U.S. Department of State

RISK ANALYSIS INFORMATION

OMB APPROVAL NO. 1405-0204
EXPIRES: 4/30/2015
ESTIMATED BURDEN: 75 Minutes*

PART 1: INFORMATION ABOUT CONTRACT/GRANT/COOPERATIVE AGREEMENT

Name of Prospective Contractor/Grantee	Type *(Contract, Grant, Other)*: ☐ Contract ☐ Grant ☐ Other _____

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

Purpose of Contract/Grant

Address of Prospective Contractor/Grantee

Phone Number	Cell Phone Number	Fax 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 Contraction System *(JCCS)* 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 *(Last, First, MI)*	Title/Organization

Signature _____ Date *(mm-dd-yyyy)* _____

PART 4: SUBMISSION DETAILS *(GOVERNMENT USE ONLY)*

Request Number	Request Initiator
Project Name	Date Received *(mm-dd-yyyy)*

PAPERWORK REDUCTION ACT STATEMENT

*Public reporting burden for this collection of information is estimated to average 75 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 559 of the Appropriations Act, Executive Orders 13224, 13099, and 12947, and Homeland Security Presidential Directive 6.

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)* for collaborative and vetting programs.

Disclosure: Disclosure of the information provided on this form will be done in accordance with the Department of State's System of Records Notice concerning the Risk Analysis and Management System *(RAM) (enter SORN #)* which establishes the routine uses and Privacy Act exceptions which apply to this system.

INSTRUCTIONS

Appendix Key Personnel *(Use continuation sheets, as necessary)*

Key personnel may include but is 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.

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).*

APPENDIX: KEY PERSONNEL INFORMATION

Name *(Last, First, MI)*	Other Names Used *("Also known as", nicknames, alias, different spelling)*	
Place of Birth	Date of Birth *(mm-dd-yyyy)*	Gender: ☐ Male ☐ Female
Citizenship(s)	U.S. citizen or Permanent Legal Resident? ☐ Yes ☐ No If yes, provide your U.S. Passport or Social Security Number _____	
Government Issued Photo ID Type	Government Issued Photo ID Number	Country of Issuance
Address	Phone Number	Cell Phone Number
	Fax Number	E-mail Address
Current Employer	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

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