



updated logo

OMB APPROVAL NO. 0412-0577
EXPIRATION DATE: 04/30/2026
ESTIMATED BURDEN: 90 MINUTES

PARTNER INFORMATION FORM

adjusted margins
and font size

PART 1: INFORMATION ABOUT PRIME AWARD		
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)		
1.4 Organization Phone Number (include full phone number, country code, and area/city code)	1.5 Alternate Phone Number (if applicable) (include full phone number, country code, and area/city code)	1.6 Fax Number (if applicable) (include full phone number, country code, and area/city code)
1.7 Organization Email Address		1.8 U.S. Organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
1.9(a) Value of Total Award (USD)	1.9(b) Solicitation/Award Number	
PART 2: INFORMATION ABOUT SUBAWARD (to be completed if submitting a subaward)		
2.1 Legal Name of Prospective Subawardee (Subcontractor/Subrecipient)		
2.2 Website URL of Prospective Subawardee (if applicable)	2.3 Type of Organization <input type="checkbox"/> Parent Organization <input type="checkbox"/> Branch <input type="checkbox"/> Subsidiary	
2.4 Address of Prospective Subawardee		
2.5 Alternate Address of Prospective Subawardee (if applicable)		
2.6 Organization Phone Number (include full phone number, country code, and area/city code)	2.7 Alternate Organization Phone Number (if applicable) (include full phone number, country code, and area/city code)	2.8 Primary Fax Number (if applicable) (include full phone number, country code, and area/city code)
2.9 Organization Email Address		2.10 U.S. Organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.11 Vetting Category <input type="checkbox"/> Subcontract <input type="checkbox"/> Subgrant <input type="checkbox"/> Training <input type="checkbox"/> Equipment <input type="checkbox"/> Other:		2.12 Value of Total Subaward (USD) (if applicable)
2.13 Estimated Subaward Start Date (dd-mm-yyyy)		2.14 Estimated Subaward End Date (dd-mm-yyyy)
2.15 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.

3.1 Authorizing Official's Name <i>(First name, Middle name, Last name)</i>	3.2 Title/Organization
3.3 Signature of Authorizing Official	3.4 Date <i>(dd-mm-yyyy)</i>

PART 4a: KEY INDIVIDUAL INFORMATION

4a.1 Name Listed on Government-Issued Photo ID <i>(First name, Middle name(s), Last name)</i>		4a.2 Other Names Used <i>(also known as, nicknames, alias, different spelling) (if applicable)</i>	
Place of Birth	4a.3 Village/City	4a.7 Date of Birth <i>(dd-mm-yyyy)</i>	4a.8 Gender on government-issued photo ID
	4a.4 District <i>(if applicable)</i>		
	4a.5 Governorate, Province, or State	4a.9 Country of citizenship <i>(if multiple citizenships, list all countries of citizenship in this block and include additional ID information in the gray boxes below)</i>	
	4a.6 Country		
4a.10 U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, provide Passport Number below in "Government-Issued Photo ID Number" section.)</i>		4a.11 U.S. Lawful Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4a.12 (if yes, include Lawful Permanent Resident Card Number (9 digit A Number#):			
4a.13 ID Country of Issuance	4a.13.1 Government-Issued Photo ID Type <i>(please attach clear, legible picture; preferably in color)</i>	4a.13.2 Complete Government-Issued Photo ID Number	
4a.14 ID Country of Issuance <i>[complete for multiple citizenship only]</i>	4a.14.1 Government-Issued Photo ID Type <i>[complete for multiple citizenship only] (please attach clear, legible picture; preferably in color)</i>	4a.14.2 Complete Government-Issued Photo ID Number <i>[complete for multiple citizenship only]</i>	
4a.15 ID Country of Issuance <i>[complete for multiple citizenship only]</i>	4a.15.1 Government-Issued Photo ID Type <i>[complete for multiple citizenship only] (please attach clear, legible picture; preferably in color)</i>	4a.15.2 Complete Government-Issued Photo ID Number <i>[complete for multiple citizenship only]</i>	
4a.16 Address of Residence			
4a.17 Province/Region		4a.18 Tribal Affiliation <i>(if applicable)</i>	
4a.19 Primary Personal Phone Number <i>(include full phone number, country code, and area/city code)</i> Is this a cell phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No		4a.20 Alternate Personal Phone Number <i>(if applicable) (include full phone number, country code, and area/city code)</i> Is this a cell phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4a.21 Primary Personal Email Address		4a.22 Alternate Personal Email Address <i>(if applicable)</i>	
4a.23 Current Employer		4a.24 Organizational Rank or Title	
4a.25 Professional Licenses and State-Issued Certifications <i>(if applicable)</i>			

