



RISK ANALYSIS INFORMATION

PART 1: INFORMATION ABOUT CONTRACT/GRANT/COOPERATIVE AGREEMENT

Name of Prospective Contractor/Grantee		Type (<i>Contract, Grant, Other</i>): <input type="checkbox"/> Contract <input type="checkbox"/> Grant <input type="checkbox"/> Other _____	
--	--	--	--

US Dollar Value of Contract/Grant (<i>All Years</i>)	Contract/Grant Start Date (<i>mm-dd-yyyy</i>)	Contract/Grant End Date (<i>mm-dd-yyyy</i>)	Solicitation Number
--	---	---	---------------------

Purpose of Contract/Grant

Address of Prospective Contractor/Grantee

Phone Number	Cell Phone 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 Contracting System (<i>JCCS</i>) Number
-------------------------------------	---

PART 3: 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 (<i>Last, First, MI</i>)	Title/Organization
--	--------------------

Signature	Date (<i>mm-dd-yyyy</i>)
-----------	----------------------------

KEY INDIVIDUAL INFORMATION #1

Name (Last, First, MI) [Redacted]		Other Names Used ("Also known as", nicknames, alias, different spelling)	
Place of Birth (City, State, Province, Country)		Date of Birth (mm-dd-yyyy)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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 _____	
National ID Type		National ID Number	Country of Issuance
Home Address		Home Phone	Cell Phone Number
		Social Media Handles/Identifiers	E-mail Address
Current Employer	Current Employer Phone	Current Employer Address	
Organizational Title	Project Title		

Afghan Citizen Use Only (If Section 2 Has Been Completed)

Father's Name		Tribe	
Tazkera Number	Passport Number	Country of Issuance	

KEY INDIVIDUAL INFORMATION #2

Name (Last, First, MI) [Redacted]		Other Names Used ("Also known as", nicknames, alias, different spelling)	
Place of Birth (City, State, Province, Country)		Date of Birth (mm-dd-yyyy)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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 _____	
National ID Type		National ID Number	Country of Issuance
Home Address		Home Phone	Cell Phone Number
		Social Media Handles/Identifiers	E-mail Address
Current Employer	Current Employer Phone	Current Employer Address	
Organizational Title	Project Title		

Afghan Citizen Use Only (If Section 2 Has Been Completed)

Father's Name		Tribe	
Tazkera Number	Passport Number	Country of Issuance	

PAPERWORK REDUCTION ACT STATEMENT

*Public reporting burden for this collection of information is estimated to average 90 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 219 of the Immigration and Nationality Act (INA) (P.L. 104-132) (8 U.S.C. 1189); Executive Orders 13224, 13099 and 12947; Homeland Security Presidential Directive 6; Section 7034(f) of the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2022 (Div. K, P.L. 117-103) and similar provisions in prior appropriations acts.

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) and other government agencies for collaborative vetting programs. For additional details on Routine Uses not listed here, refer to the Department of State's System of Record Notice concerning the Risk Analysis and Management System (RAM) (State 78).

Disclosure: Providing the information is voluntary. Failure to provide the information will result in a finding of ineligibility for Department funding.

INSTRUCTIONS

Appendix Key Individuals or Recipients (*Use continuation sheets, as necessary*)

Key individuals may include but are 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.

Recipients may include but are not limited to:

- Individual who may benefit from or participate in a U.S.-funded program, for example, as an attendee at a U.S. government-sponsored training session.

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*).