### APPENDIX A TO PART 201—SUPPLIER'S CERTIFICATE AND AGREEMENT WITH THE AGENCY FOR INTERNATIONAL DEVELOPMENT (AID 282)

#### INVOICE-AND-CONTRACT ABSTRACT

<table>
<thead>
<tr>
<th>1.</th>
<th>COMMODITY SUPPLIER'S NAME AND ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>FOR A.I.D. USE</td>
</tr>
<tr>
<td>3.</td>
<td>A.I.D. IMPLEMENTATION NUMBER</td>
</tr>
<tr>
<td>4.</td>
<td>IMPORTER'S NAME AND ADDRESS</td>
</tr>
<tr>
<td>5.</td>
<td>VESSEL</td>
</tr>
<tr>
<td>6.</td>
<td>FLAG</td>
</tr>
<tr>
<td>7.</td>
<td>PORT OF LOADING</td>
</tr>
</tbody>
</table>

#### COMMODITY INFORMATION

<table>
<thead>
<tr>
<th>a.</th>
<th>Description of Commodity and Schedule B No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>b.</td>
<td>Gross Weight</td>
</tr>
<tr>
<td>c.</td>
<td>Measurement</td>
</tr>
</tbody>
</table>

#### INVOICE ENCOMPASSING SUPPLIER INFORMATION

<table>
<thead>
<tr>
<th>a.</th>
<th>Itemize</th>
</tr>
</thead>
<tbody>
<tr>
<td>b.</td>
<td>Total Amount</td>
</tr>
<tr>
<td>c.</td>
<td>Description</td>
</tr>
<tr>
<td>d.</td>
<td>Amount After Discount</td>
</tr>
<tr>
<td>e.</td>
<td>Total Amount</td>
</tr>
</tbody>
</table>

#### INSURANCE INFORMATION

<table>
<thead>
<tr>
<th>a.</th>
<th>Policies</th>
</tr>
</thead>
<tbody>
<tr>
<td>b.</td>
<td>Amount</td>
</tr>
<tr>
<td>c.</td>
<td>Policy Number</td>
</tr>
<tr>
<td>d.</td>
<td>Date</td>
</tr>
</tbody>
</table>

#### TRANSPORTATION INFORMATION

<table>
<thead>
<tr>
<th>a.</th>
<th>Vessel Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>b.</td>
<td>Hull Style</td>
</tr>
<tr>
<td>c.</td>
<td>Main Engine</td>
</tr>
<tr>
<td>d.</td>
<td>Other (If Any)</td>
</tr>
<tr>
<td>e.</td>
<td>Date</td>
</tr>
</tbody>
</table>

#### INFORMATION AS TO COMMISSIONS, CREDITS, ALLOWANCES, SIMILAR PAYMENTS, AND DUE PAYMENTS

<table>
<thead>
<tr>
<th>a.</th>
<th>Recipient's Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>b.</td>
<td>Recipient's Address</td>
</tr>
<tr>
<td>c.</td>
<td>Amount Due or To Be Paid</td>
</tr>
</tbody>
</table>

#### ADDITIONAL INFORMATION AND REMARKS

<table>
<thead>
<tr>
<th>18.</th>
<th>Certification On Other Side Is Made By</th>
</tr>
</thead>
<tbody>
<tr>
<td>19.</td>
<td>Name and Address Of Company</td>
</tr>
</tbody>
</table>

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AID 282 [5-88] [OMB No. 0642-0012 Exp. 11/30/91]
SUPPLIER'S CERTIFICATE AND AGREEMENT WITH
THE AGENCY FOR INTERNATIONAL DEVELOPMENT

The supplier hereby acknowledges that the services claimed to the
concerning services to be due and owing under the terms of the
Government Contract are complete, and that the amount claimed, to
be paid, to which the Government is entitled, is not subject to any
offset or setoff.

1. The undersigned is the supplier of the commodities or
services-related services indicated in the Letter-Contract
Amendment on the reverse hereof, has complied with the applicable
provisions of Regulation 22 CFR Ch. II Pt. 201, Appendix A-I, as
in force on the date hereof. The undersigned will comply with all
applicable laws and regulations of the United States applicable to
the purchase, manufacture, or employment of the commodities or
services-related services indicated in the Letter-Contract
Amendment on the reverse hereof, as amended.

