

OMB APPROVAL NO. 0412-0577 EXPIRATION DATE: 12/31/2022 ESTIMATED BURDEN: 90 MINUTES

PARTNER INFORMATION FORM

		PART 1: INFORM	/IAT	ION ABOUT AWAR	D			
Name of Prospective Awardee (Prim	e Contra	ctor/Grantee/Recipient)	*					
Address of Prospective Awardee*								
Organization Phone Number*		Cell Phone Number*			Primary Fax Number			
Organization Email Address*			Alternate Email Address					
Type of Award* Contract Grant Training Equipment Other:								
Value of Total Award (USD)*		Start Date (mm-dd-yyyy))*	Award End Date (mm-do	and Date (mm-dd-yyyy)* Solicitation/Award Numb			
Purpose of Award*								
Location of Proposed Activity								
Country*:		State*:		Provi	nce/Region*	:		
	PA	RT 2: INFORMAT	ION	I ABOUT SUBAWAF	RD**			
Name of Prospective Subawardee (S	ubcontra	ctor/Subgrantee/Subred	cipien	nt) Website URL of Pros	pective Suba	awardee		
Parent Organization Branch	Sub	sidiary						
Address of Prospective Subawardee								
Organization Phone Number		Cell Phone Number			Primary Fa	x Number		
Organization Email Address			Alte	ernate Email Address				
Type of Subaward					Value of To	otal Subaward (USD) (if applicable)		
Subcontract Subgrant Turpose of Subaward	raining	Equipment Of	ther:					
		PART 3:	CEF	RTIFICATION				
The prospective awardee certifies in information included in this form and								
Authorizing Official's Name (Last, Fir			mme	Title/Organization	icy of Such if	normation to process this request.		
		,						
Signature				Date (mm-dd-yyyy)				

^{* =} mandatory information

^{** =} The entire form, including Part 2, must be completed for each prospective subawardee.

PA	ART 4: KEY INDIVI	DUAL INFORMATION			
Name Listed on Government-Issued Photo ID (La	Other Names Used (Also known as, nicknames, alias, different spelling)*				
Place of Birth*	Date of Birth (mm-dd-yy	of Birth (mm-dd-yyyy)* Gender			
Citizenship(s) (If dual citizen, list both countries)*	U.S. Citizen or Permanent Resident?* Yes No If yes, U.S. Passport/Permanent Resident Card Number:				
Government-Issued Photo ID Type*	Government-Issued Pho	oto ID Number* ID Country of Issuance*		of Issuance*	
Government-Issued Photo ID Type [complete for dual citizens only]	Government-Issued Pho [complete for dual citize				
Address of Residence		Province/Region			
		Tribal Affiliation (if appli	cable)		
Primary Phone Number*		Alternate Phone Number	r		
Is this a cell phone number? Yes No		Is this a cell phone numl	per? 🗌 Yes	□ No	
Primary Email Address*		Alternate Email Address			
Current Employer and Project Title*		Organizational Rank or Title*			
Occupation		Professional Licenses and State-Issued Certifications			
	KEY INDIVIDUAL	INFORMATION			
Name Listed on Government-Issued Photo ID (La	st, First, Middle Initial)*	Other Names Used (Also	known as, n	icknames, alias, different spelling)*	
Place of Birth*		Date of Birth (mm-dd-yyyy)* Gender			
Citizenship(s) (If dual citizen, list both countries)*		U.S. Citizen or Permanent Resident?* Yes No If yes, U.S. Passport/Permanent Resident Card Number:			
Government-Issued Photo ID Type* Government-Issued Photo		to ID Number*	ID Country of Issuance*		
Government-Issued Photo ID Type Government-Issued Photo [complete for dual citizens only] [complete for dual citizens only]			ID Country of Issuance [complete for dual citizens only]		
Address of Residence		Province/Region			
		Tribal Affiliation (if appli	cable)		
Primary Phone Number*					
Is this a cell phone number? Yes No		Tribal Affiliation (if appli Alternate Phone Number	er per? \[Yes	□No	
Is this a cell phone number? Yes No Primary Email Address*		Tribal Affiliation (if appli Alternate Phone Number Is this a cell phone number Alternate Email Address	er per?	□ No	
Is this a cell phone number? Yes No		Tribal Affiliation (if appli Alternate Phone Number	er per?	□ No	