PART 4b: KEY INDIVIDUAL INFORMATION

4b.1 Name Listed on Government-Issued Photo ID (<i>First name, Middle name(s), Last name</i>)		4b.2 Other Names Used (<i>also known as, nicknames, alias, different spelling</i>) (if applicable)	
Place of Birth	4b.3 Village/City	4b.7 Date of Birth (<i>dd-mm-yyyy</i>)	4b.8 Gender on government-issued photo ID
	4b.4 District (if applicable)		
	4b.5 Governorate, Province, or State	4b.9 Country of citizenship (<i>if multiple citizenships, list all countries of citizenship in this block and include additional ID information in the gray boxes below</i>)	
	4b.6 Country		
4b.10 U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, provide Passport Number below in "Government-Issued Photo ID Number" section.)</i>		4b.11 U.S. Lawful Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4b.12 (if yes, include Lawful Permanent Resident Card Number (9 digit A Number#):			
4b.13 ID Country of Issuance	4b.13.1 Government-Issued Photo ID Type <i>(please attach clear, legible picture; preferably in color)</i>	4b.13.2 Complete Government-Issued Photo ID Number	
4b.14 ID Country of Issuance <i>[complete for multiple citizenship only]</i>	4b.14.1 Government-Issued Photo ID Type <i>[complete for multiple citizenship only] (please attach clear, legible picture; preferably in color)</i>	4b.14.2 Complete Government-Issued Photo ID Number <i>[complete for multiple citizenship only]</i>	
4b.15 ID Country of Issuance <i>[complete for multiple citizenship only]</i>	4b.15.1 Government-Issued Photo ID Type <i>[complete for multiple citizenship only] (please attach clear, legible picture; preferably in color)</i>	4b.15.2 Complete Government-Issued Photo ID Number <i>[complete for multiple citizenship only]</i>	
4b.16 Address of Residence			
4b.17 Province/Region		4b.18 Tribal Affiliation (<i>if applicable</i>)	
4b.19 Primary Personal Phone Number (<i>include full phone number, country code, and area/city code</i>) Is this a cell phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No		4b.20 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4b.21 Primary Personal Email Address		4b.22 Alternate Personal Email Address (<i>if applicable</i>)	
4b.23 Current Employer		4b.24 Organizational Rank or Title	
4b.25 Professional Licenses and State-Issued Certifications (<i>if applicable</i>)			

PART 4c: KEY INDIVIDUAL INFORMATION			
4c.1 Name Listed on Government-Issued Photo ID (First name, Middle name(s), Last name)		4c.2 Other Names Used (also known as, nicknames, alias, different spelling) (if applicable)	
Place of Birth	4c.3 Village/City	4c.7 Date of Birth (dd-mm-yyyy)	4c.8 Gender on government-issued photo ID
	4c.4 District (if applicable)		
	4c.5 Governorate, Province, or State	4c.9 Country of citizenship (if multiple citizenships, list all countries of citizenship in this block and include additional ID information in the gray boxes below)	
	4c.6 Country		
4c.10 U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide Passport Number below in "Government-Issued Photo ID Number" section.)		4c.11 U.S. Lawful Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4c.12 (if yes, include Lawful Permanent Resident Card Number (9 digit A Number#):			
4c.13 ID Country of Issuance	4c.13.1 Government-Issued Photo ID Type (please attach clear, legible picture; preferably in color)	4c.13.2 Complete Government-Issued Photo ID Number	
4c.14 ID Country of Issuance [complete for multiple citizenship only]	4c.14.1 Government-Issued Photo ID Type [complete for multiple citizenship only] (please attach clear, legible picture; preferably in color)	4c.14.2 Complete Government-Issued Photo ID Number [complete for multiple citizenship only]	
4c.15 ID Country of Issuance [complete for multiple citizenship only]	4c.15.1 Government-Issued Photo ID Type [complete for multiple citizenship only] (please attach clear, legible picture; preferably in color)	4c.15.2 Complete Government-Issued Photo ID Number [complete for multiple citizenship only]	
4c.16 Address of Residence			
4c.17 Province/Region		4c.18 Tribal Affiliation (if applicable)	
4c.19 Primary Personal Phone Number (include full phone number, country code, and area/city code)		4c.20 Alternate Personal Phone Number (if applicable) (include full phone number, country code, and area/city code)	
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	
4c.21 Primary Personal Email Address		4c.22 Alternate Personal Email Address (if applicable)	
4c.23 Current Employer		4c.24 Organizational Rank or Title	
4c.25 Professional Licenses and State-Issued Certifications (if applicable)			