2. The undersigned is the supplier of the commodities or
services-related services indicated in the Letter-Contract
Amendment on the reverse hereof, has complied with the applicable
provisions of Regulation 22 CFR Ch. II Pt. 201, Appendix A-I, as
in force on the date hereof. The undersigned will comply with all
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services-related services indicated in the Letter-Contract
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5. The undersigned is the supplier of the commodities or
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7. The undersigned is the supplier of the commodities or
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9. The undersigned is the supplier of the commodities or
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services-related services indicated in the Letter-Contract
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10. The undersigned is the supplier of the commodities or
services-related services indicated in the Letter-Contract
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provisions of Regulation 22 CFR Ch. II Pt. 201, Appendix A-I, as
in force on the date hereof. The undersigned will comply with all
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11. The undersigned is the supplier of the commodities or
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12. The undersigned is the supplier of the commodities or
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13. The undersigned is the supplier of the commodities or
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Amendment on the reverse hereof, as amended.
INSTRUCTIONS FOR COMPLETING FORM AID 282

PAPERWORK REDUCTION ACT NOTICE. Information furnished will be used to satisfy compliance with legal requirements, as a basis for decisions on the merits of applications, and to enable participation in or the benefit of programs provided by law. Submission of this information is voluntary and no penalty will be imposed for refusal to supply the information.

Agency for International Development
Office of Procurement Policy, Planning & Evaluation, MS-G79
Washington, D.C. 20523-1430;
Office of Management & Budget
Paperwork Reduction Project (0625-0050)
Washington, D.C. 20573

EXECUTION OF FORM: This form is designed for use with the U.S. Standard Marine for International Trade. An original and one (1) copy of this form, accepted by the following agencies, as applicable, must accompany each package for which payment is requested.

(a) Commodity Supplier - means the commodity supplier, covering the cost of the commodity, including the cost of any commodity-related services paid by the commodity supplier (if any).
(b) Transportation Supplier (Carrier) - means such carrier or the shipper of through bill of lading, the forwarding agent, or the principal organization (or its authorized agent) that (i) for transportation services, or (ii) in the case of the ocean or air transportation furnished by A.I.D., whether or not the transportation is paid by the commodity supplier;
(c) Insurance Supplier (Broker) - means the insurer (or the underwriters in whose name the insurance is issued) or the broker or the commodity supplier, whether or not the insurance is paid by the commodity supplier, for the cost of marine insurance financed by A.I.D. when such cost exceeds $50.

The original must be signed by a person authorized by the supplier who shall indicate his full name and title and his title authority.

LANGUAGE: The form must be completed in the English language only and all amounts of money must be shown in U.S. dollars.

OBTAINING FORMS: The form (as well copies of A.I.D. Regulation 1, referred to in the form) may be obtained (i) at any district office of the Department of Commerce, (ii) at the offices of the Agency for International Development, Washington, D.C. 20523; or (iii) in any manner prescribed by us, or (iv) by reproduction, provided the reproduction is identical in size and format.

INSTRUCTIONS FOR COMPLETING ENTRIES ON INVOICE AND CONTRACT ABSTRACT

GENERAL INSTRUCTIONS

Except as provided in the instructions for specific items, suppliers must complete all blocks or enter the letter "N/A" (Not Applicable), as follows:

Commodity Supplier - Complete all blocks except 12 and 13; however, if the commodity supplier has paid for the transportation services, block 13 will also be completed by the commodity supplier. Block 11 to be completed if the invoice is for a U.S. address.

Transportation Supplier (Carrier) - Complete Blocks 1 through 8 as well as 10, 14, and 16.

Insurance Supplier (Broker) - Complete Blocks 1 through 8 as well as 10, 14, and 15.

INSTRUCTIONS FOR INDIVIDUAL BLOCKS

Block 1: Enter the commodity supplier’s name and address.

Block 3: Enter A.I.D. Implementing document number (if applicable) or the Letter of Credit or Importer’s Instructions. This number will normally be the Letter of Commitment number.

Block 4: Enter the name of the vessel.

Block 5: Enter the flag of registry.

Block 6: Enter the port shown on the bill of lading.

Block 7: Enter the name of the commodity supplier.

Block 8: Enter the number of the accompanying invoice to which this sterilization applies.

Block 9: Enter the invoice date.

Block 10: Enter the contract number.

Block 11: Enter the date of the contract.

Block 12: Enter the date of issuance.

Block 13: Enter the amount paid or to be paid to the commodity supplier, for the cost of the commodity, including the cost of any commodity-related services paid by the commodity supplier (if any).

Block 14: Enter the total cost of ocean or air transportation furnished by A.I.D., whether or not the transportation is paid by the commodity supplier.

Block 15: Enter the total cost of marine insurance financed by A.I.D. when such cost exceeds $50.

Block 16: Enter the date the contract was issued.

