

## **ANNEX D - Required Certifications**

Annex D includes the following:

Solicitation Phase (RFA)

- [Representation by Corporation Regarding A Delinquent Tax Liability or a Felony Criminal Conviction \(per AAPD 14-03\)](#)
- [Prohibition on Providing Federal Assistance to Entities that Require Certain Internal Confidentiality Agreements – Representation \(May 2017\)](#)

Award Phase (grant agreement)

- [Certification On Lobbying](#)
- [Certification Regarding Terrorist Financing](#)
- [Certification of Recipient](#)
- [Federal Funding Accountability and Transparency Act \(FFATA\) Subaward Reporting Questionnaire And Certification](#)

## **ANNEX E - Self-Assessment Form**

[Self- Assessment Form](#)

## **ANNEX F- Mandatory Standard Provisions**

Full text of Standard Provisions can be accessed through the following:

- Standard Provisions for U.S. and Non-U.S. Nongovernmental organizations receiving a fixed amount award can be accessed through the following URL:  
<http://www.usaid.gov/sites/default/files/documents/1868/303mat.pdf>
- Standard Provisions for Non-U.S., Nongovernmental recipients receiving all other types of grants can be accessed through the following URL:  
<http://www.usaid.gov/sites/default/files/documents/1868/303mab.pdf>

## **ANNEX G- Vetting Information Form**

[Partner Information Form](#)

**REPRESENTATION BY ORGANIZATION REGARDING A DELINQUENT TAX LIABILITY OR A FELONY CRIMINAL CONVICTION (August 2014)**

(a) In accordance with section 7073 of the Consolidated Appropriations Act, 2014 (Pub. L. 113-76) none of the funds made available by that Act may be used to enter into an assistance award with any organization that –

(1) Was “convicted of a felony criminal violation under any Federal law within the preceding 24 months, where the awarding agency has direct knowledge of the conviction, unless the agency has considered, in accordance with its procedures, that this further action is not necessary to protect the interests of the Government”; or

(2) Has any “unpaid Federal tax liability that has been assessed for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability, where the awarding agency has direct knowledge of the unpaid tax liability, unless the Federal agency has considered, in accordance with its procedures, that this further action is not necessary to protect the interests of the Government”.

For the purposes of section 7073, it is USAID’s policy that no award may be made to any organization covered by (1) or (2) above, unless the M/OAA Compliance Division has made a determination that suspension or debarment is not necessary to protect the interests of the Government.

**(b) Applicant Representation:**

(1) The Applicant represents that it is [ ] is not [ ] an organization that was convicted of a felony criminal violation under a Federal law within the preceding 24 months.

(2) The Applicant represents that it is [ ] is not [ ] an organization that has any unpaid Federal tax liability that has been assessed for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Date of Execution

## **Prohibition on Providing Federal Assistance to Entities that Require Certain Internal Confidentiality Agreements – Representation (May 2017)**

(a) Definitions.

“Contract” has the meaning given in 2 CFR Part 200.

“Contractor” means an entity that receives a contract as defined in 2 CFR Part 200.

“Internal confidentiality agreement or statement” means a confidentiality agreement or any other written statement that the recipient requires any of its employees or subrecipients to sign regarding nondisclosure of recipient information, except that it does not include confidentiality agreements arising out of civil litigation or confidentiality agreements that recipient employees or subrecipients sign at the behest of a Federal agency.

“Subaward” has the meaning given in 2 CFR Part 200.

“Subrecipient” has the meaning given in 2 CFR Part 200.

(b) In accordance with section 743 of Division E, Title VII, of the Consolidated and Further Continuing Appropriations Act, 2015 (Pub. L. 113-235) and its successor provisions in subsequent appropriations acts (and as extended in continuing resolutions), Government agencies are not permitted to use funds appropriated (or otherwise made available) for federal assistance to a non-Federal entity that requires its employees, subrecipients, or contractors seeking to report waste, fraud, or abuse to sign internal confidentiality agreements or statements that prohibit or otherwise restrict its employees, subrecipients, or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.