PART 4d: KEY INDIVIDUAL INFORMATION

4d.1 Name Listed on Government-Issued Photo ID (<i>First name, Middle name(s), Last name</i>)		4d.2 Other Names Used (<i>also known as, nicknames, alias, different spelling</i>) (if applicable)	
Place of Birth	4d.3 Village/City	Date of Birth (<i>dd-mm-yyyy</i>)	4d.8 Gender on government-issued photo ID
	4d.4 District (if applicable)		
	4d.5 Governorate, Province, or State	4d.9 Country of citizenship (<i>if multiple citizenships, list all countries of citizenship in this block and include additional ID information in the gray boxes below</i>)	
	4d.6 Country		
4d.10 U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, provide Passport Number below in "Government-Issued Photo ID Number" section.)</i>		4d.11 U.S. Lawful Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4d.12 (if yes, include Lawful Permanent Resident Card Number (9 digit A Number#):			
4d.13 ID Country of Issuance	4d.13.1 Government-Issued Photo ID Type <i>(please attach clear, legible picture; preferably in color)</i>	4d.13.2 Complete Government-Issued Photo ID Number	
4d.14 ID Country of Issuance <i>[complete for multiple citizenship only]</i>	4d.14.1 Government-Issued Photo ID Type <i>[complete for multiple citizenship only] (please attach clear, legible picture; preferably in color)</i>	4d.14.2 Complete Government-Issued Photo ID Number <i>[complete for multiple citizenship only]</i>	
4d.15 ID Country of Issuance <i>[complete for multiple citizenship only]</i>	4d.15.1 Government-Issued Photo ID Type <i>[complete for multiple citizenship only] (please attach clear, legible picture; preferably in color)</i>	4d.15.2 Complete Government-Issued Photo ID Number <i>[complete for multiple citizenship only]</i>	
4d.16 Address of Residence			
4d.17 Province/Region		4d.18 Tribal Affiliation (<i>if applicable</i>)	
4d.19 Primary Personal Phone Number (<i>include full phone number, country code, and area/city code</i>) Is this a cell phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No		4d.20 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4d.21 Primary Personal Email Address		4d.22 Alternate Personal Email Address (<i>if applicable</i>)	
4d.23 Current Employer		4d.24 Organizational Rank or Title	
4d.25 Professional Licenses and State-Issued Certifications (<i>if applicable</i>)			

