

PID 1-50-1 (10-79) PIO/T	UNITED STATES INTERNATIONAL DEVELOPMENT COOPERATION AGENCY AGENCY FOR INTERNATIONAL DEVELOPMENT	1. Cooperating Country COSTA RICA	Page 1 of 10 Pages
	PROJECT IMPLEMENTATION ORDER/TECHNICAL SERVICES	2. PIO/T No. 515-0227-3-50054	3. <input checked="" type="checkbox"/> Original or Amendment No. _____
		4. Project/Activity No. and Title Cooperative Development Services OPG No. 515-0227	
		5. Appropriation Symbol	

DISTRIBUTION	6. Allotment Symbol and Charge	
	7. Obligation Status <input checked="" type="checkbox"/> Administrative Reservation <input type="checkbox"/> Implementing Document	8. Project Assistance Completion Date (Mo., Day, Yr.) November 15, 1988
	9. Authorized Agent USAID/Costa Rica	10. This PIO/T is in full conformance with PRO/AG _____ N/A _____ Date _____
	11a. Type of Action and Governing AID Handbook <input type="checkbox"/> AID Contract (HB 14) <input type="checkbox"/> PASA/RSSA (HB 12) <input checked="" type="checkbox"/> AID Grant (HB 13) <input type="checkbox"/> Other	11b. Contract/Grant/PASA/RSSA Reference Number (if this is an Amendment)

12. Estimated Financing (A detailed budget in support of column (2) is attached as attachment no. _____)

Maximum AID Financing	A. Dollars	(1) Previous Total	(2) Increase	(3) Decrease	(4) Total to Date
					\$100,000
	B. U.S.-Owned Local Currency				

13. Mission References

14a. Instructions to Authorized Agent

Issue grant letter to Agricultural Cooperative Development International for purposes described herein.

AID hereby authorizes the amount of \$800,000 for purposes of the Grant and obligates the amount of \$100,000 as of the effective date. Subsequent obligation(s) of the remaining \$700,000 authorized for this project will be made through amendments to the PIO/T and Letter Grant.

14b. Address of Voucher Paying Office
 Controller
 USAID/Costa Rica
 APO Miami, Fl. 34020

15. Clearances—Include typed name, office symbol, telephone number and date for all clearances.

A. The project officer certifies that the specifications in the statement of work are technically adequate Paul Kretchmer, RDD <i>PJK</i>	Phone No. 33-11-55 Date <i>7/23/85</i>	B. The statement of work lies within the purview of the initiating and approved agency program Richard Archi, DDIR	Date _____
C. David Gardella, RDD <i>DG</i> Rafael Rosario, AIO <i>RR</i>	Date <i>7/23/85</i>	D. Funds for the services requested are available G.F.Latham, CONT <i>WFL</i>	Date <i>7/28/85</i>
E. Aaron Williams, IAO Lorraine Simard, PRD <i>LS</i>	Date <i>8/2/85</i>	Richard Rodman, MO <i>RR</i>	Date <i>8/28/85</i>

16. For the cooperating country: The terms and conditions set forth herein are hereby agreed to Signature <u>N/A</u> Date _____ Title _____	17. For the Agency for International Development Signature <i>D. Archi</i> Date <i>8/29</i> Daniel A. Chaij Director
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PIO/T	4. Project/Activity No. and Title Cooperative Development Services OPG No. 515-0227		

SCOPE OF WORK

18. THE SCOPE OF TECHNICAL SERVICES REQUIRED FOR THIS PROJECT ARE DESCRIBED IN ATTACHMENT NUMBER 1 HERETO ENTITLED "STATEMENT OF WORK".

19. SPECIAL PROVISIONS

- A. LANGUAGE REQUIREMENTS (SPECIFY) ESR S-3, R-3 Spanish
(IF MARKED, TESTING MUST BE ACCOMPLISHED BY AID TO ASSURE DESIRED LEVEL OF PROFICIENCY)
- B. ACCESS TO CLASSIFIED INFORMATION WILL WILL NOT BE REQUIRED BY TECHNICIAN(S).
- C. DUTY POST(S) AND DURATION OF TECHNICIANS' SERVICES AT POST(S) (MONTHS) One advisor will be located in Quepos, Costa Rica, the other in San José, Costa Rica.
- D. DEPENDENTS WILL WILL NOT BE PERMITTED TO ACCOMPANY TECHNICIAN. Each position will be for three years.
- E. WAIVER(S) HAVE BEEN APPROVED TO ALLOW THE PURCHASE OF THE FOLLOWING ITEM(S) (COPY OF APPROVED WAIVER IS ATTACHED) To waive section 123 (G), 20% from non-USG sources.
- F. COOPERATING COUNTRY ACCEPTANCE OF THIS PROJECT (APPLICABLE TO AID/W PROJECTS ONLY)
 - HAS BEEN OBTAINED
 - HAS NOT BEEN OBTAINED
 - IS NOT APPLICABLE TO SERVICES REQUIRED BY PIO/T
- G. OTHER (SPECIFY)
The OPG proposal submitted by ACDI to USAID/CR is incorporated into this PIO/T and shall serve as the basis for the implementation of this activity.

