



**BUREAU FOR ECONOMIC GROWTH, EDUCATION AND ENVIRONMENT  
OFFICE OF EDUCATION**

**CONDITIONS OF SPONSORSHIP FOR U.S.-BASED ACTIVITIES**

1. Name of Exchange Visitor (Mr., Ms., Dr.) (Family, Given, Other)
2. Name of Program
3. Brief Description of Program
4. Name of Activity Provider and Phone, Fax and Address of Primary Contact
5. Start/End Dates
6. Expected U.S. Address

**I agree that, as a USAID-sponsored Exchange Visitor, I will adhere to my program, devote my time and attention to my program, and conform to USAID regulations. I understand that I must return to my country immediately upon completion of my program and endeavor to utilize the knowledge, skills and attitudes acquired under this program for the benefit of my country.**

Furthermore, I thoroughly understand the following requirements of USAID:

**1. Two-year Home Residency Requirement:** I understand that I must depart the U.S. within three calendar days (seven calendar days for long-term programs) after the last technical or practical U.S.-based activity of my program, unless circumstances preclude departure and the USAID Responsible Officer or Alternate Responsible Officer approves the exception in writing. I understand that I must return to my home country immediately upon departure from the U.S. I understand that I must fulfill the two-year home residency requirement of the J-1 Visa, unless USAID has approved an exception to the Agency's J-1 visa requirement (see 2. below). *[The two year home residency requirement does not preclude me from traveling to the U.S. during such period under another non-immigrant visa such as B-1/B-2 if the travel is approved by a U.S. Consul. Instead it means that I will not be eligible for certain types of non-immigrant visas (e.g., H-1 or L-1) or for legal permanent residence in the U.S. until I have spent a total of 24 months in my home country].* I will not attempt to change my non-immigrant status while in the U.S. I understand that marriage to a U.S. citizen, the birth of a U.S. citizen child, an offer of employment, change of sponsorship, passage of years, or time spent in another country, will not change my responsibility to return home upon completion of this USAID program.

**2. J-1 visa:** I will receive and must remain on a J-1 visa that has been issued under USAID sponsorship during my stay in the United States, unless USAID has approved an exception to this requirement. I understand that I am responsible for making certain that my visa is current, and that I notify my monitoring contractor of any changes in my program completion. I understand that requests for extensions of my program will only be approved if they meet USAID's objectives for my program. I understand that if I plan to travel outside of the U.S., I must and will immediately notify my USAID program implementer in advance since USAID is required to report any changes in Exchange Visitor status, including any changes in current U.S. address, to the Bureau of Citizenship and Immigration Services and the Department of State.

**3. Medical Insurance:** I understand that USAID is not responsible for any costs related to medical care while I am in the U.S. I understand that I will be enrolled in health and accident insurance coverage that meets or exceeds USAID minimum coverage requirements, and I will be covered only for the coverage/limits provided by that health insurance program. I understand that I am responsible for paying the insurance deductible and co-payment (if required) and for the prompt filing of medical claims. I understand that in many cases, medical conditions existing prior to my Exchange Visitor sponsorship by USAID are not covered by USAID's insurance program USAID shall use such claims information for reviewing its entire insurance program. I understand that I have the right to revoke this authorization by providing written notice to USAID. Such revocation will result in automatic termination of USAID's sponsorship of the program, and will render inactive my status in the SEVIS database, unless USAID otherwise agrees in writing. I will notify USAID immediately when I file any claim against the insurance policy and include in such notification the date of the claim, the nature of the claim and copies of all documentation related to the claim. I understand that in many cases, medical conditions existing prior to my Exchange Visitor sponsorship by USAID are not covered by USAID's insurance program.

**4. U.S. Income Tax forms/payments:** I understand that, unless USAID has approved an exception to the Agency's J-1 visa requirement (see 2. above), I must file U.S. Federal or State tax forms as appropriate for J-1 visa holders, in which the sponsoring USAID office or its contractor may assist me. I understand that it is my responsibility to ensure that tax forms are prepared on my behalf and filed with the U.S. Internal Revenue Service.