PART 4e: KEY INDIVIDUAL INFORMATION

4e.1 Name Listed on Government-Issued Photo ID (<i>First name, Middle name(s), Last name</i>)		4e.2 Other Names Used (<i>also known as, nicknames, alias, different spelling</i>) (if applicable)	
Place of Birth	4e.3 Village/City	4e.7 Date of Birth (<i>dd-mm-yyyy</i>)	4e.8 Gender on government-issued photo ID
	4e.4 District (if applicable)		
	4e.5 Governorate, Province, or State	4e.9 Country of citizenship (<i>if multiple citizenships, list all countries of citizenship in this block and include additional ID information in the gray boxes below</i>)	
	4e.6 Country		
4e.10 U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, provide Passport Number below in "Government-Issued Photo ID Number" section.)</i>		4e.11 U.S. Lawful Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4e.12 (if yes, include Lawful Permanent Resident Card Number (9 digit A Number#):			
4e.13 ID Country of Issuance	4e.13.1 Government-Issued Photo ID Type <i>(please attach clear, legible picture; preferably in color)</i>	4e.13.2 Complete Government-Issued Photo ID Number	
4e.14 ID Country of Issuance <i>[complete for multiple citizenship only]</i>	4e.14.1 Government-Issued Photo ID Type <i>[complete for multiple citizenship only] (please attach clear, legible picture; preferably in color)</i>	4e.14.2 Complete Government-Issued Photo ID Number <i>[complete for multiple citizenship only]</i>	
4e.15 ID Country of Issuance <i>[complete for multiple citizenship only]</i>	4e.15.1 Government-Issued Photo ID Type <i>[complete for multiple citizenship only] (please attach clear, legible picture; preferably in color)</i>	4e.15.2 Complete Government-Issued Photo ID Number <i>[complete for multiple citizenship only]</i>	
4e.16 Address of Residence			
4e.17 Province/Region		4e.18 Tribal Affiliation (<i>if applicable</i>)	
4e.19 Primary Personal Phone Number (<i>include full phone number, country code, and area/city code</i>) Is this a cell phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No		4e.20 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4e.21 Primary Personal Email Address		4e.22 Alternate Personal Email Address (<i>if applicable</i>)	
4e.23 Current Employer		4e.24 Organizational Rank or Title	
4e.25 Professional Licenses and State-Issued Certifications (<i>if applicable</i>)			

PART 4f: KEY INDIVIDUAL INFORMATION

4f.1 Name Listed on Government-Issued Photo ID (<i>First name, Middle name(s), Last name</i>)		4f.2 Other Names Used (<i>also known as, nicknames, alias, different spelling</i>) (if applicable)	
Place of Birth	4f.3 Village/City	4f.7 Date of Birth (<i>dd-mm-yyyy</i>)	4f.8 Gender on government-issued photo ID
	4f.4 District (if applicable)		
	4f.5 Governorate, Province, or State	4f.9 Country of citizenship (<i>if multiple citizenships, list all countries of citizenship in this block and include additional ID information in the gray boxes below</i>)	
	4f.6 Country		
4f.10 U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, provide Passport Number below in "Government-Issued Photo ID Number" section.)</i>		4f.11 U.S. Lawful Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4f.12 (if yes, include Lawful Permanent Resident Card Number (9 digit A Number#):			
4f.13 ID Country of Issuance		4f.13.1 Government-Issued Photo ID Type <i>(please attach clear, legible picture; preferably in color)</i>	
4f.13.2 Complete Government-Issued Photo ID Number			
4f.14 ID Country of Issuance <i>[complete for multiple citizenship only]</i>		4f.14.1 Government-Issued Photo ID Type <i>[complete for multiple citizenship only] (please attach clear, legible picture; preferably in color)</i>	
4f.14.2 Complete Government-Issued Photo ID Number <i>[complete for multiple citizenship only]</i>			
4f.15 ID Country of Issuance <i>[complete for multiple citizenship only]</i>		4f.15.1 Government-Issued Photo ID Type <i>[complete for multiple citizenship only] (please attach clear, legible picture; preferably in color)</i>	
4f.15.2 Complete Government-Issued Photo ID Number <i>[complete for multiple citizenship only]</i>			
4f.16 Address of Residence			
4f.17 Province/Region		4f.18 Tribal Affiliation (<i>if applicable</i>)	
4f.19 Primary Personal Phone Number (<i>include full phone number, country code, and area/city code</i>) Is this a cell phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No		4f.20 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4f.21 Primary Personal Email Address		4f.22 Alternate Personal Email Address (<i>if applicable</i>)	
4f.23 Current Employer		4f.24 Organizational Rank or Title	
4f.25 Professional Licenses and State-Issued Certifications (<i>if applicable</i>)			

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

removed outdated reference and added link for up-to-date instructions