

# PARTNER INFORMATION FORM

РА	<b>RT 1: INFORMATION</b>	ABOUT PRI	ME AW	ARD			
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)						
<b>1.4</b> Organization Phone Number (include full phone number, country code, and area/city code)	<b>1.5</b> Alternate Phone Number ( <i>if applicable</i> ) ( <i>include full phone number, country code, and area/city code</i> )			<b>1.6</b> Fax Number ( <i>if applicable</i> ) ( <i>include full phone number, country code, and area/city code</i> )			
1.7 Organization Email Address				<b>1.8</b> U.S. Organization?  Ves No			
1.9(a) Value of Total Award (USD)		1.9(b) Solicitat	ion/Awa	rd Number			
PART 2: INFORMATION	ABOUT SUBAWARD	) (to be comp	leted if	f submitting a subaward)			
2.1 Legal Name of Prospective Subawardee (Sub		-					
2.2 Website URL of Prospective Subawardee (if a	applicable)			e of Organization ent Organization			
2.4 Address of Prospective Subawardee							
2.5 Alternate Address of Prospective Subawarde	ee (if applicable)						
<ul> <li>2.6 Organization Phone Number (include full phone number, country code, and area/city code)</li> <li>2.7 Alternate Organization Phone Number (if applicable) (include full phone number, country code, and area/city code)</li> </ul>				<b>2.8</b> Primary Fax Number ( <i>if applicable</i> ) ( <i>include full phone number, country code, and area/city code</i> )			
<b>2.9</b> Organization Email Address <b>2.10</b> U.S. Organization?       Tes       No							
2.11 Vetting Category       2.12 Value of Total Subaward (USD) (if applicable)         Subcontract       Subgrant       Training         Other:       Other:							
<b>2.13</b> Estimated Subaward Start Date (dd-mm-yyyy) <b>2.14</b> Estimated Subaward End Date (dd-mm-yyyy)							
2.15 Purpose of Subaward							

		PART 3: CE	RTIFICATION				
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.							
<b>3.1</b> Authorizing Official's Name ( <i>First name, Middle name, Last name</i> )		3.2 Title/Organization					
<b>3.3</b> Signature of Authorizing Official		<b>3.4</b> Date ( <i>dd-mm-yyyy</i> )					
		PART 4a: KEY INDIV					
<b>4a.1</b> Name Listed on Government-Issued Photo ID ( <i>First name, Middle name(s), Last name</i> )		<b>4a.2</b> Other Names Used (also known as, nicknames, alias, different spelling) (if applicable)					
4a.3 Village/City		e/City	<b>4a.7</b> Date of Birth ( <i>dd-mm-yyyy</i> )		<b>4a.8</b> Gender on government-issued photo ID		
Place of Birth	4a.4 Distric	t (if applicable)					
	State	norate, Province, or	<b>4a.9</b> Country of citizenship ( <i>if multiple citizenship citizenship in this block and include additional ID boxes below</i> )				
	4a.6 Count	ry					
(If yes, provide Passport Number below in		<b>4a.11</b> U.S. Lawful Perm □ Yes □ No	anent Resident?	<b>4a.12</b> (if yes, include Lawful Permanent Resident Card Number (9 digit A Number#):			
4a.13 ID Country of Issuance     4a.13.1 Government-I		sued Photo ID Type gible picture; preferably					
multiple citizenship only] [complete for multip			ssued Photo ID Type4a.14.2 Complete Government-Issuedcitizenship only] (pleaseNumbercture; preferably in color)[complete for multiple citizenship only]				
		ssued Photo ID Type citizenship only] (please cture; preferably in color)4a.15.2 Complete Government-Issued Photo Number [complete for multiple citizenship or citizenship or citizenship or citizenship or 					
4a.16 Address of Residence							
4a.17 Province/Region			4a.18 Tribal Affiliation (if applicable)				
<b>4a.19</b> Primary Personal Phone Number ( <i>include full phone number, country code, and area/city code</i> )		<b>4a.20</b> 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?  Yes  No		Is this a cell phone number?   Yes  No					
4a.21 Primary Personal Email Address		4a.22 Alternate Personal Email Address (if applicable)					
<b>4a.23</b> Current Employer			4a.24 Organizational Rank or Title				
<b>4a.25</b> Professional Licenses and State-Issued Certifications ( <i>if applicable</i> )							