(c) The prohibition in paragraph (b) of this provision does not contravene requirements applicable to Standard Form 312, (Classified Information Nondisclosure Agreement), Form 4414 (Sensitive Compartmented Information Nondisclosure Agreement), or any other form issued by a Federal department or agency governing the nondisclosure of classified information.

(d) Representation. By submission of its application, the prospective recipient represents that it will not require its employees, subrecipients, or contractors to sign or comply with internal confidentiality agreements or statements prohibiting or otherwise restricting its employees, subrecipients, or contractors from lawfully reporting waste, fraud, or abuse related to the performance of a Federal award to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information (for example, the Agency Office of the Inspector General).

(END OF PROVISION)

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Signature

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Type or Print Name

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Position Title

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Date of Execution

## Certification Regarding Lobbying

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal Cooperative Agreement, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, United States Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that: If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Grantee Name \_\_\_\_\_

Grantee's Authorized Representative Name \_\_\_\_\_

Grantee's Authorized Representative Title \_\_\_\_\_

Grantee Authorized Representative Signature \_\_\_\_\_

Date \_\_\_\_\_

# Certification Regarding Terrorist Financing

## Certification Regarding Terrorist Financing, Implementing Executive Order 13224

By signing and submitting this application, the prospective recipient provides the certification set out below:

1. Except as otherwise disclosed in writing and included with this application, the Recipient did not, within the previous three years, knowingly engage in transactions with, or provide material support or resources to, any individual or entity who was, at the time, subject to sanctions administered by the Office of Foreign Assets Control (OFAC) within the U.S. Department of Treasury pursuant to the Global Terrorism Sanctions Regulations (31 CFR Part 594), and the Foreign Terrorist Organizations Sanctions Regulations (31 CFR Part 597), or sanctions established by the United Nations Security Council, collectively, "U.S. or U.N. sanctions." Note: Chemonics intends to retain the information disclosed to the Agreement Officer pursuant to this paragraph in any award file and use it in determining whether to provide the applicant with an assistance award. Chemonics will not make such information available publicly unless required by law.

2. The representation in paragraph (1) does not apply to:

(a) Transactions entered into or material support and resources provided pursuant to an OFAC license;

(b) The furnishing of USAID funds, or USAID-financed commodities or other assistance, to the ultimate beneficiaries of USAID-funded humanitarian or development assistance, such as the recipients of food, non-food items, medical care, micro-enterprise loans or shelter, unless the applicant knew or had reason to believe that one or more of these beneficiaries was subject to U.S. or U.N. terrorism-related sanctions; or

(c) The procurement of goods and/or services by the Recipient acquired in the ordinary course of business through contract or purchase, such as utilities, rents, office supplies, or gasoline, unless the applicant knew, or had reason to believe, that a vendor or supplier of such goods and services was subject to U.S. or U.N. sanctions.

This certification includes express terms and conditions of the award, and any violation of it will be grounds for unilateral termination of the agreement by USAID. This certification does not preclude any other remedy available to USAID.

3. For purposes of this Certification-

a. "Material support and resources" means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safehouses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials."

(i) "Training" means instruction or teaching designed to impart a specific skill, as opposed to general knowledge.

(ii) "Expert advice or assistance" means advice or assistance derived from scientific, technical, or other specialized knowledge.

b. "Entity" means a partnership, association, corporation, or other organization, group or subgroup.

Grantee Name \_\_\_\_\_

Grantee's Authorized Representative Name \_\_\_\_\_

Grantee's Authorized Representative Title \_\_\_\_\_

Grantee Authorized Representative Signature \_\_\_\_\_

Date \_\_\_\_\_

## Certification of Recipient

To: Chemonics International

I, \_\_\_\_\_, \_\_\_\_\_, as a legally authorized  
Name (Printed or Typed) Title

representative of \_\_\_\_\_  
Organization Name

do hereby certify that, to the best of my knowledge and belief, this organization's management and other employees responsible for their implementation are aware of the requirements placed on the organization by 2 CFR 200, and Federal and USAID regulations with respect to the management of, among other things, personnel policies (including salaries), travel, indirect costs, and procurement under this agreement and I further certify that the organization is in compliance with those requirements and other applicable U.S. laws and regulations.

