



PARTNER INFORMATION FORM

PART 1: INFORMATION ABOUT PRIME AWARD

1.1 Legal Name of Prospective Awardee (Prime Contractor/Recipient)		
1.2 Address of Prospective Awardee		
1.3 Alternate Address of Prospective Awardee (if applicable)		
1.4 Organization Phone Number (Include full phone number, country code, and area/city code)	1.5 Alternate Phone Number (Include full phone number, country code, and area/city code)	1.6 Fax Number (If applicable) (Include full phone number, country code, and area/city code)
1.7 Organization Email Address	1.8 U.S. Organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
1.9(a) Value of Total Award (USD)		
1.9(b) Solicitation/Award Number		

PART 2: INFORMATION ABOUT SUBAWARD (to be completed if submitting a subaward)

2.1 Legal Name of Prospective Subawardee (Subcontractor/Subrecipient)	2.2 Website URL of Prospective Subawardee (if applicable)	
2.3 Type of Organization <input type="checkbox"/> Parent Organization <input type="checkbox"/> Branch <input type="checkbox"/> Subsidiary		
2.4 Address of Prospective Subawardee		
2.5 Alternate Address of Prospective Subawardee (if applicable)		
2.6 Organization Phone Number (Include full phone number, country code, and area/city code)	2.7 Alternate Organization Phone Number (if applicable) (Include full phone number, country code, and area/city code)	2.8 Primary Fax Number (if applicable) (Include full phone number, country code, and area/city code)

2.9 Organization Email Address		2.10 U.S. Organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2.11 Vetting Category <input type="checkbox"/> Subcontract <input type="checkbox"/> Subgrant <input type="checkbox"/> Training <input type="checkbox"/> Equipment <input type="checkbox"/> Other:		2.12 Value of Total Subaward (USD) <i>(if applicable)</i>	
		2.13 Estimated Subaward Start Date <i>(dd-mm-yyyy)</i>	
		2.14 Estimated Subaward End Date <i>(dd-mm-yyyy)</i>	
2.15 Purpose of Subaward			
PART 3: CERTIFICATION			
The prospective awardee certifies in submitting this form that it has taken reasonable steps in accordance with sound business practices to verify information included in this form and understands that the U.S. government may rely on the accuracy of such information to process this request.			
3.1 Authorizing Official's Name <i>(First name, Middle name, Last name)</i>		3.2 Title/Organization	
3.3 Signature of Authorizing Official		3.4 Date <i>(dd-mm-yyyy)</i>	

PART 4a: KEY INDIVIDUAL INFORMATION			
4a.1 Name Listed on Government-Issued Photo ID <i>(First name, Middle name(s), Last name)</i>		4a.2 Other Names Used <i>(Also known as, nicknames, alias, different spelling)</i>	
Place of Birth	4a.3 Village/City	4a.7 Date of Birth <i>(dd-mm-yyyy)</i>	4a.8 Gender
	4a.4 District <i>(if applicable)</i>		
	4a.5 Governorate, Province, or State		
	4a.6 Country		
4a.9 Country of citizenship <i>(If multiple citizenships, list all countries of citizenship in this block and include additional ID information in the gray boxes below)</i>		4a.10 U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide Passport Number below in "Government-Issued Photo ID Number" section.	
		4a.11 U.S. Lawful Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	

4a.12 If yes, include Lawful Permanent Resident Card Number (9 digit A Number#):		
4a.13 ID Country of Issuance	4a.13.1 Government-Issued Photo ID Type (please attach clear, legible picture; preferably in color)	4a.13.2 Complete Government-Issued Photo ID Number
4a.14 ID Country of Issuance <i>[complete for multiple citizenship only]</i>	4a.14.1 Government-Issued Photo ID Type <i>[complete for multiple citizenship only] (please attach clear, legible picture; preferably in color)</i>	4a.14.2 Complete Government-Issued Photo ID Number <i>[complete for multiple citizenship only]</i>
4a.15 ID Country of Issuance <i>[complete for multiple citizenship only]</i>	4a.15.1 Government-Issued Photo ID Type <i>[complete for multiple citizenship only] (please attach clear, legible picture; preferably in color)</i>	4a.15.2 Complete Government-Issued Photo ID Number <i>[complete for multiple citizenship only]</i>
4a.16 Address of Residence		4a.17 Province/Region
		4a.18 Tribal Affiliation <i>(if applicable)</i>
4a.19 Primary Personal Phone Number <i>(Include full phone number, country code, and area/city code)</i>		4a.20 Alternate Personal Phone Number <i>(if applicable) (Include full phone number, country code, and area/city code)</i>
Is this a cell phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this a cell phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No
4a.21 Primary Personal Email Address		4a.22 Alternate Personal Email Address <i>(if applicable)</i>
4a.23 Current Employer		4a.24 Organizational Rank or Title
4a.25 Professional Licenses and State-Issued Certifications <i>(if applicable)</i>		