	l	PART 4b: KEY INDIV	IDUAL INFORMATIO	N		
<b>4b.1</b> Name Listed on Government-Issued Photo ID ( <i>First name, Middle name(s), Last name</i> )		<b>4b.2</b> Other Names Used (also known as, nicknames, alias, different spelling) (if applicable)				
	4b.3 Village	e/City	<b>4b.7</b> Date of Birth ( <i>dd-mm-yyyy</i> ) <b>4b.8</b> Gender on governmer		4b.8 Gender on government-issued	
					photo ID	
	4b.4 Distric	ct (if applicable)				
Place of Birth	<b>4b.5</b> Governorate, Province, or State		<b>4b.9</b> Country of citizenship ( <i>if multiple citizenshi</i> <i>citizenship in this block and include additional ID</i> <i>boxes below</i> )			
	4b.6 Count	ry				
<b>4b.10</b> U.S. Citizen?	□ No	4b.11 U.S. Lawful Perm	anent Resident? 4b.12 (if yes, include Lawful Permanent			
(If yes, provide Passport Number be "Government-Issued Photo ID Num section.)		🗆 Yes 🛛 No		Resident Card Number (9 digit A Number#):		
4b.13 ID Country of Issuance		<b>4b.13.1</b> Government-Issued Photo ID Type (please attach clear, legible picture; preferably in color)		<b>4b.13.2</b> Complete Government-Issued Photo ID Number		
<b>4b.14</b> ID Country of Issuance [complete for multiple citizenship only]		<b>4b.14.1</b> Government-Issued Photo ID Type [complete for multiple citizenship only] (please attach clear, legible picture; preferably in color)		<b>4b.14.2</b> Complete Government-Issued Photo ID Number [complete for multiple citizenship only]		
multiple citizenship only]		<b>4b.15.1</b> Government-Issued Photo ID Type [complete for multiple citizenship only] (please attach clear, legible picture; preferably in color)			nplete Government-Issued Photo ID omplete for multiple citizenship only]	
4b.16 Address of Residence		1				
4b.17 Province/Region			<b>4b.18</b> Tribal Affiliation ( <i>if applicable</i> )			
<b>4b.19</b> Primary Personal Phone Number ( <i>include full phone number, country code, and area/city code</i> )		<b>4b.20</b> 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?		Is this a cell phone number?   Yes  No				
<b>4b.21</b> Primary Personal Email Address		<b>4b.22</b> Alternate Personal Email Address ( <i>if applicable</i> )				
4b.23 Current Employer		4b.24 Organizational Ra	ank or Title			
4b.25 Professional Licenses and Sta	ate-Issued Cer	rtifications (if applicable)	1			

PART 4c: KEY INDIVIDUAL INFORMATION							
<b>4c.1</b> Name Listed on Government-Issued Photo ID ( <i>First name, Middle name(s), Last name</i> )		<b>4c.2</b> Other Names Used (also known as, nicknames, alias, different spelling) (if applicable)					
	4c.3 Village	e/City	<b>4c.7</b> Date of Birth ( <i>dd-mm-yyy</i>		y) <b>4c.8</b> Gender on government-issued		
				,,,,,,	photo ID		
	4c.4 Distric	t (if applicable)	-				
Place of Birth	<b>4c.5</b> Govern State	norate, Province, or	<b>4c.9</b> Country of citizenship (if multiple citizenships, list all citizenship in this block and include additional ID informa boxes below)				
	4c.6 Count	ry					
	] No	4c.11 U.S. Lawful Perm	anent Resident?	anent Resident? 4c.12 (if yes, include Lawful Permanent			
(If yes, provide Passport Number be "Government-Issued Photo ID Num section.)		🗆 Yes 🗆 No			ard Number (9 digit A Number#):		
4c.13 ID Country of Issuance				<b>4c.13.2</b> Complete Government-Issued Photo ID Number			
multiple citizenship only]		<b>4c.14.1</b> Government-Issued Photo ID Type [complete for multiple citizenship only] (please attach clear, legible picture; preferably in color)		<b>4c.14.2</b> Complete Government-Issued Photo ID Number [complete for multiple citizenship only]			
multiple citizenship only] [comple		<b>4c.15.1</b> Government-Issued Photo ID Type [complete for multiple citizenship only] (please attach clear, legible picture; preferably in color)		<b>4c.15.2</b> Complete Government-Issued Photo ID Number [complete for multiple citizenship only]			
4c.16 Address of Residence							
4c.17 Province/Region			<b>4c.18</b> Tribal Affiliation <i>(if applicable)</i>				
<b>4c.19</b> Primary Personal Phone Number (include full phone number, country code, and area/city code)		<b>4c.20</b> 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?		Is this a cell phone number?					
4c.21 Primary Personal Email Address		<b>4c.22</b> Alternate Personal Email Address ( <i>if applicable</i> )					
<b>4c.23</b> Current Employer		4c.24 Organizational Rank or Title					
4c.25 Professional Licenses and Sta	te-Issued Cer	tifications (if applicable)					