Block 17: Enter the amount paid or to be paid to the transportation supplier.

Block 18: Enter the date the transportation services were provided.

Block 19: Enter the amount paid or to be paid to the insurance supplier (broker).

Block 20: Enter the date the marine insurance was issued.

INSTRUCTIONS FOR COMPLETING BLOCKS 21 THROUGH 30

Block 21: Enter the name of the insurer (or the underwriters in whose name the insurance is issued) or the broker.

Block 22: Enter the amount paid or to be paid to the insurance supplier (broker).

Block 23: Enter the date the marine insurance was issued.

Block 24: Enter the port from which insurance was issued.

Block 25: Enter the port of discharge.

Block 26: Enter the amount paid or to be paid to the marine insurance provider.

Block 27: Enter the date the insurance was canceled.

Block 28: Enter the date the insurance was issued.

Block 29: Enter the amount paid or to be paid to the marine insurance provider.

Block 30: Enter the amount paid or to be paid to the marine insurance provider.

INSTRUCTIONS FOR COMPLETING BLOCKS 31 THROUGH 36

Block 31: Enter the full name of the person responsible for the insurance claim.

Block 32: Enter the amount paid or to be paid to the marine insurance provider.

Block 33: Enter the date the insurance was issued.

Block 34: Enter the date the insurance was canceled.

Block 35: Enter the amount paid or to be paid to the marine insurance provider.

Block 36: Enter the date the insurance was canceled.

INSTRUCTIONS FOR COMPLETING BLOCKS 37 THROUGH 40

Block 37: Enter the full name of the person responsible for the insurance claim.

Block 38: Enter the amount paid or to be paid to the marine insurance provider.

Block 39: Enter the date the insurance was issued.

Block 40: Enter the date the insurance was canceled.

INSTRUCTIONS FOR COMPLETING BLOCKS 41 THROUGH 47

Block 41: Enter the full name of the person responsible for the insurance claim.

Block 42: Enter the amount paid or to be paid to the marine insurance provider.

Block 43: Enter the date the insurance was issued.

Block 44: Enter the date the insurance was canceled.

Block 45: Enter the amount paid or to be paid to the marine insurance provider.

Block 46: Enter the date the insurance was canceled.

INSTRUCTIONS FOR COMPLETING BLOCKS 48 THROUGH 54

Block 48: Enter the full name of the person responsible for the insurance claim.

Block 49: Enter the amount paid or to be paid to the marine insurance provider.

Block 50: Enter the date the insurance was issued.

Block 51: Enter the date the insurance was canceled.

Block 52: Enter the amount paid or to be paid to the marine insurance provider.

Block 53: Enter the date the insurance was canceled.

INSTRUCTIONS FOR COMPLETING BLOCKS 55 THROUGH 61

Block 55: Enter the full name of the person responsible for the insurance claim.

Block 56: Enter the amount paid or to be paid to the marine insurance provider.

Block 57: Enter the date the insurance was issued.

Block 58: Enter the date the insurance was canceled.

Block 59: Enter the amount paid or to be paid to the marine insurance provider.

Block 60: Enter the date the insurance was canceled.

INSTRUCTIONS FOR COMPLETING BLOCKS 62 THROUGH 66

Block 62: Enter the full name of the person responsible for the insurance claim.

Block 63: Enter the amount paid or to be paid to the marine insurance provider.

Block 64: Enter the date the insurance was issued.

Block 65: Enter the date the insurance was canceled.

Block 66: Enter the amount paid or to be paid to the marine insurance provider.

INSTRUCTIONS FOR COMPLETING BLOCKS 67 THROUGH 71

Block 67: Enter the full name of the person responsible for the insurance claim.

Block 68: Enter the amount paid or to be paid to the marine insurance provider.

Block 69: Enter the date the insurance was issued.

Block 70: Enter the date the insurance was canceled.

INSTRUCTIONS FOR COMPLETING BLOCKS 72 THROUGH 80

Block 72: Enter the full name of the person responsible for the insurance claim.

Block 73: Enter the amount paid or to be paid to the marine insurance provider.

Block 74: Enter the date the insurance was issued.

Block 75: Enter the date the insurance was canceled.

INSTRUCTIONS FOR COMPLETING BLOCKS 81 THROUGH 90

Block 81: Enter the full name of the person responsible for the insurance claim.

Block 82: Enter the amount paid or to be paid to the marine insurance provider.

Block 83: Enter the date the insurance was issued.

Block 84: Enter the date the insurance was canceled.

