USAID
FROM THE AMERICAN PEOPLE

OMB Control No. 0412-0520; Expiration Date: 02/28/2014

CONTRACTOR EMPLOYEE BIOGRAPHICAL DATA SHEET

1. Name *(Last, First, Middle)*	2. Contractor's Name	
Kobakhidze Tamta	**Abt Associates Inc.**	
3. Employee's Address *(include ZIP code)* Didi Digomi, 26 D.Tavdadebuli str.Apart. 35, 0131, Tbilisi, Georgia	4. Contract Number **GHS-1-00-07-00003-00**	5. Position Under Contract **Project Assistant 9/ HMIS Processes Analyst**
	6. Proposed Salary	7. Duration of Assignment **October 2014 – September 2015**

8. Telephone Number *(include area code)*	9. Place of Birth	10. Citizenship (*If non-U.S. citizen, give visa status)*
+ 995 593 533343	Tbilisi, Georgia	Georgian

11. Names, Ages, and Relationship of Dependents to Accompany Individual to Country of Assignment

12. EDUCATION *(include all college or university degrees)*

NAME AND LOCATION OF INSTITUTION	MAJOR	DEGREE	DATE
Ivane Javakhishvili Tbilisi State University	Faculty of Law	Master Degree	2000-2005
Goethe Institute, Tbilisi, Georgia	Deutsch Language		2004-2005

13. LANGUAGE PROFICIENCY *(see Instruction on Page 2)*

LANGUAGE	Proficiency Speaking	Proficiency Reading
Georgian	5	5
Russian	5	5
English	4	4

14. EMPLOYMENT HISTORY

1. 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.
2. 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 *(M/D/Y)*		Annual Salary
		From	To	Dollars
HMIS Processes Analyst	Abt Associates Inc. 144, Tsereteli Avenue Ministry of Labour, Health and Social Affairs of Georgia, 16th Floor	June 1, 2014	Current	24,794
HMIS Processes Analyst	Abt Associates Inc. 144, Tsereteli Avenue Ministry of Labour, Health and Social Affairs of Georgia, 16th Floor	Jan 1, 2013	May 31, 2014	23,920

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

SERVICES PERFORMED	EMPLOYER'S NAME AND ADDRESS POINT OF CONTACT &TELEPHONE #	Dates of Employment (M/D/Y)		Days at Rate	Daily Rate In Dollars
		From	To		
Business Process/System Analyst (Consultant)	MD Informatics, LLC USAID HSSP Project (Subcontractor of Abt Associates Inc.)	July 1 2012	Dec 31 2012	135	92
Healthcare Information Technology Consultant	MD Informatics, LLC USAID HSSP Project (Subcontractor of Abt Associates Inc.)	Sep 30 2011	June 30 2012	203	83
Healthcare Information Technology Consultant	MD Informatics, LLC USAID HSSP Project (Subcontractor of Abt Associates Inc.)	Oct 2010	Sep 30 2011	250	77

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

	Date
	09/03/2014

17. 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 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	Date