I, we, understand that a false, or intentionally misleading certification could be the cause for possible actions ranging from being found not responsible for this award, termination of award, or suspension or debarment of this organization in accordance with the ADS 303 Standard Provision for Non-U.S. Nongovernmental Organizations (for in-kind, standard, and simplified grants) entitled "Award Termination and Suspension" and the ADS 303 Standard Provision for Fixed Amount Awards to Nongovernmental Organizations entitled "Debarment and Suspension."

I, we, further agree that by signing below, we provide certification and assurance for the following:

- (1) The Certification Regarding Lobbying
- (2) The Certification Regarding Terrorist Financing

These certifications and assurances are given in consideration of and for the purpose of obtaining any and all U.S. Federal grants, loans, contracts, property, discounts, or other U.S. Federal financial assistance extended after the date hereof to the recipient by Chemonics, including installment payments after such date on account of applications for U.S. Federal financial assistance which was approved before such date. The recipient recognizes and agrees that such U.S. Federal financial assistance will be extended in reliance on the representations and agreements made in these assurances, and that the United States will have the right to seek judicial enforcement of these assurances. These assurances are binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign these assurances on behalf of the recipient.

I declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Date of Execution

# Federal Funding Accountability and Transparency Act (FFATA) Subaward Reporting Questionnaire And Certification

In accordance with the Federal Funding Accountability and Transparency Act (FFATA), the information in this form is required to be reported by prime contractors through FAR 52.204-10 “Reporting Executive Compensation and First-Tier Subcontract Awards” for Grants (subawards) valued at \$30,000 and greater (See Required As Applicable Standard Provision # 7 for non-U.S. organizations, # 24 for U.S. organizations, and # 3 for U.S. and Non-U.S. fixed amount awards) in the FFATA Subcontract Reporting System (FSRS.gov). **As required by the referenced FAR, complete this questionnaire and certification as part of the Subcontract, Sub-Task Order with a value of \$30,000 or more or Grant with a value of \$30,000 or more. Please review the Subcontractor/Grantee Data included herein for accuracy and note any adjustments necessary. The Subcontractor/Grantee is exempted from the FSRS.gov reporting in the case of a positive response to Section A.**

## Prime Contract

**Insert Prime Contract Name:** USAID-funded Agriculture and Rural Empowerment (ARE) Activity, implemented by Chemonics International  
**Insert Prime Contract Number/Task Order Number:** Contract No. 72026820C00001

## Subcontractor/Grantee Data

**Insert Subcontractor/Grantee Name**

**Insert Subcontractor/Grantee Address**

**Insert Subcontractor/Grantee City, Insert Subcontractor/Grantee State in USA, or Province/Other**

**Insert Subcontractor/Grantee Zip code or Postal Code Insert Subcontractor/Grantee Country**

**Subcontract/Grant Number: INSERT SUBCONTRACT/GRANT NUMBER**

**Start Date: INSERT SUBCONTRACT/GRANT START DATE**

**Subcontract/Grant Value: INSERT SUBCONTRACT/GRANT VALUE**

A. In the previous tax year, was your **company's/grantee** gross income from all sources **under** \$300,000?

Yes  No

B. If “No”, please provide the below information and answer the remaining questions.

(i) **Subcontractor/Grantee DUNS Number: Insert DUNS on record**

(ii) In your business or organization's preceding completed fiscal year, did your business or organization (the legal entity to which the DUNS number belongs) receive (1) 80 percent or more of its annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?:

Yes  No



(iii) Does the public have access to information about the compensation of the executives in your business or organization (the legal entity to which the DUNS number it provided belongs) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?:

Yes  No

(iv) Does your business or organization maintain a record in the System for Award Management ([www.SAM.gov](http://www.SAM.gov))?

Yes  No

(v) If you have indicated "Yes" for paragraph (ii) **and** "No" for paragraph (iii) and (iv) above, provide the names and total compensation\* of your five most highly compensated executives\*\* for the preceding completed fiscal year.

