



**OFFEROR INFORMATION FOR PERSONAL SERVICES CONTRACTS**

The Privacy Act Statement is found at the end of this form.

| <b>Section A – Offeror Information</b>                                                                                                             |                 |                            |                                                                             |                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------|-----------------------------------------------------------------------------|-------------------|
| 1. Title of Proposed Offer                                                                                                                         |                 | 2. Grade of Proposed Offer |                                                                             | 3. Offer Number   |
| 4a. Last Name                                                                                                                                      |                 | 4b. First and Middle Names |                                                                             |                   |
| 5a. Mailing Address                                                                                                                                |                 |                            | 6. Phone Numbers (include area code if within the United States of America) |                   |
| 5b. City                                                                                                                                           |                 |                            | 5c. State                                                                   | 5d. Zip Code      |
| 5e. Country (If not within the United States of America)                                                                                           |                 |                            | 6a. Daytime                                                                 |                   |
|                                                                                                                                                    |                 |                            | 6b. Evening                                                                 |                   |
| 7. Email Address (if available)                                                                                                                    |                 |                            |                                                                             |                   |
| <b>Section B – Work Experience</b>                                                                                                                 |                 |                            |                                                                             |                   |
| Describe your paid and non-paid work experience related to this offer. Do not attach job descriptions.                                             |                 |                            |                                                                             |                   |
| 1. Job Title (if Federal, include series and grade)                                                                                                |                 |                            |                                                                             |                   |
| 2. From (mm/yyyy)                                                                                                                                  | 3. To (mm/yyyy) | 4. Salary \$               | per                                                                         | 5. Hours per week |
| 6. Employer's Name and Address                                                                                                                     |                 |                            | 7. Supervisor's Name and Phone Number                                       |                   |
|                                                                                                                                                    |                 |                            | 7a. Name                                                                    |                   |
|                                                                                                                                                    |                 |                            | 7b. Phone                                                                   |                   |
| 8. May we contact your current supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>                                                |                 |                            |                                                                             |                   |
| If we need to contact your current supervisor before making an offer, we will contact you first.                                                   |                 |                            |                                                                             |                   |
| 9. Describe your duties, accomplishments and related skills (if you need to attach additional pages, include your name, address, and offer number) |                 |                            |                                                                             |                   |
|                                                                                                                                                    |                 |                            |                                                                             |                   |
| <b>Section C – Additional Work Experience</b>                                                                                                      |                 |                            |                                                                             |                   |
| 1. Job Title (if Federal, please include series and grade)                                                                                         |                 |                            |                                                                             |                   |
| 2. From (mm/yyyy)                                                                                                                                  | 3. To (mm/yyyy) | 4. Salary \$               | per                                                                         | 5. Hours per week |
| 6. Employer's Name and Address                                                                                                                     |                 |                            | 7. Supervisor's Name and Phone Number                                       |                   |
|                                                                                                                                                    |                 |                            | 7a. Name                                                                    |                   |
|                                                                                                                                                    |                 |                            | 7b. Phone                                                                   |                   |
| 8. May we contact your current supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>                                                |                 |                            |                                                                             |                   |
| If we need to contact your current supervisor before making an offer, we will contact you first.                                                   |                 |                            |                                                                             |                   |
| 9. Describe your duties, accomplishments and related skills (if you need to attach additional pages, include your name, address, and offer number) |                 |                            |                                                                             |                   |
|                                                                                                                                                    |                 |                            |                                                                             |                   |

**Section D - Education**

1. Last High School (HS)/GED school. Give the school's name, city, state, Zip code (if known), and year of diploma or GED received:

2. Mark highest level completed:    Some HS     HS/GED     Associate     Bachelor     Master     Doctoral

3. Colleges and universities attended.   
 Do not attach a copy of your transcript unless requested.

|          | Total Credits Earned |          | Major(s) | Degree (if any),<br>Year Received |
|----------|----------------------|----------|----------|-----------------------------------|
|          | Semester             | Quarter  |          |                                   |
| 3a. Name |                      |          |          |                                   |
| City     | State                | Zip Code |          |                                   |
| 3b. Name |                      |          |          |                                   |
| City     | State                | Zip Code |          |                                   |
| 3c. Name |                      |          |          |                                   |
| City     | State                | Zip Code |          |                                   |

**Section E – Other Education Completed**

Do not list degrees received solely on life experience or obtained from schools with little or no academic standards.

**Section F – Other Qualifications**

| License or Certificate | Date of Latest License or Certificate | State or Other Licensing Agency |
|------------------------|---------------------------------------|---------------------------------|
| 1f.                    |                                       |                                 |
| 2f.                    |                                       |                                 |

**Section G – Other Qualifications**

**Offer-related** training courses (give title and year). **Offer-related** skills (other languages, computer software/hardware, tools, machinery, typing speed, etc.). **Offer-related** honors, awards, and special accomplishments (publications, memberships in professional/honor societies, leadership activities, public speaking, and performance awards). Give dates, but do **not** send documents unless requested.

**Section H - General**

1a. Are you a U.S. Citizen or U.S. Resident?    Yes     No  →    1b. If no, give the Country of your citizenship

2. Check this box if you are an adult male born on or after January 1<sup>st</sup> 1960, and you registered for Selective Service between the ages of 18 through 25 →

3. Were you ever a Federal civilian employee?    Yes     No  →    If yes, list highest civilian grade for the following:

| 3a. Series | 3b. Grade | 3c. From (mm/yyyy) | 3d. To (mm/yyyy) |
|------------|-----------|--------------------|------------------|
|            |           |                    |                  |

**Section I – Offeror Certification**

I certify that, to the best of my knowledge and belief, all of the information on and attached to this offer is true, correct, complete, and made in good faith. I understand that false or fraudulent information on or attached to this offer may be grounds for not awarding me the contract or for early contract termination after award, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

|               |                       |
|---------------|-----------------------|
| 1a. Signature | 1b. Date (mm/dd/yyyy) |
|---------------|-----------------------|

### Privacy Act Statement

**Authority:** Foreign Assistance Act, Pub. L. 87-165, as amended; 48 CFR 37.104, Personal services contracts; 48 CFR Ch. 7, App. D, Direct USAID Contracts with a U.S. Citizen or a U.S. Resident Alien for Personal Services Abroad.

**Purpose:** This form collects personal information on applicants for USAID personal services contracts and is used to evaluate your qualifications for an award under such personal services contracts. This form is only valid with an OMB Number displayed in accordance with 44 USC 3506(c)(1)(B)(iii)(V).

**Routine Uses:** The personal information is used to examine and evaluate your qualifications for an award of a specific personal services contract. The personal information is also used to determine the most appropriate candidate for such an award. The information may be shared outside of USAID to confirm your qualifications.

**Disclosure:** Providing personal information is voluntary. However, failure to provide any of the requested information may delay or prevent action on your application for an award of a personal services contract.

### Public Burden Statement

We estimate the public reporting burden for this collection is estimated to average sixty minutes per response, including time for reviewing instructions, searching existing data sources, gathering data and completing and reviewing the information. Send comments regarding the burden statement or any other aspect of the collection of information, including suggestions for reducing this burden to the U.S. Agency for International Development (USAID), Office of Acquisition and Assistance, Policy Division, Washington, D.C. 20523-7800. Do not send offeror forms to this address; follow directions provided in the solicitation for Personal Services Contract.