

**CONTRACTOR EMPLOYEE BIOGRAPHICAL DATA SHEET**

<b>1. Name (Last, First, Middle)</b> Ranguwara, Emile		<b>2. Contractor's Name</b> OPC	
<b>3. Employee's Address (include ZIP code)</b> School of Public Health National University of Rwanda PO Box 89 Butare, Rwanda		<b>4. Contract Number</b> 010-34536	<b>5. Position Under Contract</b> Data Collection and Analysis Coordinator
<b>8. Telephone Number (include area code)</b> 011-250-07414862		<b>9. Place of Birth</b> Byumba-Ville	<b>6. Proposed Salary</b> 150/day
		<b>7. Duration of Assignment</b> 10/29/2003 2/28/04	
		<b>10. Citizenship (If non-U.S. citizen, give visa status)</b> Rwandan	

**1. Names, Ages, and Relationship of Dependents to Accompany Individual to Country of Assignment****12. EDUCATION** (include all college or university degrees)**13. LANGUAGE PROFICIENCY**

NAME AND LOCATION OF INSTITUTION	MAJOR	DECREE	DATE	LANGUAGE	Proficiency Speaking	Proficiency Reading
Free University of Brussels	Public health	MPH	05/31/2000	French	5/S	5/R
University of Kinshasa	Social Work	BA	01/31/1991	English	4/S	4/R
				Kinyarwanda	5/S	5/R

**14. EMPLOYMENT HISTORY**

- Give last three (3) years. List salaries separate for each year. Continue on separate sheet of paper if required to list all employment related to duties of proposed assignment.
- Salary definition – basic periodic payment for services rendered. Exclude bonuses, profit-sharing arrangements, commissions consultant fees, extra or overtime work payments, overseas differential or quarters, cost of living or dependent education allowances.

POSITION TITLE	EMPLOYER'S NAME AND ADDRESS POINT OF CONTACT & TELEPHONE #	Dates of Employment (mm/dd/yyyy)		Annual Salary
		From	To	Dollars
Lecturer	School of Public Health Dr L Pierre Tel 550555	09/01/2002	09/17/2003	6,000.00
Managing Director	Community Outreach Rwanda Kigali, M. Mudo Tel 4544352	12/01/2001	03/01/2002	5,500.00
Assistant Director	Community Outreach Rwanda Kigali, M. Mudo Tel 4544352	6/01/2000	12/01/2001	4,000.00

**15. SPECIFIC CONSULTANT SERVICES** (give last three (3) years)

SERVICES PERFORMED	EMPLOYER'S NAME AND ADDRESS POINT OF CONTACT & TELEPHONE #	Dates of Employment (mm/dd/yyyy)		Days at Rate	Daily Rate In Dollars
		From	To		
Technical support to GLIA Countries for OVC Programs	UNAIDS	02/06/2003	04/14/2003	4	150.00
OVC Educational and social service requirements assessment	World Bank	03/23/2002	05/15/2002	30	150.00
Assessment of Community-based OVC care services	World Bank	06/01/2001	09/1/2001	55	100.00

**16. CERTIFICATION:** To the best of my knowledge, the above facts as stated are true and correct.

Signature of Employee <i>Emile Ranguwara</i>	Date <i>9/23/2003</i>
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 USAID 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 USAID, taking into consideration all of the pertinent facts and circumstances, ranging from refund claims to criminal prosecution.	
Signature of Contractor's Representative <i>David Small</i>	Date <i>10/12/03</i>