1. Name: \_\_\_\_\_  
Amount: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Amount: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Amount: \_\_\_\_\_

4. Name: \_\_\_\_\_  
Amount: \_\_\_\_\_

5. Name: \_\_\_\_\_  
Amount: \_\_\_\_\_

By signature below, I hereby certify that the information provided above is true and accurate as of the date of execution of this document, and I further understand that annual certification is required for information provided in paragraph (v) above.

\_\_\_\_\_  
Signature and Title (required)

\_\_\_\_\_  
Date

\*"Total compensation" means the cash and noncash dollar value earned by the executive during the Subcontractor's preceding fiscal year and includes the following (for more information see 17 CFR 229.402(c)(2)):

(1) *Salary and bonus.*

(2) *Awards of stock, stock options, and stock appreciation rights.* Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Financial Accounting Standards Board's Accounting Standards Codification (FASB ASC) 718, Compensation-Stock Compensation.

(3) *Earnings for services under non-equity incentive plans.* This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.

(4) *Change in pension value.* This is the change in present value of defined benefit and actuarial pension plans.

(5) *Above-market earnings on deferred compensation which is not tax-qualified.*

(6) Other compensation, if the aggregate value of all such other compensation (e.g., severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000.

\*\*"Executive" means officers, managing partners, or any other employees in management positions.

## Annex D - Grantee Applicant Self-Assessment Form

Per ADS 303.3.9., Pre-Award Risk Assessment, prior to awarding a grant, Chemonics must assess the adequacy of the financial and accounting systems of a prospective grantee to ensure accountability and to evaluate the risks posed by the potential grantee. In filling out the questionnaire, each question should be answered as completely as possible, using extra pages if necessary. Please return your completed questionnaire to Chemonics. Chemonics will use this information in combination with a pre-award risk assessment checklist in advance of awarding a grant.

### APPLICANT INFORMATION

Name of Organization

Activity Title:

Name, Title, Contact Information of Individual Completing Questionnaire:

### SECTION A: INTERNAL CONTROLS

Internal controls are procedures that ensure:

- a. financial transactions are approved by an authorized individual and follow laws, regulations and the organization's policies,
- b. assets are kept safely,
- c. accounting records are complete, accurate and kept on a regular basis.

Please complete the following questions concerning your organization's internal controls:

1. List the name, position/title, and telephone number for the individuals responsible for checking expenditures to make sure they are allowable:

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2. Who is responsible for maintaining accounting records: \_\_\_\_\_

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3. Who is responsible for preparing financial reports:

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4. Who is responsible for preparing narrative reports:

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5. Are timesheets kept for each paid employee?      Yes: \_\_\_                      No: \_\_\_

6. Is your organization familiar with U.S. government regulations concerning costs which can be charged to U.S. grants (2 CFR 200 Subpart E)?  
Yes: \_\_\_                      No: \_\_\_

**SECTION B: ACCOUNTING SYSTEM**

The purpose of an accounting system is to 1) accurately record all financial transactions, and 2) ensure that all financial transactions are supported by invoices, timesheets and other documentation. The type of accounting system often depends on the size of the organization. Some organizations may have computerized accounting systems, while others use a manual system to record each transaction in a ledger. In either case, Chemonics grant funds must be properly authorized, used for the intended purpose and recorded in an organized and regular manner.

1. Briefly describe your organization's accounting system including: a) any manual ledgers used to record transactions (general ledger, cash disbursements ledger, suppliers ledger etc.); b) any computerized accounting system used (please indicate the name); and c) how transactions are summarized in financial reports, (by the period, project, cost categories)?

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2. Does your organization have written accounting policies and procedures?

Yes: \_\_\_                      No: \_\_\_

3. Are your financial reports prepared on a:

Cash basis: \_\_\_                      Accrual basis: \_\_\_ (*Accrual - bill for costs before they are incurred*)

4. Can your accounting records separate the receipts and payments of the Chemonics grant from the receipts and payments of your organization's other activities?

Yes: \_\_\_                      No: \_\_\_

5. Can your accounting records summarize expenditures from the Chemonics grant according to different budget categories such as salaries, rent, supplies and equipment?