PART 4b: KEY INDIVIDUAL INFORMATION

4b.1 Name Listed on Government-Issued Photo ID <i>(First name, Middle name(s), Last name)</i>		4b.2 Other Names Used <i>(Also known as, nicknames, alias, different spelling)</i>	
Place of Birth	4b.3 Village/City	4b.7 Date of Birth <i>(dd-mm-yyyy)</i>	4b.8 Gender
	4b.4 District <i>(if applicable)</i>		
	4b.5 Governorate, Province, or State		
	4b.6 Country		

4b.9 Country of citizenship (<i>If multiple citizenships, list all countries of citizenship in this block and include additional ID information in the gray boxes below</i>)		4b.10 U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
		4b.11 U.S. Lawful Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
4b.12 If yes to either of the above questions, U.S. Passport/Lawful Permanent Resident Card Number (9 digit A Number#):		
4b.13 ID Country of Issuance	4b.13.1 Government-Issued Photo ID Type (<i>clear, legible picture; preferably in color</i>)	4b.13.2 Complete Government-Issued Photo ID Number
4b.14 ID Country of Issuance [<i>complete for multiple citizenship only</i>]	4b.14.1 Government-Issued Photo ID Type [<i>complete for multiple citizenship only</i>] (<i>clear, legible picture; preferably in color</i>)	4b.14.2 Complete Government-Issued Photo ID Number [<i>complete for multiple citizenship only</i>]
4b.15 ID Country of Issuance [<i>complete for multiple citizenship only</i>]	4b.15.1 Government-Issued Photo ID Type [<i>complete for multiple citizenship only</i>] (<i>clear, legible picture; preferably in color</i>)	4b.15.2 Complete Government-Issued Photo ID Number [<i>complete for multiple citizenship only</i>]
4b.16 Address of Residence		4b.17 Province/Region
		4b.18 Tribal Affiliation (<i>if applicable</i>)
4b.19 Primary Personal Phone Number (<i>Include full phone number, country code, and area/city code</i>)		4b.20 Alternate Personal Phone Number (<i>if applicable</i>) (<i>Include full phone number, country code, and area/city code</i>)
Is this a cell phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this a cell phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No
4b.21 Primary Personal Email Address		4b.22 Alternate Personal Email Address (<i>if applicable</i>)
4b.23 Current Employer		4b.24 Organizational Rank or Title
4b.25 Professional Licenses and State-Issued Certifications (<i>if applicable</i>)		

PART 4c: KEY INDIVIDUAL INFORMATION

4c.1 Name Listed on Government-Issued Photo ID (<i>First name, Middle name(s), Last name</i>)		4c.2 Other Names Used (<i>Also known as, nicknames, alias, different spelling</i>)	
Place of Birth	4c.3 Village/City	4c.7 Date of Birth (<i>dd-mm-yyyy</i>)	4c.8 Gender
	4c.4 District (<i>if applicable</i>)		
	4c.5 Governorate, Province, or State		
	4c.6 Country		
4c.9 Country of citizenship (<i>If multiple citizenships, list all countries of citizenship in this block and include additional ID information in the gray boxes below</i>)		4c.10 U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4c.11 U.S. Lawful Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		4c.12 If yes to either of the above questions, U.S. Passport/Lawful Permanent Resident Card Number (9 digit A Number#):	
4c.13 ID Country of Issuance	4c.13.1 Government-Issued Photo ID Type (clear, legible picture; preferably in color)	4c.13.2 Complete Government-Issued Photo ID Number	
4c.14 ID Country of Issuance <i>[complete for multiple citizenship only]</i>	4c.14.1 Government-Issued Photo ID Type <i>[complete for multiple citizenship only] (clear, legible picture; preferably in color)</i>	4c.14.2 Complete Government-Issued Photo ID Number <i>[complete for multiple citizenship only]</i>	
4c.15 ID Country of Issuance <i>[complete for multiple citizenship only]</i>	4c.15.1 Government-Issued Photo ID Type <i>[complete for multiple citizenship only] (clear, legible picture; preferably in color)</i>	4c.15.2 Complete Government-Issued Photo ID Number <i>[complete for multiple citizenship only]</i>	
4c.16 Address of Residence		4c.17 Province/Region	
4c.18 Tribal Affiliation (<i>if applicable</i>)		4c.19 Primary Personal Phone Number (<i>Include full phone number, country code, and area/city code</i>)	
4c.20 Alternate Personal Phone Number (<i>if applicable</i>) (<i>Include full phone number, country code, and area/city code</i>)		Is this a cell phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this a cell phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this a cell phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No	

