

## 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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		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.												
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.												
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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## **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 <a href="mailto:pscmailbox@usaid.gov">pscmailbox@usaid.gov</a>. Do not send offeror forms to this e-mail address; offerors must follow the instructions provided in the solicitation for this contract opportunity.

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