## **Notices**

Federal Register

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Tuesday, October 2, 2007

This section of the FEDERAL REGISTER contains documents other than rules or proposed rules that are applicable to the public. Notices of hearings and investigations, committee meetings, agency decisions and rulings, delegations of authority, filing of petitions and applications and agency statements of organization and functions are examples of documents appearing in this section.

# AGENCY FOR INTERNATIONAL DEVELOPMENT

Notice of Public Information Collection Being Reviewed by the U.S. Agency for International Development; Comments Requested; Republication

**SUMMARY:** This **Federal Register** notice was originally published on July 23, 2007 (72 FR 40110) and is being republished and amended. U.S. Agency for International Development (USAID) is making efforts to reduce the paperwork burden. USAID invites the general public and other Federal agencies to take this opportunity to comment on the following proposed and/or continuing information collections, as required by the Paperwork Reduction Act for 1995. Comments are requested concerning: (a) Whether the proposed or continuing collections of information are necessary

for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the burden estimates; (c) ways to enhance the quality, utility, and clarity of the information collected; and (d) ways to minimize the burden of the collection of information on the respondents, including the use of automated collection techniques or other forms of information technology.

**DATES:** Submit comments on or before December 3, 2007.

ADDRESSES: Send comment via e-mail at *jdenale@usaid.gov* or mail comments to: Jeff Denale, Coordinator for Counterterrorism, Office of Security, United States Agency for International Development, Ronald Reagan Building, 1300 Pennsylvania Avenue, NW., Washington, DC 20523, (202) 712–1264.

#### FOR FURTHER INFORMATION CONTACT:

Beverly Johnson, Bureau for Management, Office of Administrative Services, Information and Records Division, United States Agency for International Development, Ronald Reagon Building, 1300 Pennsylvania Avenue, NW., Washington, DC 20523, (202) 712–1365 or via e-mail bjohnson@usaid.gov.

#### SUPPLEMENTARY INFORMATION:

OMB No:

Form No.: N/A.

Title: Partner Information Form.

Type of Review: New Information Collection.

Purpose: The United States Agency for International Development USAID). Office of Security, intends to collect information from approximately 2000 individuals and/or officers of nongovernmental organizations (NGOs) who apply for USAID contracts, grants, cooperative agreements, other funding from USAID, or who apply for registration with USAID as Private and Voluntary Organizations (PVO). Collection of personally identifiable information from these individuals is specifically used to conduct screening to ensure that neither USAID funds nor USAID-funded activities inadvertently provide support to entities or individuals associated with terrorism.

Annual Reporting Burden:

Respondents: 2000. Total annual responses: 2000. Total annual hours requested: 500 hours.

Dated: September 24, 2007.

#### Joanne Paskar,

Chief, Information and Records Division, Office of Administrative Services, Bureau for Management.

BILLING CODE 6116-01-M



OMB 0412-NEW EXPIRATION DATE: XX/XX

### PARTNER INFORMATION FORM

(See Burden and Privacy Act Statements on Page 3)

Don't la Information About Du		*4*				
Part I: Information About Pro			ing the award or other			
1. Name of the prime contract	or, grantee or	recipient propos	ing the award or other	assistance		
2. Type of proposed award or other assistance (check one):						
☐ Contract or Subcontract ☐ Grant or Subgrant ☐ Training ☐ Equipment ☐ Other						
US\$ amount and estimated start/end date of proposed award or assistance:						
Dollar amount: \$ Start: End: 4. Purpose of proposed award or assistance:						
4. Purpose of proposed award	or assistance	e:				
5. Organization proposed to re	eceive award	or other assistan	ce.			
a. Name:						
b. Address:						
2.71001000.						
c. Telephone:		d. Fax:		e. Email:		
6. Information on key individu	uals associate	ed with the organi	ization named in 5 abo	ve, or, if no organization is listed,		
information on each individ	dual to receiv	e cash or in-kind	assistance (including to	echnical assistance). Use continuation		
sheets as necessary.				Terminal desiciance). Tee centinadaen		
** = mandatory information.			Communities delta ID			
A. Name (As in passport or other government-issued photo ID):**			Government-issued photo ID number, type of ID and country of issuance:**			
Place of birth:** Date of birth:** (mm/dd/yyy		(mm/dd/vvvv)	Rank or title in organization listed in #5 (if "key individual"):**			
		( , , , , , , ,	Training in organization	in noted in he (in ney marvidual).		
Other names used (may include nickn	names, pseudony	ms not listed under	Gender:			
"Name"):**						
Current employer and job title:			Occupation:			
· · · · · · · · · · · · · · · · · · ·						
Address of residence:			Citizenship(s):			
Email:	**************************************	Is the indiv	। /idual a U.S. citizen or legal।	permanent resident?** Yes  No		
			•			
Part II: Contractor/Grantee/R	Recipient Cer	tification:				
Contractor/Grantee/Recipient	certifies in sul	bmitting this form	that it has taken reaso	onable steps (in accordance with sound		
business practices) to verify th	e information	contained in this	form. Contractor/Gran	ntee/Recipient understands that the		
U.S. Government may rely on	tne accuracy	or such informati	on in processing this v	etting request.		
Name:		Signature:				
				Title/Organization:		
Part III: Submission details (	to be comple	eted by USG vet	ting official)			
Vetting request number						
Staff member who initiated rec	quest					
Project name						
B 1 10 11						
Date submitted for screening						