**5. Dependents:** I understand that I will follow the policy on exchange visitor dependents set by the USAID Mission in my country; that if dependent travel is allowed, USAID provides no funds for dependent expenses; and that I must meet USAID requirements regarding dependents, i.e., show that funds are available in a U.S. bank equal to 50% of my monthly maintenance for each dependent, for each month they are to reside in the U.S., b) my dependents will undergo a medical examination in our home country, c) I will secure medical insurance which includes coverage for pregnancy if appropriate, and d) I will have funds available for the purchase of my dependents round trip tickets. I further understand that, a) unless USAID has approved an exception to the Agency's J-1 visa requirement (see 2. above), my dependents may only travel on a J-2 visa that has been issued under USAID sponsorship, regardless of the length of their stay in the U.S., unless USAID has approved an exception to the J-1 visa requirement applicable to my sponsorship, b) cancellation of dependent insurance is grounds for the termination of my USAID-sponsored program, and c) my dependents may not apply or benefit from any type of U.S. public assistance, i.e., subsidized school lunch programs, public or subsidized housing, or food stamp programs.

**6. Allowances:** I understand that I may be eligible for certain maintenance allowances, or allowances for other program-related costs, and that the amount of the allowance will be determined by USAID. I understand that I may not accept any outside funds through scholarships, assistantships, or wages, and that if I do receive any financial compensation outside of my USAID allowances, that my monthly maintenance allowance will be reduced accordingly.

**7. Termination of a Exchange Visitor Program:** USAID reserves the right to terminate the Exchange Visitor program of those exchange visitors who: a) change their course of study without prior authorization; b) fail in their studies; c) fail to carry a full-time course of study, unless specific arrangements are made with the monitoring contractor; d) conduct themselves in a manner prejudicial to the USAID Program or to the laws of the country; e) accept any public welfare funds; f) bring dependents to the country without prior USAID approval or violate any of the dependent requirements; g) obtain employment in the United States or other country without prior USAID approval; h) are diagnosed as having a mental or physical disease, disability or disorder that will unduly delay or prevent successful completion of the program, or render the exchange visitor unlikely to contribute to the home country's development for which the program was designed; and, i) revoke the authorization provided in paragraph 3 above titled "Medical Insurance."

**8. Legal Obligations:** I understand that USAID will not provide funds for my legal defense, and will assume no responsibility for expenses involved in my operating a motor vehicle, for expenses involving criminal or civil law proceedings related to the operation of a motor vehicle, or for any other civil or criminal action for which I am held responsible for by local, state or Federal authorities. This applies to arrest and detention as well as fines, taxes, legal fees, and lawsuits and medical expenses for injuries sustained as the result of operating a motor vehicle or any other activity.

**9. Automobile Ownership:** USAID policy prohibits ownership of a vehicle without the prior approval of my sponsoring unit. If I operate a vehicle not owned by me, I do so at my own risk and am personally responsible for: Determining and complying with all state and local laws, ordinances and requirements of the program locality; Obtaining all necessary personal, liability and health and accident insurance, and licenses to meet state and local requirements for the operation of a motor vehicle; Payment of the cost for medical treatment of injuries sustained as a result of an automobile accident. If I drive any vehicle while under USAID sponsorship, it will be to my advantage to obtain the maximum personal liability insurance coverage available, to cover possible claims against me should I ever be involved in an automobile accident.

**10. Repayment of Program Costs:** I agree to repay all training costs plus possible penalty charges, administrative costs, and interest in case of late payment, if I fail to return home upon completion of my program or if my program is terminated by USAID for any reason, unless deferred by USAID. The repayment of these costs does not in any way eliminate or waive the two-year home residency requirement, if I am on a J-1 visa (see 2. above). I understand that any amounts which may be due USAID may be withheld from monies owed me by the U.S. government or may be recovered by such other methods as permitted by law.

Signed:	
Signature of Exchange Visitor:	Signature of Authorized USAID Official:
Date:	Title:

**FOR USAID STAFF ONLY**

**USAID has conducted a Security Risk and Fraud Inquiry regarding this visitor. The information used in this Security Risk and Fraud Inquiry was:**

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**Name of Authorized USAID Official**

**Mission/Title**

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**Signature of Authorized USAID Official**

**Date**

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