20. BACKGROUND INFORMATION (ADDITIONAL INFORMATION USEFUL TO AUTHORIZED AGENT)
Agricultural Cooperative Development International, a U.S. PVO, has a broad cooperative development experience both internationally and in Costa Rica. They are a registered PVO with AID/W.

21. SUMMARY OF ATTACHMENTS ACCOMPANY THE PIO/T (INDICATE ATTACHMENT NUMBER IN BLANK)

- 2 DETAILED BUDGET IN SUPPORT OF INCREASED FUNDING (BLOCK 12)
- _____ EVALUATION CRITERIA FOR COMPETITIVE PROCUREMENT (BLOCK 14)
- _____ JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT (BLOCK 14)
- 1 STATEMENT OF WORK (BLOCK 18)
- 3 WAIVER(S) (BLOCK 19) (SPECIFY NUMBER) To waive section 123(G) of FAA, the 20% test.

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	4. Project/Activity No. and Title Cooperative Development Services OPG No. 515-0227		

22. Relationship of Contractor or Participating Agency to Cooperating Country and to AID

A. Relationships and Responsibilities

The Grantee's advisors will work with FEDECOOP and the Quepos Oil Palm Cooperative and will maintain close liason with USAID/Costa Rica and will report to the Mission Director or his designated representative.

B. Cooperating Country Liaison Official

Designated FEDECOOP Project Manager and Oil Palm Cooperative Board of Directors.

C. AID Liaison Officials

Designated USAID/CR/RDD Project Officers.

LOGISTIC SUPPORT

23. Provisions for Logistic Support	IN KIND SUPPLIED BY		FROM LOCAL CURRENCY SUPPLIED BY		TO BE PROVIDED OR ARRANGED BY SUPPLIER
	AID	COOPERATING COUNTRY	AID	COOPERATING COUNTRY	
A. Specific Items (Insert "X" in applicable column at right. If entry needs qualification, insert asterisk and explain below in C. "Comments")					
(1) Office Space		X			
(2) Office Equipment		X			
(3) Housing and Utilities					X
(4) Furniture N/A					
(5) Household Equipment (Stoves, Refrig., etc.) N/A					
(6) Transportation in Cooperating Country					X
(7) Transportation To and From Country					X
(8) Interpreter Services/Secretarial					X
(9) Medical Facilities	X				
(10) Vehicles (official) N/A					
(11) Travel Arrangements/Tickets					X
(OTHER SPECIFY)					
(12)					
(13)					
(14)					
(15)					

B. Additional Facilities Available From Other Sources

- APO/RPO
 PX
 COMMISSARY
 OTHER (Specify, e.g., duty free entry, tax exemption)

ATTACHMENT 1

PIO/T No. 515-0227-3-50054

A. Background

Two relatively new developments in Costa Rican agriculture have resulted in USAID/CR preparing active response to help the Government of Costa Rica (GOCR) in resolving the problems involved.

The first was the willingness of the Compania Bananera de Costa Rica (CBCR) to transfer ownership of a large area of land planted to oil palm in the Parrita District to a cooperative that would be owned by former employees of the company. Since policy of the GOCR is to encourage cooperative ownership and also to increase the domestic production of edible oils, the government desired to move ahead with this project.

The second development was the discovery of coffee rust disease (Hemileia vastatrix Berk. & Br.) with its potentially disastrous consequences to the Costa Rican economy.

The first development--the establishment of a cooperative to purchase oil palm lands from the Compania Bananera de Costa Rica (CBCR)-- is underway. USAID/CR has funded an advisor for one year to assist in the establishment of a cooperative. The advisor began work in September, 1984. Due to the complexities involved in establishing such a cooperative, and given the lack of experience of the members, it was realized that outside assistance will be required for the formative years. Consequently, the first activity under this Operational Program Grant (OPG) will involve technical assistance to the cooperative and will be called the Quepos Oil Palm Activity.

