

Page 1 of _____ Pages

CONTRACT WITH AN INDIVIDUAL FOR PERSONAL SERVICES

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

| 1. Name (Last, First and Midd | | 2. Citizenship | | 3. Contract Number | 4. Ethics Code | |
|--|---|----------------------------------|--------------------------------------|--|----------------|--|
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| | | Lawful Permanen | | | \Box N | |
| | | U.S. (Green Card | Holder) | | □C | |
| | | 🗆 Yes 🗆 No | | | ΠP | |
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| 5. Country of Performance | 6. Effective Date | 7. Estimated Completion Date | | 8. Contract Type □ U.S. □ CCN □ TCN | | |
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| 9. Benefits Plan □ CCNPSC/TCNPSC- Local Compensation Plan (LCP) | | 10. Obligation Amount (at award) | | 11. Total Estimated Cost | | |
| | | | | | | |
| □ TCNPSC - Not subject to L | | | | | | |
| USPSC - Resident Hire | | | | | | |
| USPSC - Offshore | | | | | | |
| USPSC - U.Sbased | | | | | | |
| 12. Requisition Number | 2. Requisition Number 13. Technical Office (Name, Office Symbol, Addr | | ddress) | 14. Supervising Officer (Name and Title) | | |
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| 15. Solicitation Number | 15. Solicitation Number 16. Position Title | | | | | |
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| 17. Contracting Office (Name, Office Symbol, Address) | | | | | | |
| 17. Contracting Onice (Marie, Onice Symbol, Address) | | | | | | |
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| 18. Administered By (If other than Contracting Office in Block 17) | | | | | | |
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| 19. PSC AUTHORITIES | | | | | | |
| Awarded Pursuant to: | | | | | | |
| □ Section 636(a)(3) of the Foreign Assistance Act of 1961, as amended. | | | | | | |
| □ Annual Foreign Operations Appropriations | | | | | | |
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| 20. Accounting & Classification Codes: | | | | | | |
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| 21. Payment will be made by (Name, Office Symbol, Address) | | | | | | |
| 21. Fayment will be made by | (Name, Onice Symbol, Add | (655) | | | | |
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| This Contract consists of this Cover Page, the Schedule and AIDAR and FAR Clauses. | | | | | | |
| | | | | UNITED STATES OF AMERIC | ۵ | |
| AGEN | | | CY FOR INTERNATIONAL DEVELOPMENT | | | |
| 22. Signature of Contractor | | | 23. Signature of Contracting Officer | | | |
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| | | | | | | |
| 24. Typed or Printed Name | 25. Typed or Printed Name | | | | | |
| ZT. Typed of Finited Maine | | | 25. Typeu of Printeu Name | | | |
| | | | | | | |
| | | | | | | |
| 26. Date | | | 27. Date | | | |
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The United States of America, herein called the Government, represented by the Contracting Officer executing this contract, and the Contractor agree that the Contractor shall perform all the services set forth in the attached Schedule, for the consideration stated herein. The rights and obligations of the parties to this contract shall be subject to and governed by the Schedule and the AIDAR and FAR Clauses. To the extent of any inconsistency between the Schedule or the Clauses and any specifications or other provisions, which are made a part of this contract, by reference or otherwise, the Schedule and the Clauses shall control. To the extent of any inconsistency between the Schedule and the Clauses, the Schedule shall control.

SPECIAL NOTE:

For U.S. Citizens and U.S. Resident Aliens: As an employee for purposes of Section 636(a)(3) of the Foreign Assistance Act of 1961, as amended (22 USC 2396(a)(3)), the Contractor is generally an employee of the United States for purposes of laws other than those administered by the Office of Personnel Management (i.e., Title 5, United States Code). This includes being an employee of the United States for the purposes of Title 26, United States Code, which subjects the Contractor to withholding for both FICA and Federal Income Tax, and precludes the Contractor from receiving the federal earned income tax exclusion of 26 USC Section 911.

PRIVACY ACT STATEMENT

PRA Burden Statement: The collection is required to obtain or retain benefits. The estimated burden per response is fifteen minutes. The respondent is not obligated to respond unless a valid OMB control number is displayed on the form. Any comments related to the burden estimate can be sent to pseudictation-pseudictation-sentember to respond unless a valid OMB control number is displayed on the form. Any comments related to the burden estimate can be sent to pseudictation-pseudictation-sentember to respond unless a valid OMB control number is displayed on the form. Any comments related to the burden

Authority: The authorities for the collection of information are: Foreign Assistance Act, Pub. L. 87-165, as amended; 48 CFR 37.104, Personal services contracts; and 48 CFR Ch. 7, App. D, Direct USAID Contracts with a U.S. Citizen or a U.S. Resident Alien for Personal Services Abroad; and 48 CFR Ch. 7, App. J, Direct USAID Contracts with a Cooperating Country National and with a Third Country National for Personal Services Abroad.

Purpose: This form collects personal information on individuals who are awarded USAID personal services contracts. This form serves as the cover sheet of the contract with the individual and the acceptance by the personal services contractor and the contracting officer to the terms of the contract.

Routine Uses: In addition to those disclosures generally permitted under the Privacy Act of 1974, the information collected may be disclosed according to the routine uses stated in the System of Records Notice titled, "USAID-34, Personal Services Contractor Records" published in the Federal Register under 80 FR 11391.

Disclosure: Providing personal identifiable information is voluntary; however, if the requested information is not provided, it may delay or prevent the execution of the personal services contract.