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| **CONSULTANT BIO DATA FORM** | | | | | | | |
| 1. Consultant’s Name *(Last, First, Middle)* | | | 1. Proposed fee[[1]](#footnote-1) | | | | |
| 1. Consultant’s Address *(include postal code)* | | |
|  | | |
| 1. Telephone Number *(*include *area code)* | 8. Place of Birth | | 1. Citizenship (If *non-Kenyan citizen, give visa status)* | | | | |
| 1. EDUCATION*(include all college or university degrees)* | | | | 1. **LANGUAGE PROFICIENCY** *(see Instructions below)* | | | |
| **NAME AND LOCATION OF INSTITUTION** | **MAJOR** | **DEGREE** | **DATE** | **LANGUAGE** | | **Proficiency Speaking** | **Proficiency Reading** |
|  |  |  |  |  | | 2/S | 2/R |
|  |  |  |  |  | | 2/S | 2/R |
|  |  |  |  |  | | 2/S | 2/R |
| 1. **CONSULTANCY HISTORY** | | | | | | | |
| 1. Give last three (3) years. List fees separate for each year. Continue on separate sheet of paper if required to list all employment related to duties of proposed assignment. 2. Fee definition - payment for services rendered. | | | | | | | |
| 1. **CONSULTANT SERVICES** *(give last three (3) years)* | | | | | | | |
| **CONTRACT/ASSIGNMENT TITLE** | **CLIENT’S NAME AND ADDRESS POINT OF CONTACT & TELEPHONE #** | | | **Dates of Consultancy (M/D/Y)** | | **Daily Rate/Monthly Rate[[2]](#footnote-2) in US Dollars** | |
|  |  | | | From | To |
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| 1. **CERTIFICATION: To the best of my knowledge, the above facts as stated are true and correct.** | | | | | | | |
| Signature of Consultant | | | | | Date | | |
| 1. **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 contained in this form. Contractor understands that AGRA may rely on the accuracy of such information in negotiating and reimbursing personnel under this contract. The making of certifications that are false, fictitious, or fraudulent, or that are based on inadequately verified information, may result in appropriate remedial action by AGRA, taking into consideration all of the pertinent facts and circumstances, ranging from refund claims to criminal prosecution. | | | | | | | |
| Signature of Contractor's Representative | | | | | Date | | |

I**NSTRUCTION**

Indicate your language proficiency in block 11 using the following numeric Language Roundtable levels. Also, the following provides brief descriptions of proficiency levels 2, 3, 4, and 5.

"S" indicates speaking ability and

"R" indicates reading ability

*2. Limited working proficiency*

S - Able to satisfy routine special demands and limited work requirements.

R - Sufficient comprehension to read simple, authentic written material in a form equivalent to usual printing or typescript on familiar subjects within familiar contexts.

*3. General professional proficiency*

S - Able to speak the language with sufficient structural accuracy and vocabulary to participate effectively in most formal and informal conversations on practical, social, and professional topics.

R - Able to read within a normal range of speed and with almost complete comprehension of a variety of authentic prose material on unfamiliar subjects.

*4. Advanced professional proficiency*

S - Able to use the language fluently and accurately on all levels normally pertinent to professional needs.

R - Able to read fluently, accurately all styles and forms of the language pertinent to professional needs.

*5. Functional native proficiency*

S - Speaking proficiency is functionally equivalent to that of a highly articulate well-educated native speaker and reflects the cultural standards of a country where the language is natively spoken.

R - Reading proficiency is functionally equivalent to that of the well-educated native reader.

1. Insert proposed fee for the AGRA assignment [↑](#footnote-ref-1)
2. Specify if it’s a daily or monthly rate [↑](#footnote-ref-2)