4c.21 Primary Personal Email Address	4c.22 Alternate Personal Email Address <i>(if applicable)</i>
4c.23 Current Employer	4c.24 Organizational Rank or Title
4c.25 Professional Licenses and State-Issued Certifications <i>(if applicable)</i>	

PART 4d: KEY INDIVIDUAL INFORMATION

4d.1 Name Listed on Government-Issued Photo ID <i>(First name, Middle name(s), Last name)</i>		4d.2 Other Names Used <i>(Also known as, nicknames, alias, different spelling)</i>	
Place of Birth	4d.3 Village/City	4d.7 Date of Birth <i>(dd-mm-yyyy)</i>	4d.8 Gender
	4d.4 District <i>(if applicable)</i>		
	4d.5 Governorate, Province, or State		
	4d.6 Country		
4d.9 Country of citizenship <i>(If multiple citizenships, list all countries of citizenship in this block and include additional ID information in the gray boxes below)</i>		4d.10 U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		4d.11 U.S. Lawful Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		4d.12 If yes to either of the above questions, U.S. Passport/Lawful Permanent Resident Card Number (9 digit A Number#):	
4c.13 ID Country of Issuance	4d.13.1 Government-Issued Photo ID Type (clear, legible picture; preferably in color)	4d.13.2 Complete Government-Issued Photo ID Number	
4d.14 ID Country of Issuance <i>[complete for multiple citizenship only]</i>	4d.14.1 Government-Issued Photo ID Type <i>[complete for multiple citizenship only] (clear, legible picture; preferably in color)</i>	4d.14.2 Complete Government-Issued Photo ID Number <i>[complete for multiple citizenship only]</i>	
4d.15 ID Country of Issuance <i>[complete for multiple citizenship only]</i>	4d.15.1 Government-Issued Photo ID Type <i>[complete for multiple citizenship only] (clear, legible picture; preferably in color)</i>	4d.15.2 Complete Government-Issued Photo ID Number <i>[complete for multiple citizenship only]</i>	

4d.16 Address of Residence	4d.17 Province/Region
	4d.18 Tribal Affiliation <i>(if applicable)</i>
4d.19 Primary Personal Phone Number <i>(Include full phone number, country code, and area/city code)</i>	4d.20 Alternate Personal Phone Number <i>(if applicable) (Include full phone number, country code, and area/city code)</i>
Is this a cell phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a cell phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No
4d.21 Primary Personal Email Address	4d.22 Alternate Personal Email Address <i>(if applicable)</i>
4d.23 Current Employer	4d.24 Organizational Rank or Title
4d.25 Professional Licenses and State-Issued Certifications <i>(if applicable)</i>	

PART 4e: KEY INDIVIDUAL INFORMATION

4e.1 Name Listed on Government-Issued Photo ID <i>(First name, Middle name(s), Last name)</i>		4e.2 Other Names Used <i>(Also known as, nicknames, alias, different spelling)</i>	
Place of Birth	4e.3 Village/City	4e.7 Date of Birth <i>(dd-mm-yyyy)</i>	4e.8 Gender
	4e.4 District <i>(if applicable)</i>		
	4e.5 Governorate, Province, or State		
	4e.6 Country		
4e.9 Country of citizenship <i>(If multiple citizenships, list all countries of citizenship in this block and include additional ID information in the gray boxes below)</i>		4e.10 U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		4e.11 U.S. Lawful Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		4e.12 If yes to either of the above questions, U.S. Passport/Lawful Permanent Resident Card Number (9 digit A Number#):	
4e.13 ID Country of Issuance	4e.13.1 Government-Issued Photo ID Type (clear, legible picture; preferably in color)	4e.13.2 Complete Government-Issued Photo ID Number	

4e.14 ID Country of Issuance <i>[complete for multiple citizenship only]</i>	4e.14.1 Government-Issued Photo ID Type <i>[complete for multiple citizenship only] (clear, legible picture; preferably in color)</i>	4e.14.2 Complete Government-Issued Photo ID Number <i>[complete for multiple citizenship only]</i>	
4e.15 ID Country of Issuance <i>[complete for multiple citizenship only]</i>	4e.15.1 Government-Issued Photo ID Type <i>[complete for multiple citizenship only] (clear, legible picture; preferably in color)</i>	4e.15.2 Complete Government-Issued Photo ID Number <i>[complete for multiple citizenship only]</i>	
4e.16 Address of Residence		4e.17 Province/Region	
		4e.18 Tribal Affiliation <i>(if applicable)</i>	
4e.19 Primary Personal Phone Number <i>(Include full phone number, country code, and area/city code)</i>		4e.20 Alternate Personal Phone Number <i>(if applicable) (Include full phone number, country code, and area/city code)</i>	
Is this a cell phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this a cell phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4e.21 Primary Personal Email Address		4e.22 Alternate Personal Email Address <i>(if applicable)</i>	
4e.23 Current Employer		4e.24 Organizational Rank or Title	
4e.25 Professional Licenses and State-Issued Certifications <i>(if applicable)</i>			
PART 4f: KEY INDIVIDUAL INFORMATION			
4f.1 Name Listed on Government-Issued Photo ID <i>(First name, Middle name, Last name)</i>		4f.2 Other Names Used <i>(Also known as, nicknames, alias, different spelling)</i>	
Place of Birth	4f.3 Village/City	4f.7 Date of Birth <i>(dd-mm-yyyy)</i>	4f.8 Gender
	4f.4 District <i>(if applicable)</i>		
	4f.5 Governorate, Province, or State		
	4f.6 Country		

