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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CONTRACTOR BIOGRAPHICAL DATA SHEET | | | | | | | | | | | | | |
| **1. Name:** | | | | | | | | | **2. Proposed Daily Rate:** | | | | |
| **3. Employee’s Address and Telephone Number:** | | | | | | | | | | | | | |
| **4. EDUCATION** (*include all college or university degrees)* | | | | | | | | | | | | | |
| NAME AND LOCATION OF INSTITUTION | | MAJOR | DEGREE | DATE | LANGUAGE | | | | | Proficiency  Speaking | | | Proficiency  Reading |
|  | |  |  |  |  | | | | |  | | |  |
|  | |  |  |  |  | | | | |  | | |  |
| **5. EMPLOYMENT HISTORY** *(List last three (3) positions held by the individual)* | | | | | | | | | | | | | |
| POSITION TITLE | EMPLOYER’S NAME  POINT OF CONTACT &TELEPHONE # | | | | Dates of Employment *(M/D/Y)* | | | | | |  | | |
| From | To | | | | | Salary, USD | | |
|  |  | | | |  |  | | | | |  | | |
|  |  | | | |  |  | | | | |  | | |
|  |  | | | |  |  | | | | |  | | |
| **6. SPECIFIC CONSULTANT SERVICES** *(give last three (3) years).* *Continue on a separate sheet of paper, if required, to provide this information.* | | | | | | | | | | | | | |
| SERVICES PERFORMED | EMPLOYER’S NAME  POINT OF CONTACT &TELEPHONE # | | | | Dates of Employment *(M/D/Y)* | | | | | | |  | |
| From | | To | | | | | Daily Rate, USD | |
|  |  | | | |  | |  | | | | |  | |
|  |  | | | |  | |  | | | | |  | |
|  |  | | | |  | |  | | | | |  | |
| **7. RATIONALE FOR PROPOSED DAILY RATE/SALARY RATE** *(if different from the rates indicated on the form):* Use a separate sheet of paper to explain proposed salary or daily rate increases over 5% above the current rate. If the proposed rate is based on a market analysis, include the comparable positions considered, rates of the comparable positions and the sources used to determine the market value. | | | | | | | | | | | | | |
| **8. CERTIFICATION: To the best of my knowledge, the above facts as stated are true and correct.** | | | | | | | | | | | | | |
| Signature of Employee (if applicable) | | | | | | | | Date | | | | | |
| **9. CONTRACTOR'S CERTIFICATION** *(To be signed by responsible representative of Contractor)* | | | | | | | | | | | | | |
| Contractor certifies in submitting this form that it has taken reasonable steps (in accordance with sound business practices) to verify the information in this form. Contractor understands that CIPE may rely on the accuracy of such information in negotiating and reimbursing personnel under this contract. Certifications that are false, fictitious, or fraudulent, or that are based on inadequately verified information, may result in appropriate remedial action by CIPE, taking into consideration all the pertinent facts and circumstances, ranging from refund claims to contract termination. | | | | | | | | | | | | | |
| Signature of Contractor’s Representative | | | | | | | Date | | | | | | |

PRIVACY STATEMENT

**Purpose:** To collect, use, maintain, and disclose information to determine the qualifications of an individual for a specific contract position and to determine the reasonableness of proposed salary or consultant rate for the services proposed under the contract.

**Routine Uses**:  The personal information is used by CIPE to maintain administrative records and to perform other administrative functions inherent in the administration of the contract.  This information will not be disclosed outside USAID.

**Disclosure**:  Contractor employees/consultants under CIPE contracts must submit personal, employment history, and educational data, and the contractor must provide the basis and rationale for the proposed salary as specified in the form. Providing personal information is voluntary.  However, failure to provide any of the requested information may delay or prevent approval of the individual proposed under the specific contract.