Yes: \_\_\_ No: \_\_\_

6. How do you allocate costs that are “shared” by different funding sources, such as rent, utilities, etc.?

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7. How often are financial reports prepared?

Monthly: \_\_\_ Quarterly: \_\_\_ Annually: \_\_\_ Not Prepared: \_\_\_ (*explain*)

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8. How often do you input entries into the financial system?

Daily: \_\_\_ Weekly: \_\_\_ Monthly: \_\_\_ Ad hoc/as needed: \_\_\_

9. How often do you do a cash reconciliation?

Daily: \_\_\_ Weekly: \_\_\_ Monthly: \_\_\_ By Accountant’s Decision: \_\_\_

10. Do you keep invoices, vouchers and timesheets for all payments made from grant funds?

Yes: \_\_\_ No: \_\_\_

### SECTION C: FUNDS CONTROL

CHEMONICS grantees and recipients who receive advances of grant funds must maintain a separate bank account registered in the name of the organization for the purpose of keeping only Chemonics grant funds. The bank account must be in local currency. Chemonics normally pays grantees monthly by bank transfer to the separate account. Access to the bank account must be limited to authorized individuals. Bank balances should be compared each month with your accounting records. For petty cash, it is very important to keep the cash in a strong safe and have strict controls over cash maintenance and disbursement.

1. Do you have a bank account registered in the name of your organization?

Yes: \_\_\_ No: \_\_\_

2. Will the bank account draw interest?

Yes: \_\_\_ No: \_\_\_

3. Are all bank accounts and check signers authorized by the organization's Board of Directors or Trustees or other authorized persons?

Yes: \_\_\_ No: \_\_\_

4. Will any cash from Chemonics grant funds be kept outside the bank account (in petty cash funds, etc.)?

Yes: \_\_\_ No: \_\_\_

4.a. If yes, please explain the amount of funds to be kept and the name and position/title of the person responsible for safeguarding cash.

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#### SECTION D: AUDIT

Chemonics may require an audit of your organization's accounting records. An audit is a review of your accounting records by an independent accountant who works for an accounting firm. An audit report contains your financial statements as well as an opinion by the accountant that your financial statements are correct. Please provide the following information on prior audits of your organization.

1. Does your organization have regular independent audits that you contract and pay for?

Yes: \_\_\_ (*please provide the most recent copy*) No audits performed: \_\_\_

2. If yes, who performs the audit?

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3. How often are audits performed?

Quarterly: \_\_\_ Yearly: \_\_\_ Every 2 years: \_\_\_ Other: \_\_\_ (*explain*)

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4. If your organization does not have a current audit of its financial statements, please provide a copy of the following financial information, if available:

- a. A "Balance Sheet" for your prior fiscal or calendar year; and
- b. A "Revenue and Expense Statement" for your prior fiscal or calendar year.

5. Are there any reasons (local conditions, laws, or institutional circumstances) that would prevent an independent accountant from performing an audit of your organization?

Yes: \_\_\_

No: \_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CHECKLIST AND SIGNATURE PAGE**

Chemonics requests that your organization submit a number of documents along with this completed questionnaire. Complete this page to ensure that all requested information has been included.

Please complete the checklist below, then sign and return the questionnaire and any other requested documents to Chemonics.

1. Complete the checklist:

\_\_\_ Incorporation Papers or Certificate of Registration and Statute have been provided to Chemonics

\_\_\_ Organizational chart, if available, has been provided to Chemonics (if applicable).

\_\_\_ Copy of your organization's most recent audit has been provided to Chemonics (If no recent audit, a "Balance Sheet" and "Revenue and Expense Statement" for the prior fiscal year).

\_\_\_ All questions have been fully answered.

\_\_\_ An authorized individual has signed and dated this page.

The Accounting Questionnaire must be signed and dated by an authorized person who has either completed or reviewed the form.