4f.9 Country of citizenship (<i>If multiple citizenships, list additional citizenships and information in gray boxes below</i>)		4f.10 U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
		4f.11 U.S. Lawful Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
		4f.12 If yes to either of the above questions, U.S. Passport/Lawful Permanent Resident Card Number (9 digit A Number#):
4f.13 ID Country of Issuance	4f.13.1 Government-Issued Photo ID Type (clear, legible picture; preferably in color)	4f.13.2 Complete Government-Issued Photo ID Number
4f.14 ID Country of Issuance <i>[complete for multiple citizenship only]</i>	4f.14.1 Government-Issued Photo ID Type <i>[complete for multiple citizenship only] (clear, legible picture; preferably in color)</i>	4f.14.2 Complete Government-Issued Photo ID Number <i>[complete for multiple citizenship only]</i>
4f.15 ID Country of Issuance <i>[complete for multiple citizenship only]</i>	4f.15.1 Government-Issued Photo ID Type <i>[complete for multiple citizenship only] (clear, legible picture; preferably in color)</i>	4f.15.2 Complete Government-Issued Photo ID Number <i>[complete for multiple citizenship only]</i>
4f.16 Address of Residence		4f.17 Province/Region
		4f.18 Tribal Affiliation (<i>if applicable</i>)
4f.19 Primary Personal Phone Number (<i>Include full phone number, country code, and area/city code</i>)		4f.20 Alternate Personal Phone Number (<i>if applicable</i>) (<i>Include full phone number, country code, and area/city code</i>)
Is this a cell phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this a cell phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No
4f.21 Primary Personal Email Address		4f.22 Alternate Personal Email Address (<i>if applicable</i>)
4f.23 Current Employer		4f.24 Organizational Rank or Title
4f.25 Professional Licenses and State-Issued Certifications (<i>if applicable</i>)		

PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average 90 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Agency for International Development, Office of Security (SEC), Washington, D.C. 20523-2600.

PRIVACY ACT STATEMENT

Authority: USAID derives its authority to collection information for vetting purposes from, among other sources, Executive Order 13224; Section 7034(e) of the Consolidated Appropriations Act, 2018 (P.L. 115-141), and subsequent appropriations acts; and 18 U.S.C. 2339A, 2339B, and 2339C.

Purpose: Information in this form is used to conduct screening of individuals and entities as required by applicable U.S. laws and implementing procedures to help ensure that USAID funds do not inadvertently provide support to individuals or entities deemed a national security risk.

Routine Uses: Disclosure of the information provided on this form will be done in accordance with the Privacy Act, as well as with USAID's System of Records Notice concerning the Partner Vetting System (USAID-27, 86 FR 3109 (Dec. 5, 2012, modified Jan. 14, 2021)), which establishes the routine uses and Privacy Act exceptions that apply to this system of records.

Disclosure: Providing personally identifiable information is voluntary, but failure to provide certain information may result in denial of your application for a USAID contract, grant, cooperative agreement, or other funding.

INSTRUCTIONS

- *Complete all fields and "if applicable" fields if the information exists or applies. For "if applicable" fields, enter "N/A" if not applicable.*
- *Any prospective awardee must complete a separate form for each prospective subawardee and must complete Parts 2, 3, and 4.*
- *If the prospective awardee/subawardee is a branch organization, a separate form must be completed for the parent organization.*
- *If the request is for trainees/individual beneficiaries please leave Part # 2 blank except cells 2.11 - 2.15*

PART 1: INFORMATION ABOUT AWARD

Enter information on awardee and on award or assistance.

PART 2: INFORMATION ABOUT SUBAWARD

Enter information on subawardee and subaward if applicable.

PART 3: CERTIFICATION

The authorizing official must complete the certification section by printing their name, title and name of organization, signing their name, and printing the date where indicated. This certifies that the signer has taken reasonable steps in accordance with sound business practices to verify information included in this form and understands that the U.S. government may rely on the accuracy of such information to process this request.

PART 4: KEY INDIVIDUAL INFORMATION

Please see ADS 319maj, USAID Guidance on Completion of the Partner Information Form, for more information on "key individual".