

OFFEROR INFORMATION FOR PERSONAL SERVICES CONTRACTS WITH INDIVIDUALS The Privacy Act Statement is found at the end of this form.

| 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) | | | | | | |
| 5b. City 5c. State | | | | 5d. Zip Code | | 6a. Daytime 6b. Evening | | | | | | |
| Jb. City | | JC. State | | Su. Zip Code | | OD. EVEIIII | 9 | | | | | |
| 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. | | | | | | | | | | | | |
| 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 se | | | | · | | | | | | | | |
| 2. From (mm/yyyy) | 3. To (mm | n/yyyy) | | 4.Base Salary \$ | per | | 5. Hours per week | | | | | |
| 6. Employer's Name and Addres | Տ | | | | | 7. Supervi | sor's Name and Phone Number | | | | | |
| | | | | | | 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 | | | | | | | | | | | | |
| solicitation number) | isilificitis ai | ia relatea skiiis (i | ii you i | iced to attach ad | unione | a pages, me | ade your name, address, and | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | nal Work Experi | | | | | | | | |
| Continue on a se 1. Job Title (if Federal, please ind | | | list all | employment re | lating | to the dutie | s of the position. | | | | | |
| 1. Job Tille (II Federal, please III | liuue series | and grade) | | | | | | | | | | |
| 2. From (mm/yyyy) | 3. To (mm | n/yyyy) | | 4.Base Salary \$ | per | | 5. Hours per week | | | | | |
| 6. Employer's Name and Address | | | | | | | 7. Supervisor's Name and Phone Number 7a. Name | | | | | |
| | | | | | | | 7b. Phone | | | | | |
| | | | | | | T.S. T. HOHO | | | | | | |
| 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) | | | | | | | | | | | | |
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AID 309-2 Page 1 of 3

| | | Sect | tion D - Educati | on | | | | | | | | |
|---|--|----------------------|------------------|---------------------------------|---------------|---------------|------------------|--|--|--|--|--|
| 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. | | | | N | 1ajor(s) | Degree (if any), | | | | | |
| Do not attach a copy of you 3a. Name | ur transcript uni | ess requested. | Semester | Quarter | | | Year Received | | | | | |
| Sa. 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. | | | | | | | | | | | | |
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| Section F – Other Qualifications | | | | | | | | | | | | |
| License or Certificate | ther Licensir | ng Agency | | | | | | | | | | |
| 1f. | | | | | | | | | | | | |
| 2f. | | | | | | | | | | | | |
| Offer-related training courses | a (aivo titlo and | Section G | 6 - Other Qualif | ications | omputor co | tworo/bordw | ara taala | | | | | |
| machinery, typing speed, etc. | | | | | | | | | | | | |
| professional/honor societies, | | | | | | | | | | | | |
| unless requested. | | | | | | | | | | | | |
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| Section H - General 1a. Are you a U.S. citizen? Yes No 1c. Are you a lawful permanent resident of the U.S. | | | | | | | | | | | | |
| 1a. Are you a U.S. citizen? You 1b. If no, give the Country of | |) | | you a lawful p een Card Hold | | | e U.S. | | | | | |
| 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 e | exemption -> | | | | | | | | | | | |
| 3. Were you ever a Federal civilian employee? Yes ☐ No ☐ → If yes, list highest civilian grade for the following: | | | | | | | | | | | | |
| 3a. Series | 3c. Fro | m (mm/yyyy) | 3d. To (mm | n/yyyy) | | | | | | | | |
| Section I – Offeror Certification | | | | | | | | | | | | |
| Licertify that, to the best of my | knowledge an | d belief, all of the | e information on | and attached | to this offer | is true corre | ct. complete and | | | | | |
| 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 (n | nm/dd/yyyy) | | | | | |
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AID 309-2 Page 2 of 3

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.

Public Burden Statement

We estimate the public reporting burden for this collection is estimated to average sixty (60) 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 via e-mail to pscmailbox@usaid.gov. Do not send offeror forms to this e-mail address; offerors must follow the instructions provided in the solicitation for this contract opportunity.

AID 309-2 Page 3 of 3