In the case of the coffee rust disease problem, USAID is preparing a proposal to assist in improving the technological transfer of information and resources required to offset the effects of the disease, plus assisting marginal coffee farmers to diversify into other crops. The mechanism for carrying out this program will be a combination loan and grant to the Federacion de Cooperativas de Caficultores (FEDECOOP). FEDECOOP will use funds from the program to on-lend to its member cooperatives which will in turn lend funds to their members to carry out the technological changes and crop diversifications required. The loan portion of the USAID assistance package will represent 95% of the funds provided. Consequently, USAID and FEDECOOP desire that a long term credit advisor assist in setting up the program and advising both FEDECOOP and the individual cooperatives in the management of these funds. This will be called the Coffee Technification/Diversification Activity.

The nature of the assistance provided to both activities is similar--the provision of cooperative development services. Due to the differences in the entities being dealt with, and the need to clearly explain what these services involve, it will be necessary in this OPG proposal to treat them separately. However, the Financial Analysis (budget), Special Conditions, and Statutory Considerations for the two activities will be consolidated.

B. Objective

The objective of work performed under this PIO/T is to provide technical assistance to USAID/Costa Rica in 1) the development of a viable producers cooperative to own and manage profitably approximately 1700 hectares of oil palm land and 2) helping Costa Rican coffee farmers technify and diversify coffee plantations in order to improve their incomes and to reduce the effect of coffee rust disease if their farms are affected.

C. Scope of Work

I. Oil Palm Project

1. To assist and advise in the development and management of a multi-purpose farmers cooperative that has been recently organized to facilitate the transfer (sale) of lands owned by the Compania Bananera de Costa Rica (CBCR) to former employees of the company.
2. Review work done to date in developing the Quepos Oil Palm Project, including legal documents, constitution, and by-laws.
3. Make an analysis of the financial requirements of the cooperative for 1986-88, revising this each year as necessary.
4. Prepare a training plan for the cooperative manager and other personnel in the cooperative. Assist in carrying out this training and make arrangements for training at other locations in Costa Rica and Central America, as required.
5. Prepare a training plan for directors of the cooperative, and for the other members. Conduct a series of educational sessions designed to familiarize the directors and members of their responsibilities to the cooperative. Included in these sessions will be an overview of cooperatives in Costa Rica, Central America, and in other parts of the world. Persons who join the cooperative later, will be given training as early as possible after they join.

6. Assist in the installation and operation of a computerized management information system. Train personnel to the extent possible and arrange special training as needed. Advise on the selection of the equipment (hardware) and programs (software).
7. Make frequent visits to individual farmers to keep abreast on the development of the project at this level.
8. Maintain close liaison between COFASA, CBCR, USAID, and the cooperative, promoting an open dialogue of the problems involved in the project and possible solutions.
9. Attend meetings of the Board of Directors and provide counsel as requested.
10. Assist the manager in preparing a plan of work to be presented to the Board of Directors and to the members of the cooperative. This plan will be revised each year and more often if necessary.
11. Participate in annual reviews and evaluations, preparing background information for the members of the review and evaluation panels.
12. Prepare quarterly reports to be submitted to USAID, ACDI, COFASA, CBCR, and to the cooperative management. These reports should provide statistical information, reviews of the cooperative's activities, problems encountered, solutions offered, and plans for future activities.

Requirements of the Job:

1. A BS or BA in an agricultural or business field or equivalent experience.
2. Prior experience in a developing country. The person selected will be expected to live in Quepos, Costa Rica, a small town on the Pacific coast of Costa Rica. He/she will make occasional trips to San Jose to confer with USAID and GOCR officials who are involved in the project.
3. Prior experience with a farmer cooperative is essential.
4. A working knowledge of computerized management information systems and their hardware/software requirements is highly desirable.
5. A minimum of 3,3 (FSI rating) Spanish language ability is required.

