

OMB No. 0412-0579 Expiration Date: xx/xx/xxxx

## OFFEROR INFORMATION FOR PERSONAL SERVICES CONTRACTS

The Privacy Act Statement is found at the end of this form.

Section A – Offeror Information											
1. Title of Proposed Offer	roposed Offer		rade of Propose	ed Offer		3. Offer Number					
4a. Last Name	4a. Last Name 4b. F			First and Middle Names							
5a. Mailing Address	·			6. Phone Numbers (include area code if within the United States of America)      6a. Daytime							
5b. City	5c. State	5d. Zip Code	!	6b. Evenin							
5e. Country (If not within the United States of America)											
7. Email Address (if available)											
Section B – Work Experience  Describe your paid and non-paid work experience related to this offer. Do not attach job descriptions.											
1. Job Title (if Federal, include se	eries and grade)										
2. From (mm/yyyy)	3. To (mm/yyyy)		4. Salary \$	per		5. Hours per week					
6. Employer's Name and Address	S				7. Supervis 7a. Name	or's Name and Phone Number					
					7b. 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 offer number)											
Section C – Additional Work Experience											
1. Job Title (if Federal, please inc	clude series and grade)										
2. From (mm/yyyy)	3. To (mm/yyyy)		4. Salary \$	per		5. Hours per week					
6. Employer's Name and Address			7a. Name								
					7b. 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 offer number)											

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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 complete	ed: Some H	S HS/GE	D 🗌	Associat	te Bach	elor 🗌	Master	Doctoral			
3. Colleges and universities at	tended.		1		dits Earned		Major(s)	Degree (if any),			
Do not attach a copy of you	r transcript unle	ess requested.	Sem	ester	Quarter		viajoi (o)	Year Received			
3a. Name											
City	State	Zip Code	+								
	Otato	2.6 0000									
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 Qualifications											
License or Certificate		Date of Lates	License	or Certifi	icate	State or 0	Other Licens	sing Agency			
1f.											
2f.											
0.5	Zefer City and	Section (					6				
Offer-related training courses machinery, typing speed, etc.)											
professional/honor societies, le											
unless requested.											
Section H - General											
1a. Are you a U.S. citizen?	Yes No	$\rightarrow$		1b. If no	, give the Cou	ıntry of you	ır citizenshir	)			
<ul> <li>1a. Are you a U.S. citizen? Yes  No  → 1b. If no, give the Country of your citizenship</li> <li>2. Check this box if you are an adult male born on or after January 1<sup>st</sup> 1960, and you registered for Selective Service between the ages of 18 through 25 → □</li> </ul>											
3. Were you ever a Federal civilian employee? Yes ☐ No ☐ → If yes, list highest civilian grade for the following:											
3a. Series	3b. Grade				n (mm/yyyy)	air giv	3d. To (m				
					,,,,,,,			,,,,,			
		Section	I – Offer	or Certifi	ication						
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)			
							1				

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## **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 Abroad.

**Purpose:** This form collects personal information on applicants for USAID personal services contracts and is used to evaluate your qualifications for an award under such personal services contracts. 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 an award of a specific personal services contract. The personal information is also used to determine the most appropriate candidate 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 application for an award of a personal services contract.

## **Public Burden Statement**

We estimate the public reporting burden for this collection is estimated to average sixty minutes per response, including time for reviewing instructions, searching existing data sources, gathering data and completing and reviewing the information. Send comments regarding the burden statement or any other aspect of the collection of information, including suggestions for reducing this burden to the U.S. Agency for International Development (USAID), Office of Acquisition and Assistance, Policy Division, Washington, D.C. 20523-7800. Do not send offeror forms to this address; follow directions provided in the solicitation for Personal Services Contract.

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