		PART 4d: KEY INDIV	IDUAL INFORMATIO	N	
<b>4d.1</b> Name Listed on Government-Issued Photo ID ( <i>First name, Middle name(s), Last name</i> )		<b>4d.2</b> Other Names Used (also known as, nicknames, alias, different spelling) (if applicable)			
	4d.3 Village	e/City	<b>4d.7</b> Date of Birth ( <i>dd-mm-yyyy</i> )		4d.8 Gender on government-issued
					photo ID
	4d.4 Distric	t (if applicable)			
Place of Birth	<b>4d.5</b> Governorate, Province, or State		<b>4d.9</b> Country of citizenship (if multiple citizenships, list all countrie citizenship in this block and include additional ID information in th boxes below)		-
	4d.6 Count	ry			
4d.10 U.S. Citizen? 🛛 Yes	□ No	4d.11 U.S. Lawful Perm	anent Resident? 4d.12 (if yes, include Lawful Permanent		
(If yes, provide Passport Number be "Government-Issued Photo ID Num section.)		🗆 Yes 🗆 No	)	Resident Card Number (	
4d.13 ID Country of Issuance				<b>4d.13.2</b> Complete Government-Issued Photo ID Number	
<b>4d.14</b> ID Country of Issuance [complete for multiple citizenship only]		<b>4d.14.1</b> Government-Issued Photo ID Type [complete for multiple citizenship only] (please attach clear, legible picture; preferably in color)		<b>4d.14.2</b> Complete Government-Issued Photo ID Number [complete for multiple citizenship only]	
multiple citizenship only] [co		<b>4d.15.1</b> Government-Issued Photo ID Type [complete for multiple citizenship only] (please attach clear, legible picture; preferably in color)			mplete Government-Issued Photo ID omplete for multiple citizenship only]
4d.16 Address of Residence		I			
4d.17 Province/Region			<b>4d.18</b> Tribal Affiliation ( <i>if applicable</i> )		
<b>4d.19</b> Primary Personal Phone Number ( <i>include full phone number, country code, and area/city code</i> )		<b>4d.20</b> 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?		Is this a cell phone number?			
4d.21 Primary Personal Email Address		<b>4d.22</b> Alternate Personal Email Address ( <i>if applicable</i> )			
4d.23 Current Employer		4d.24 Organizational Rank or Title			
4d.25 Professional Licenses and Sta	ate-Issued Ce	rtifications ( <i>if applicable)</i>	)		