II. Coffee Project

1. To assist and advise the Federation of Coffee Cooperatives (FEDECOOP) in its programming to provide credit and technical assistance to coffee farmers who need to adopt new technology and diversify in the face of a threat from coffee rust disease.
2. Work closely with the FEDECOOP project coordinator in planning and carrying out a program of credit extension and technical assistance to affiliated cooperatives and their members.
3. Assist in training extension agents in all matters related to provision of credit to farmers who will be applying new technologies for coffee production or diversifying into other crops.
4. Assist cooperative personnel in loan procedures, especially the evaluation and recommendations for loan applications.
5. Assist the project coordinator and other FEDECOOP personnel in developing a plan of work for each year's activities.
6. Work closely with the FEDECOOP Finance Department in the development of the credit program and in providing loans to member cooperatives, especially the approval process, disbursement and receiving of funds.
7. Maintain close contact with other institutions in Costa Rica and in other Central American countries that are dealing with the coffee rust problem.
8. Maintain close coordination with the USAID project officer and other USAID personnel who are responsible for USAID's oversight of the project.
9. Prepare quarterly and annual progress reports, and an end of tour report.

Requirements of the Position

1. Master's degree or equivalent experience in cooperatives, agricultural credit, or business management.
2. Previous experience in a developing country.
3. Proven experience with cooperatives, especially in credit management.
4. A minimum of 3,3 (FSI rating) Spanish language ability.

D. Duty Post

The Cooperative Development/Management Advisor for the Oil Palm Project will be based in Quepos, Costa Rica and the Cooperative Credit/Management Advisor will be based in San Jose, Costa Rica.

E. Terms of Performance

The effective starting date is o/a September 1, 1985 and will be implemented over a 3 year period. Quarterly and annual reports in English, five copies each, will be submitted by the advisors for both projects. The reports will compare actual achievements with planned indicators.

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ILLUSTRATIVE BUDGET

	YEAR 1		YEAR 2		YEAR 3		TOTAL	
	¢	\$	¢	\$	¢	\$	¢	\$
1. Compensation		114,840		123,170		131,440		369,450
a. Salary		85,000		90,950		97,320		273,270
b. Post Differential		6,000		6,420		6,870		19,290
c. Personal benefits		23,840		25,800		27,250		76,890
2. Allowances	33,150	7,370	27,000	4,900	27,000	5,300	87,150	17,570
a. Housing	19,950		22,800		22,800		65,550	
b. Temporary Lodging	9,000	2,070		-		-	9,000	2,070
c. Education	4,200	2,100	4,200	2,100	4,200	2,100	12,600	6,300
d. Storage		1,800		1,800		1,800		5,400
e. Other		1,400		1,000		1,400		3,800
3. Transport of Pers. Effects		15,970		3,990		21,495		41,455
a. HHE		13,000				18,000		31,000
b. Unacc. Arr. Freight		1,470		3,990		1,995		7,455
c. POV		1,500				1,500		3,000
4. Travel	930	5,750	930	8,750	930	6,250	2,790	20,750
a. To/From CR		2,000		5,000		2,500		9,500
b. ACDI		2,700		2,700		2,700		8,100
c. In Central America		1,050		1,050		1,050		3,150
d. In Country	930		930		930		2,790	
5. Per Diem	11,025	1,820	11,025	1,820	11,025	1,820	33,075	5,460
a. ACDI Supervisory	1,890		1,890		1,890		5,670	
b. In country	9,135		9,135		9,135		27,405	
c. In Central America		1,820		1,820		1,820		5,460
6. Commodities		3,000		1,500		1,500		6,000
a. Computer Hard/Soft.		2,000		1,000		1,000		4,000
b. Audiovisual etc.		1,000		500		500		2,000

	YEAR 1		YEAR 2		YEAR 3		TOTAL	
	£	\$	£	\$	£	\$	£	\$
7. Consultants	1,825	7,150	1,825	17,150	1,825	7,150	5,475	31,450
a. Salaries		4,950		4,950		4,950		14,850
b. Travel		1,600		1,600		1,600		4,800
c. Per Diem	1,825		1,825		1,825		5,475	
d. Misc.		600		600		600		1,800
e. Evaluation				10,000				10,000
8. Other	6,000	500	6,000	500	6,000	500	18,000	1,500
a. Veh. Maint/ Oper.	3,000		3,000		3,000		9,000	
b. Equip. Maint.	1,000		1,000		1,000		3,000	
c. Tel. Telcom- mun.	1,500		1,500		1,500		4,500	
d. Supplies	500	500	500	500	500	500	1,500	1,500
9. Contingency		20,925		19,850		23,215		63,990
10. Sub total	52,930	177,325	46,780	181,630	46,780	198,670	146,490	557,625
11. ACIDI Allocation 13.5%		31,090		29,485		34,480		95,055
12. Total of all costs	52,930	208,415	46,780	211,115	46,780	233,150	146,490	652,680

SCHEDULEA. Purpose of Grant

The purpose of this grant is to fund two cooperative advisors for three years each. One advisor will assist in the development and operation of a worker owned oil palm cooperative in the Parrita district of Costa Rica which is located on the Pacific coast. The other advisor will assist FEDECOOP in the development of the credit aspects of a coffee technification/diversification project.