INSTRUCTIONS FOR COMPLETING BLOCKS 91 THROUGH 96

Block 91: Enter the full name of the person responsible for the insurance claim.

Block 92: Enter the amount paid or to be paid to the marine insurance provider.

Block 93: Enter the date the insurance was issued.

Block 94: Enter the date the insurance was canceled.

INSTRUCTIONS FOR COMPLETING BLOCKS 97 THROUGH 100

Block 97: Enter the full name of the person responsible for the insurance claim.

Block 98: Enter the amount paid or to be paid to the marine insurance provider.

Block 99: Enter the date the insurance was issued.

Block 100: Enter the date the insurance was canceled.

INSTRUCTIONS FOR COMPLETING BLOCKS 101 THROUGH 106

Block 101: Enter the full name of the person responsible for the insurance claim.

Block 102: Enter the amount paid or to be paid to the marine insurance provider.

Block 103: Enter the date the insurance was issued.

Block 104: Enter the date the insurance was canceled.

INSTRUCTIONS FOR COMPLETING BLOCKS 105 THROUGH 109

Block 105: Enter the full name of the person responsible for the insurance claim.

Block 106: Enter the amount paid or to be paid to the marine insurance provider.

Block 107: Enter the date the insurance was issued.

Block 108: Enter the date the insurance was canceled.

INSTRUCTIONS FOR COMPLETING BLOCKS 109 THROUGH 111

Block 109: Enter the full name of the person responsible for the insurance claim.

Block 110: Enter the amount paid or to be paid to the marine insurance provider.

Block 111: Enter the date the insurance was issued.
INSTRUCTIONS FOR COMPLETING FORM AID 282

"Economically disadvantaged individuals" means socially disadvantaged individuals whose ability to compete in the free enterprise system is impaired due to such discrimination or exclusion to the same extent as other individuals who are not socially disadvantaged. Women and individuals who certify that they are members of certain groups (Black Americans, Hispanic Americans, Native Americans, Asian Americans) are to be considered socially and economically disadvantaged.

"Asian and Asian Americans" means United States citizens whose origins are in India, Pakistan, Bangladesh, Sri Lanka, Bhutan, or Nepal.

"Asian Pacific Americans" means United States citizens whose origins are in Japan, China, the Philippines, Vietnam, Korea, Samoa, Guam, the U.S. Trust Territory of the Pacific Islands (Republic of Palau), the Northern Mariana Islands, Laos, Kampuchea (Cambodia), Taiwan, Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Republic of the Marshall Islands, or the Federated States of Micronesia.

"Native Americans" means American Indians, Eskimos, Aleuts, and their descendants.

d. If the supplier is not a socially and economically disadvantaged concern, enter the best estimate of the percentage of the total invoice amount paid to or to be paid to subcontractors or suppliers of components who are socially and economically disadvantaged concern.

e. Indicate whether the supplier is a women-owned business. "Women-owned business" means a business which is at least 51 percent owned by one or more women who are United States citizens and who also control and operate the business.

f. If the supplier is not a women-owned business, enter the best estimate of the percentage of the total invoice amount paid to or to be paid to subcontractors or suppliers of components who are women-owned businesses.

BLOCK 12: INSURANCE INFORMATION
COMPLETE BLOCK 12 only if the insurance premium exceeds $50.
- Enter the insured value of the shipment.
- Enter the type of coverage and insurance rate. If "Other" is checked, explain below in Block 13.

BLOCK 13: TRANSPORTATION INFORMATION
- Check one: LCI, RCI, ALC, or Other
- Enter Bill of Lading or air waybill number.
- Enter Bill of Lading or air waybill date.
- Enter the freight rate, other freight charges, and the total freight amount of freight charges after discount.

BLOCK 14: INFORMATION AS TO COMMISSIONS, CREDIT, ALLOWANCES, SIMILAR PAYMENTS AND SUB-PAYMENTS
Enter information on (a) all commissions and other payments, credits, allowances or similar payments, not shown on the invoice, made to or on behalf of the supplier or its agent, by exporters, or by the supplier's agent on behalf of another supplier, by the supplier, or by any other concern, in connection with the transaction, and required or required to be made by the supplier to the exporter, in accordance with the transaction, as required by Section 201.46 of A.D. Regulation I. If there is insufficient space to furnish the required information in block 14, continue in block 15 or enter "Continued" or "See attached" to block 14, and attach a separate sheet to the form. If no commissions or other payments, credits, allowances, or similar payments are involved, enter "NONE" in block 14.

BLOCK 15: If the supplier's Certificate is completed by the carrier or owner, check the appropriate box and print or type carrier's or owner's name and address.