		PART 4e: KEY INDIV	IDUAL INFORMATIO	N		
<b>4e.1</b> Name Listed on Government-Issued Photo ID ( <i>First name, Middle name(s), Last name</i> )		<b>4e.2</b> Other Names Used (also known as, nicknames, alias, different spelling) (if applicable)				
	4e.3 Villag	e/City	<b>4e.7</b> Date of Birth ( <i>dd-mm-yyyy</i> ) <b>4e.8</b> Gender on government-is:			
		. ,		,,,,,,	photo ID	
		ct (if applicable)				
		rnorate, Province, or	<b>4e.9</b> Country of citizenship ( <i>if multiple citizenships, list all count citizenship in this block and include additional ID information in boxes below</i> )			
	4e.6 Country					
4e.10 U.S. Citizen? 🛛 Yes	□ No	4e.11 U.S. Lawful Perm	anent Resident?		s, include Lawful Permanent	
(If yes, provide Passport Number b "Government-Issued Photo ID Nun section.)		🗆 Yes 🗆 N	Resident		Card Number (9 digit A Number#):	
<b>4e.13</b> ID Country of Issuance				<b>4e.13.2</b> Complete Government-Issued Photo ID Number		
<b>4e.14</b> ID Country of Issuance [complete for multiple citizenship only]		<b>4e.14.1</b> Government-Issued Photo ID Type [complete for multiple citizenship only] (please attach clear, legible picture; preferably in color)		<b>4e.14.2</b> Complete Government-Issued Photo ID Number [complete for multiple citizenship only]		
multiple citizenship only]		<b>4e.15.1</b> Government-Issued Photo ID Type [complete for multiple citizenship only] (please attach clear, legible picture; preferably in color)		<b>4e.15.2</b> Complete Government-Issued Photo ID Number [complete for multiple citizenship only]		
4e.16 Address of Residence		1				
4e.17 Province/Region			<b>4e.18</b> Tribal Affiliation ( <i>if applicable</i> )			
<b>4e.19</b> Primary Personal Phone Number ( <i>include full phone number, country code, and area/city code</i> )		<b>4e.20</b> 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?		Is this a cell phone number?				
<b>4e.21</b> Primary Personal Email Address		<b>4e.22</b> Alternate Personal Email Address ( <i>if applicable</i> )				
<b>4e.23</b> Current Employer		4e.24 Organizational Ra	ank or Title			
4e.25 Professional Licenses and St	ate-Issued Ce	rtifications (if applicable)				

		PART 4f: KEY INDIV	IDUAL INFORMATIO	N		
<b>4f.1</b> Name Listed on Government-Issued Photo ID ( <i>First name, Middle name(s), Last name</i> )		<b>4f.2</b> Other Names Used (also known as, nicknames, alias, different spelling) (if applicable)				
4f.3 Village		/City	4f.7 Date of Birth (dd-m	пт-уууу)	<b>4f.8</b> Gender on government-issued photo ID	
	4f.4 Distric	t (if applicable)				
Place of Birth	<b>4f.5</b> Govern State	norate, Province, or	<b>4f.9</b> Country of citizenship ( <i>if multi</i> , <i>citizenship in this block and include</i> <i>boxes below</i> )		ole citizenships, list all countries of additional ID information in the gray	
	4f.6 Countr	γ γ				
<b>4f.10</b> U.S. Citizen? □ Yes (If yes, provide Passport Number b "Government-Issued Photo ID Nun section.)		<b>4f.11</b> U.S. Lawful Perma			<b>4f.12</b> (if yes, include Lawful Permanent Resident Card Number (9 digit A Number#):	
4f.13 ID Country of Issuance				<b>4f.13.2</b> Complete Government-Issued Photo ID Number		
<b>4f.14</b> ID Country of Issuance [complete for multiple citizenship only]		<b>4f.14.1</b> Government-Issued Photo ID Type [complete for multiple citizenship only] (please attach clear, legible picture; preferably in color)		<b>4f.14.2</b> Complete Government-Issued Photo ID Number [complete for multiple citizenship only]		
multiple citizenship only]		<b>4f.15.1</b> Government-Issued Photo ID Type [complete for multiple citizenship only] (please attach clear, legible picture; preferably in color)			nplete Government-Issued Photo ID omplete for multiple citizenship only]	
4f.16 Address of Residence						
4f.17 Province/Region			<b>4f.18</b> Tribal Affiliation <i>(if applicable)</i>			
<b>4f.19</b> Primary Personal Phone Number ( <i>include full phone number, country code, and area/city code</i> )		<b>4f.20</b> 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?		Is this a cell phone number?				
4f.21 Primary Personal Email Address		<b>4f.22</b> Alternate Personal Email Address ( <i>if applicable</i> )				
4f.23 Current Employer		4f.24 Organizational Ra	nk or Title			
4f.25 Professional Licenses and Sta	ate-Issued Cer	tifications (if applicable)				

## 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 visit <u>www.usaid.gov/partner-vetting</u> for a link to the "USAID Guidance on Completion of the Partner Information Form" document containing more information on "key individuals."