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# Partner Information Form Continuation Sheet for Part I, Section 6: List of Individuals (Use additional continuation sheets as necessary):

B. Name (As in passport or other government-issued photo ID):**			Government-issued photo ID number, type of ID and country of issuance:**	
Place of birth:**	Date of birth:** (mm/dd/yyyy)		Rank or title in organization listed in #5 (if "key individual"):**	
Other names used (may include nicknames, pseudonyms not listed under "Name").**			Gender:	
Current employer and job title:			Occupation:	
Address of residence:			Citizenship(s):	
Email:			l dividual a U.S. citizen or legal permanent resident?** Yes ☐ No ☐	
C. Name (As in passport or other government-issued photo ID)		**	Government-issued photo ID number, type of ID and country of issuance:**	
Place of birth:**	Date of birth:** (mm/dd/y	ууу)	Rank or title in organization listed in #5 (if "key individual"):**	
Other names used (may include nicknames, pseudonyms not lis under "Name"):**			Gender:	
Current employer and job title:			Occupation:	
Address of residence:			Citizenship(s):	
Email:		Is the in	dividual a U.S. citizen or legal permanent resident?** Yes No	
D. Name (As in passport or other government-issued photo ID):**			Government-issued photo ID number, type of ID and country of issuance:**	
Place of birth:** Date of birth:** (mm/dd/yyyy)		уу)	Rank or title in organization listed in #5 (if "key individual"):**	
Other names used (may include nicknames, pseudonyms not listed under "Name"):**			Gender:	
Current employer and job title:			Occupation:	
Address of residence:			Citizenship(s):	
Email:		Is the in	ldividual a U.S. citizen or legal permanent resident?** Yes ☐ No ☐	
E. Name (As in passport or other government-issued photo ID):			Government-issued photo ID number, type of ID and country of issuance:**	
Place of birth:**	Date of birth:** (mm/dd/yyyy)		Rank or title in organization listed in #5 (if "key individual"):**	
Other names used (may include nicknames, pseudonyms not listed under "Name"):**			Gender:	
Current employer and job title:			Occupation:	
Address of residence:			Citizenship(s):	
Email:		dividual a U.S. citizen or legal permanent resident?** Yes ☐ No ☐		
	- 1 Table 1 Ta			

\*\* Indicates mandatory information

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#### PARTNER INFORMATION FORM INSTRUCTIONS

#### Part I

Question 1 - Self-explanatory

Question 2- Indicate the proposed type of mechanism to be utilized by placing a check mark on the line in front of the appropriate term

Question 3 – Enter the amount of award or assistance in U.S. dollars and indicate the start and end date of the program using a mm/dd/yyyy format

Question 4 – Indicate the purpose of the award or assistance. Use additional sheets and attach to page one of the vetting form if necessary

Question 5 a-e - Self-explanatory

Question 6 - "Key individual" means (i) 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); (ii) the principal officer and deputy principal officer of the organization (e.g., executive director, deputy director, president, vice president); (iii) the program manager or chief of party for the USG-financed program; and (iv) any other person with significant responsibilities for administration of the USG-financed activities or resources. Note that this definition differs from the definition of "key personnel" under contracts and cooperative agreements. Complete for each of these four categories or indicate "N/A" if a category does not apply.

#### Part II

Individual filling out form must read the Certification and print their name where indicated, sign where indicated, print their title and the name of their organization where indicated, and print the date where indicated.

#### Part III

This section is not for individual's information and will be completed by the USG vetting official.

#### **PUBLIC BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 15 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**

The following statement is required by the Privacy Act of 1974 (5 U.S.C. 522). Information in this form is used to conduct screening of individuals and entities as required by applicable U.S. laws and implementing procedures to ensure that USAID funds do not inadvertently provide support to entities or individuals associated with terrorism. Public Law 109-446 §3(b)(2), 18 U.S.C. 2339A, 2339B, 2339C, Executive Orders 13224 and 12947, applicable Homeland Security Presidential Directives and other legislative or executive branch prohibitions on providing support or resources to, or engaging in transactions with, individuals or entities associated with terrorism constitute the authority for collecting this information. In addition, the Foreign Assistance Act of 1961 as amended (22 U.S.C. 2151 et seq.) provides USAID with broad discretion in granting foreign assistance and permits USAID to consider a range of foreign policy and national security interests in determining how to provide foreign assistance.

Disclosure of the information provided on this form will be done in accordance with USAID's System of Records Notice concerning the Partner Vetting System (72FR136) which establishes the routine uses and Privacy Act exceptions which apply to this system.

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[FR Doc. 07–4775 Filed 10–01–07; 8:45 am]