U.S. Department of State

OMB APPROVAL NO. 1405-0204 EXPIRES: 03/31/2026 ESTIMATED BURDEN: 90 Minutes*

RISK ANALYSIS INFORMATION

PART 1: INFO	ORMAT	TON ABOUT CONTRA	CT/GRAN	T/COOPE	RATIVE AGREEMENT	•			
Name of Prospective Contractor/Grantee			Type (Contract, Grant, Other):						
			Contra	act Grant Other					
US Dollar Value of Contract/Grant (Al	ll Years)	Contract/Grant Start Date (n	mm-dd-yyyy)	Contract/G	rant End Date (mm-dd-yyyy)	Solicitation Number			
Purpose of Contract/Grant									
Address of Prospective Contractor/Gr	rantee								
Phone Number	Cell Pho	one Number	E-mail Addr	ess					
		PART 2: AF	GHANIST <i>A</i>	۸N					
Please provide the following informati	ion if prop	oosed contract or grant work v	will be in Afgh	anistan.					
Afghanistan Business License Number			Joint Contingency Contracting System (JCCS) Number						
		PART 3: CEF	RTIFICATION	ON					
I certify that I have taken reasonable sthat the U.S. Government may rely or					e information contained in this	form. I understand			
Authorizing Official's Name (Last, First	st, MI)		Title/Organiz	zation					
Signature					Date (mm-dd-yyyy)				

	KEY	/ INDI\	/IDUAL	INFORMATION	#1					
Name (Last, First, MI)				Other Names Used ("Also known as", nicknames, ala					, diffe	rent spelling)
Place of Birth (City, State, Province, Country)				Date of Birth (mm-dd-yyyy)			Gender:			
					N	/lale		Female		
Citizenship(s) U				citizen or Permanent Legal Resident?						
				es, provide your U.S. Passport or Social Security Number						
				nal ID Number Country of Issuance						
National D Type				valional 12 Number			itry of issuance			
Homa Addrass				Home Phone			Call Dhana Numbar			
Home Address				nome Phone			Cell Phone Number			
				Cosial Madia Handles/Identifiers						
				Social Media Handles/Identifiers		rs	E-mail Address			
Current Employer	Current Employer	Phone		Current Employer A	ddress					
Organizational Title	Project Title									
Afghan Citizen Use Only (If Section	2 Has Been Comp	pleted)								
Father's Name				Tribe						
Tazkera Number	F	Passport	Number		Country of	Issua	nce			
	KEY	/ INDI\	/IDUAL	INFORMATION	#2					
Name (Last, First, MI)	KEY	/ INDI\	/IDUAL	Other Names Used		wn as"	, nicknames	s, alias,	, diffe	rent spelling)
Name (Last, First, MI)	KEY	(INDI\	/IDUAL	1		wn as"	, nicknames	s, alias,	, diffe	rent spelling)
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PAPERWORK REDUCTION ACT STATEMENT

*Public reporting burden for this collection of information is estimated to average 90 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a current valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: U.S. Dept. of State, 2201 C St. NW, SA-15 room 3200, Washington, DC 20520.

PRIVACY ACT STATEMENT

Authority: 18 U.S.C. 2339A, 2339B, 2339C; 22 U.S.C. 2151 et seq.; Section 219 of the Immigration and Nationality Act (INA) (P.L. 104-132) (8 U.S.C. 1189); Executive Orders 13224, 13099 and 12947; Homeland Security Presidential Directive 6; Section 7034(f) of the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2022 (Div. K, P.L. 117-103) and similar provisions in prior appropriations acts.

Purpose: The information in the system supports the vetting of directors, officers, or other employees of organizations who apply for Department of State contracts, grants, or other funding. The information collected from the organizations and individuals is specifically used to conduct screening to ensure that Department funds are not used to provide support to entities or individuals deemed to be a risk to US national security interests.

Routine Uses: The information is used to make determinations on applications for contracts, grants or other funding and may be disclosed to the United States Agency for International Development (USAID) and other government agencies for collaborative vetting programs. For additional details on Routine Uses not listed here, refer to the Department of State's System of Record Notice concerning the Risk Analysis and Management System (RAM) (State 78).

Disclosure: Providing the information is voluntary. Failure to provide the information will result in a finding of ineligibility for Department funding.

INSTRUCTIONS

Appendix Key Individuals or Recipients (Use continuation sheets, as necessary)

Key individuals may include but are not limited to:

- The organization/company's President, Vice President, Executive Director, Deputy Executive Director, Chief Executive Officer, Chief Operating Officer, Treasurer, Secretary, and the Board of Directors.
- It may also include Program Managers or Project Managers.

Recipients may include but are not limited to:

• Individual who may benefit from or participate in a U.S.-funded program, for example, as an attendee at a U.S. government-sponsored training session.

Proposed Subcontractors or Sub-grantees must also complete a separate Information Form listing their key personnel.

Indicate "N/A" if a category does not apply. If no organization or company is listed, complete the information on each individual who will receive cash or in-kind assistance (including technical assistance).

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