



RISK ANALYSIS INFORMATION

PART 1: INFORMATION ABOUT CONTRACT/GRANT/COOPERATIVE AGREEMENT

Name of Prospective Contractor/Grantee		Type (Contract, Grant, Other): <input type="checkbox"/> Contract <input type="checkbox"/> Grant <input type="checkbox"/> Other _____	
US Dollar Value of Contract/Grant (All Years)	Contract/Grant Start Date (mm-dd-yyyy)	Contract/Grant End Date (mm-dd-yyyy)	Solicitation Number
Purpose of Contract/Grant			
Address of Prospective Contractor/Grantee			
Phone Number	Cell Phone Number	Fax Number	E-mail Address

PART 2: AFGHANISTAN

Please provide the following information if proposed contract or grant work will be in Afghanistan.

Afghanistan Business License Number	Joint Contingency Contraction System (JCCS) Number
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PART 3: SYRIA

Is this work performed for Syria? Yes No

PART 4: CERTIFICATION

I certify that I have taken reasonable steps (*in accordance with sound business practices*) to verify the information contained in this form. I understand that the U.S. Government may rely on the accuracy of such information in processing this request.

Authorizing Official's Name (Last, First, MI)	Title/Organization
Signature	Date (mm-dd-yyyy)

PART 5: SUBMISSION DETAILS (GOVERNMENT USE ONLY)

Request Number	Request Initiator
Project Name	Date Received (mm-dd-yyyy)

KEY INDIVIDUAL INFORMATION

Name (<i>Last, First, MI</i>) <div style="background-color: yellow; height: 15px; width: 100%;"></div>	Other Names Used (" <i>Also known as", nicknames, alias, different spelling</i>)
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Place of Birth	Date of Birth (<i>mm-dd-yyyy</i>)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Citizenship(s)	U.S. citizen or Permanent Legal Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide your U.S. Passport or Social Security Number _____
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Government Issued Photo ID Type	Government Issued Photo ID Number	Country of Issuance
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Address	Phone Number	Cell Phone Number
	Skype Address	E-mail Address

Current Employer	Organizational Title	Project Title
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Afghan Citizen Use Only (If Section 2 Has Been Completed)

Father's Name	Tribe
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Tazkera Number	Passport Number	Country of Issuance
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Work Performed for AMOS (If answered Yes in Section 3)

Location of Current Unit (Province, City/Municipality/Town, neighborhood, facility and station, Country)	Unit #
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Description of Duties in Opposition Organization	Date <i>Joined Opposition (mm-dd-yyyy)</i>
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Previous Profession (for those who never served in the Syrian government, aside from compulsory military service)

Additional Information Required for Defected Regime Personnel Only:

Previous Syrian Arab Republic Government (SARG) Ministry and Unit

Previous Position (Rank/Title)

Description of Duties	Time Served (<i>mm/yyyy to mm/yyyy</i>) <i>to</i>
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PAPERWORK REDUCTION ACT STATEMENT

*Public reporting burden for this collection of information is estimated to average 80 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a current valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: U.S. Dept. of State, 2201 C St. NW, SA-15 room 3200, Washington, DC 20520.

PRIVACY ACT STATEMENT

Authority: 18 U.S.C. 2339A, 2339B, 2339C, 22 U.S.C. 2151 et seq., Section 559 of the Appropriations Act, Executive Orders 13224, 13099, and 12947, and Homeland Security Presidential Directive 6.

Purpose: The information in the system supports the vetting of directors, officers, or other employees of organizations who apply for Department of State contracts, grants, or other funding. The information collected from the organizations and individuals is specifically used to conduct screening to ensure that Department funds are not used to provide support to entities or individuals deemed to be a risk to US national security interests.

Routine Uses: The information is used to make determinations on applications for contracts, grants, or other funding and may be disclosed to the United States Agency for International Development (*USAID*) for collaborative and vetting programs.

Disclosure: Disclosure of the information provided on this form will be done in accordance with the Department of State's System of Records Notice concerning the Risk Analysis and Management System (*RAM*) (*enter SORN #*) which establishes the routine uses and Privacy Act exceptions which apply to this system.

INSTRUCTIONS

Appendix Key Personnel (*Use continuation sheets, as necessary*)

Key personnel may include but is not limited to:

- The organization/company's President, Vice President, Executive Director, Deputy Executive Director, Chief Executive Officer, Chief Operating Officer, Treasurer, Secretary, and the Board of Directors.
- It may also include Program Managers or Project Managers.

Proposed Subcontractors or Sub-grantees must also complete a separate Information Form listing their key personnel.

Indicate "N/A" if a category does not apply. If no organization or company is listed, complete the information on each individual who will receive cash or in-kind assistance (*including technical assistance*).