Approved by:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

# Annex G- Vetting Information Form



**USAID**  
FROM THE AMERICAN PEOPLE

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

## PARTNER INFORMATION FORM

### PART 1: INFORMATION ABOUT AWARD

Name of Prospective Awardee (Prime Contractor/Grantee/Recipient)*			
Address of Prospective Awardee*			
Organization Phone Number*	Cell Phone Number*	Primary Fax Number	
Organization Email Address*		Alternate Email Address	
Type of Award* <input type="checkbox"/> Contract <input type="checkbox"/> Grant <input type="checkbox"/> Training <input type="checkbox"/> Equipment <input type="checkbox"/> Other:			
Value of Total Award (USD)*	Award Start Date (mm-dd-yyyy)*	Award End Date (mm-dd-yyyy)*	Solicitation/Award Number
Purpose of Award*			
Location of Proposed Activity			
Country*:	State*:	Province/Region*:	

### PART 2: INFORMATION ABOUT SUBAWARD\*\*

Name of Prospective Subawardee (Subcontractor/Subgrantee/Subrecipient)		Website URL of Prospective Subawardee	
<input type="checkbox"/> Parent Organization <input type="checkbox"/> Branch <input type="checkbox"/> Subsidiary			
Address of Prospective Subawardee			
Organization Phone Number	Cell Phone Number	Primary Fax Number	
Organization Email Address		Alternate Email Address	
Type of Subaward <input type="checkbox"/> Subcontract <input type="checkbox"/> Subgrant <input type="checkbox"/> Training <input type="checkbox"/> Equipment <input type="checkbox"/> Other:			Value of Total Subaward (USD) (if applicable)
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.	
Authorizing Official's Name (Last, First, Middle Initial)	Title/Organization
Signature	Date (mm-dd-yyyy)

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**PART 4: KEY INDIVIDUAL INFORMATION**

Name Listed on Government-Issued Photo ID ( <i>Last, First, Middle Initial</i> )*		Other Names Used ( <i>Also known as, nicknames, alias, different spelling</i> )*	
Place of Birth*		Date of Birth ( <i>mm-dd-yyyy</i> )*	Gender
Citizenship(s) (If dual citizen, list both countries)*		U.S. Citizen or Permanent Resident?* <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, U.S. Passport/Permanent Resident Card Number:	
Government-Issued Photo ID Type*	Government-Issued Photo ID Number*	ID Country of Issuance*	
Government-Issued Photo ID Type <i>[complete for dual citizens only]</i>	Government-Issued Photo ID Number <i>[complete for dual citizens only]</i>	ID Country of Issuance <i>[complete for dual citizens only]</i>	
Address of Residence		Province/Region	
		Tribal Affiliation (if applicable)	
Primary Phone Number*		Alternate Phone Number	
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	
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 ( <i>Last, First, Middle Initial</i> )*		Other Names Used ( <i>Also known as, nicknames, alias, different spelling</i> )*	
Place of Birth*		Date of Birth ( <i>mm-dd-yyyy</i> )*	Gender
Citizenship(s) (If dual citizen, list both countries)*		U.S. Citizen or Permanent Resident?* <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, U.S. Passport/Permanent Resident Card Number:	
Government-Issued Photo ID Type*	Government-Issued Photo ID Number*	ID Country of Issuance*	
Government-Issued Photo ID Type <i>[complete for dual citizens only]</i>	Government-Issued Photo ID Number <i>[complete for dual citizens only]</i>	ID Country of Issuance <i>[complete for dual citizens only]</i>	
Address of Residence		Province/Region	
		Tribal Affiliation (if applicable)	
Primary Phone Number*		Alternate Phone Number	
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	
Primary Email Address*		Alternate Email Address	
Current Employer and Project Title*		Organizational Rank or Title*	