^{* =} mandatory information

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		If yes, U.S. Passport/Per	manent Resi	dent Card Number:
Government-Issued Photo ID Type*	Government-Issued Pho	oto ID Number*	ID Country	of Issuance*
Government-Issued Photo ID Type	Government-Issued Pho		ID Country	
[complete for dual citizens only]	[complete for dual citizens only] [complete for dual citizens only]			or dual citizens only]
Address of Residence		Province/Region		
		. 0		
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Primary Phone Number*		Alternate Phone Number	er	
Is this a cell phone number? Yes No		Is this a cell phone numl	ber? ☐ Yes	□No
Primary Email Address*		Alternate Email Address		
Current Employer and Project Title*		Organizational Rank or Title*		
Occupation		Professional Licenses and State-Issued Certifications		
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Name Listed on Government-Issued Photo ID (Lo				icknames, alias, different spelling)* Gender
	ist, First, Middle Initial)*	Other Names Used (Also	/yy)*	Gender
Place of Birth*	ist, First, Middle Initial)*	Other Names Used (Also Date of Birth (mm-dd-yy	/yy)* nt Resident?	Gender *
Place of Birth*	ist, First, Middle Initial)*	Other Names Used (Also Date of Birth (mm-dd-yy U.S. Citizen or Permanel If yes, U.S. Passport/Per	nt Resident? manent Resi	Gender *
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Place of Birth* Citizenship(s) (If dual citizen, list both countries)	st, First, Middle Initial)*	Other Names Used (Also Date of Birth (mm-dd-yy U.S. Citizen or Permane If yes, U.S. Passport/Per	nt Resident? manent Resi	Gender *
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		If yes, U.S. Passport/Per	manent Resi	dent Card Number:
Government-Issued Photo ID Type*	Government-Issued Pho	oto ID Number*	ID Country	of Issuance*
Government-Issued Photo ID Type	Government-Issued Pho		ID Country	
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Address of Residence		Province/Region		
		. 0		
		Tribal Affiliation (if appli	icable)	
Primary Phone Number*		Alternate Phone Number	er	
Is this a cell phone number? Yes No		Is this a cell phone numl	ber? Yes	□No
Primary Email Address*		Alternate Email Address		
Current Employer and Project Title*		Organizational Rank or Title*		
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	ist, First, Milaule Illitial)	Other Names Oseu (Also) KIIOWII US, II	
	st, First, Wildale Illitial)	Other Names Osed (Also) KNOWN US, N	
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Place of Birth* Citizenship(s) (If dual citizen, list both countries)			/yy)*	Gender
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^{* =} mandatory information

^{** =} The entire form, including Part 2, must be completed for each prospective subawardee.

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 associated with terrorism.

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-29, 77 FR 72319 (Dec. 5, 2012)), 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

- Fields marked by an asterisk (*) are mandatory and must be completed. All remaining fields must be completed if applicable.
- Any prospective awardee completing the form on its own behalf must provide information on the prospective awardee, award, and their key individuals by completing the entire form EXCEPT Part 2.
- Any prospective awardee must complete a separate form for each prospective subawardee and must provide information on the
 prospective subawardee, award, and their key individuals by completing the entire form, including Part 2.
- If the prospective awardee/subawardee is a branch organization, a separate form must be completed for the parent organization.
- Indicate "N/A" (not applicable) if a category does not apply.
- If applicable, provide the house/building number, street name, village/city, district, province/governorate/state, and country in the appropriate fields.
- Dual citizens must provide identification information from both countries of citizenship.
- This form may be used to collect information once an award has been made. In such instances, information must be provided for the awardee/subawardee and their key individuals.

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.

PART 4: KEY INDIVIDUAL INFORMATION

"Key Individual" is defined as follows:

- 1. Principal officers of the organization's governing body (e.g., chairman, vice chairman, treasurer and secretary of the board of directors or board of trustees);
- 2. The principal officer and deputy principal officer of the organization (e.g., executive director, deputy director, president, or vice president);
- 3. The program manager or chief of party for the USAID-financed program; and
- 4. Any other person with significant responsibilities for administration of the USAID-financed activities or resources, such as key personnel as described in either Automated Directives System (ADS) Chapter 302 for contracts or ADS Chapter 303 for assistance awards.

The definition of "Key Individual" differs from, and is generally broader than, the definition of "Key Personnel" used in USAID Assistance and Acquisition policy, although there is some overlap. The term "Key Individual" is designed to include (a) high-level members of the firm's management and governance body holding positions of the type identified in the definition; and (b) personnel with significant responsibilities for administration of USAID-financed activities or resources. These categories include, but are not limited to, certain members of an organization's governing body and principal officers. In cases where an organization has a field office managing a USAID award, Key Individuals will include the awardee's Chief of Party or program manager. In addition, persons with significant responsibilities for administration of USAID-financed activities or resources should be included as Key Individuals on this Partner Information Form.

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