unless requested.

| Total Credits Earned | | Major(s) | Degree (if any), Year Received |
|----------------------|---------|----------|-----------------------------------|
| Semester | Quarter | | |

3a. Name

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

3b. Name

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

3c. Name

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Section E – Other Education Completed

Do not list degrees received solely on life experience or obtained from schools with little or no academic standards.

Section F – Other Licenses or Certifications

| License or Certificate | Date of Latest License or Certificate | State or Other Licensing Agency |
|------------------------|---------------------------------------|---------------------------------|
|------------------------|---------------------------------------|---------------------------------|

1.

2.

Section G – Other Qualifications

Offer-related training courses (give title and year). Offer-related skills (other languages, computer software/hardware, etc.). Offer-related honors, awards, and special accomplishments (publications, memberships in professional/honor societies, leadership activities, public speaking, and performance awards). Give dates, but do not send documents unless requested.



Section H - General

1a. Are you a U.S. citizen? Yes No
1b. If no, give the country of your citizenship

1c. Are you a lawful permanent resident of the U.S. (aka Green Card Holder)? Yes No

2. Check this box if you are an adult male born on or after January 1st 1960, and you registered for Selective Service between the ages of 18 through 25 or have an exemption

3. Were you ever a Federal civilian employee? Yes No

If yes, list highest civilian grade for the following:

3a. Series

3b. Grade

3c. From (mm/yyyy)

3d. To (mm/yyyy)

Section I – Offeror Certification

I certify that, to the best of my knowledge and belief, all of the information on and attached to this offer is true, correct, complete, and made in good faith. I understand that false or fraudulent information on or attached to this offer may be grounds for not awarding me the contract or for early contract termination after award, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

1a. Signature

1b. Date (mm/dd/yyyy)

PUBLIC BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average thirty minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to:

United States Agency for International Development
Bureau for Management
Office of Acquisition and Assistance
Policy Division (M/OAA/P)
Washington, DC 20523-7100;

and

Office of Management and Budget
Paperwork Reduction Project (0412-0520)
Washington, DC 20503