Occupation		Professional Licenses and State-Issued Certifications	
<b>KEY INDIVIDUAL INFORMATION</b>			
Name Listed on Government-Issued Photo ID ( <i>Last, First, Middle Initial</i> )*		Other Names Used ( <i>Also known as, nicknames, alias, different spelling</i> )*	
Place of Birth*		Date of Birth ( <i>mm-dd-yyyy</i> )*	Gender
Citizenship(s) (If dual citizen, list both countries)*		U.S. Citizen or Permanent Resident?* <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, U.S. Passport/Permanent Resident Card Number:	
Government-Issued Photo ID Type*	Government-Issued Photo ID Number*	ID Country of Issuance*	
Government-Issued Photo ID Type <i>[complete for dual citizens only]</i>	Government-Issued Photo ID Number <i>[complete for dual citizens only]</i>	ID Country of Issuance <i>[complete for dual citizens only]</i>	
Address of Residence		Province/Region	
		Tribal Affiliation (if applicable)	
Primary Phone Number*		Alternate Phone Number	
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	
Primary Email Address*		Alternate Email Address	
Current Employer and Project Title*		Organizational Rank or Title*	
Occupation		Professional Licenses and State-Issued Certifications	
<b>KEY INDIVIDUAL INFORMATION</b>			
Name Listed on Government-Issued Photo ID ( <i>Last, First, Middle Initial</i> )*		Other Names Used ( <i>Also known as, nicknames, alias, different spelling</i> )*	
Place of Birth*		Date of Birth ( <i>mm-dd-yyyy</i> )*	Gender
Citizenship(s) (If dual citizen, list both countries)*		U.S. Citizen or Permanent Resident?* <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, U.S. Passport/Permanent Resident Card Number:	
Government-Issued Photo ID Type*	Government-Issued Photo ID Number*	ID Country of Issuance*	
Government-Issued Photo ID Type <i>[complete for dual citizens only]</i>	Government-Issued Photo ID Number <i>[complete for dual citizens only]</i>	ID Country of Issuance <i>[complete for dual citizens only]</i>	
Address of Residence		Province/Region	
		Tribal Affiliation (if applicable)	
Primary Phone Number*		Alternate Phone Number	
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	
Primary Email Address*		Alternate Email Address	

Current Employer and Project Title*		Organizational Rank or Title*	
Occupation		Professional Licenses and State-Issued Certifications	
<b>KEY INDIVIDUAL INFORMATION</b>			
Name Listed on Government-Issued Photo ID ( <i>Last, First, Middle Initial</i> )*		Other Names Used ( <i>Also known as, nicknames, alias, different spelling</i> )*	
Place of Birth*		Date of Birth ( <i>mm-dd-yyyy</i> )*	Gender
Citizenship(s) (If dual citizen, list both countries)*		U.S. Citizen or Permanent Resident?* <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, U.S. Passport/Permanent Resident Card Number:	
Government-Issued Photo ID Type*	Government-Issued Photo ID Number*	ID Country of Issuance*	
Government-Issued Photo ID Type <i>[complete for dual citizens only]</i>	Government-Issued Photo ID Number <i>[complete for dual citizens only]</i>	ID Country of Issuance <i>[complete for dual citizens only]</i>	
Address of Residence		Province/Region	
		Tribal Affiliation (if applicable)	
Primary Phone Number*		Alternate Phone Number	
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	
Primary Email Address*		Alternate Email Address	
Current Employer and Project Title*		Organizational Rank or Title*	
Occupation		Professional Licenses and State-Issued Certifications	
<b>KEY INDIVIDUAL INFORMATION</b>			
Name Listed on Government-Issued Photo ID ( <i>Last, First, Middle Initial</i> )*		Other Names Used ( <i>Also known as, nicknames, alias, different spelling</i> )*	
Place of Birth*		Date of Birth ( <i>mm-dd-yyyy</i> )*	Gender
Citizenship(s) (If dual citizen, list both countries)*		U.S. Citizen or Permanent Resident?* <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, U.S. Passport/Permanent Resident Card Number:	
Government-Issued Photo ID Type*	Government-Issued Photo ID Number*	ID Country of Issuance*	
Government-Issued Photo ID Type <i>[complete for dual citizens only]</i>	Government-Issued Photo ID Number <i>[complete for dual citizens only]</i>	ID Country of Issuance <i>[complete for dual citizens only]</i>	
Address of Residence		Province/Region	
		Tribal Affiliation (if applicable)	
Primary Phone Number*		Alternate Phone Number	
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	

Primary Email Address*	Alternate Email Address
Current Employer and Project Title*	Organizational Rank or Title*
Occupation	Professional Licenses and State-Issued Certifications

### 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.

\* = mandatory information

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

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