B. Period of Grant

1. The effective date of this grant is August 30, 1985. The expiration date of this grant is November 15, 1988.

2. Funds obligated hereunder are available for program expenditures for the estimated period August 30, 1985, to January 15, 1986, as shown in the Financial Plan below.

C. Amount of Grant and Payment

1. The total estimated amount of this grant for the period shown in B.1 above is \$800,000.00.

2. AID hereby obligates the amount of \$100,000.00 for program expenditures during the period set forth in B.2 above and as shown in the financial plan below.

3. Payment shall be made to the Grantee in accordance with procedures set forth in Attachment 4, entitled "Payment Provisions".

D. Financial Plan

The following is the Financial Plan for this Grant, including local cost financing items, if authorized. Revisions to this plan shall be made in accordance to Standard Provision No. 6 of this Grant titled "Revision of Financial Plans".

The total amount of the OPG is as follows:

Quepos Oil Palm Project	\$372,225
Coffee Technification/Diversification Project	\$426,945
Total	\$799,170
Rounded	\$800.000

OBLIGATED AMOUNT FROM 9/1/65 TO 12/31/85

<u>Cost Element</u>	<u>Oil Palm Project</u>	<u>Coffee Project</u>
1. Compensation	20,000	20,000
2. Allowances	5,000	5,000
3. Travel, Transp., Per Diem	3,000	15,970
4. Commodities	3,000	--
5. Consultants	2,000	--
6. Other Direct Costs	2,000	1,000
7. Contingency	3,000	3,000
8. ACDI Allocation	5,130	6,070
Total	94,170	
Rounded	100,000	

PROJECT INPUTS BY YEAR

	<u>YEAR 1</u>		<u>YEAR 2</u>		<u>YEAR 3</u>		<u>TOTAL</u>	
	<u>¢</u>	<u>\$</u>	<u>¢</u>	<u>\$</u>	<u>¢</u>	<u>\$</u>	<u>¢</u>	<u>\$</u>
1. Compensation		114,840		123,170		131,440		369,450
a. Salary		85,000		90,950		97,320		273,270
b. Post Differential		6,000		6,420		6,870		19,290
c. Personal benefits		23,840		25,800		27,250		76,890
2. Allowances	33,150	7,370	27,000	4,900	27,000	5,300	87,150	17,570
a. Housing	19,950		22,800		22,800		65,550	
b. Temporary Lodging	9,000	2,070		-		-	9,000	2,070
c. Education	4,200	2,100	4,200	2,100	4,200	2,100	12,600	6,300
d. Storage		1,800		1,800		1,800		5,400
e. Other		1,400		1,000		1,400		3,800
3. Transport of Pers. Effects		15,970		3,990		21,495		41,455
a. HHE		13,000				18,000		31,000
b. Unacc. Arr. Freight		1,470		3,990		1,995		7,455
c. POV		1,500				1,500		3,000

	YEAR 1		YEAR 2		YEAR 3		TOTAL	
	£	\$	£	\$	£	\$	£	\$
4. Travel	930	5,750	930	8,750	930	6,250	2,790	20,750
a. To/From CR		2,000		5,000		2,500		9,500
b. ACDI		2,700		2,700		2,700		8,100
c. In Central America		1,050		1,050		1,050		3,150
d. In Country	930		930		930		2,790	
5. Per Diem	11,025	1,820	11,025	1,820	11,025	1,820	33,075	5,460
a. ACDI Supervisory	1,890		1,890		1,890		5,670	
b. In country	9,135		9,135		9,135		27,405	
c. In Central America		1,820		1,820		1,820		5,460
6. Commodities		3,000		1,500		1,500		6,000
a. Computer Hard/Soft.		2,000		1,000		1,000		4,000
b. Audiovisual etc.		1,000		500		500		2,000
7. Consultants	1,825	7,150	1,825	17,150	1,825	7,150	5,475	31,450
a. Salaries		4,950		4,950		4,950		14,850
b. Travel		1,600		1,600		1,600		4,800
c. Per Diem	1,825		1,825		1,825		5,475	
d. Misc.		600		600		600		1,800
e. Evaluation				10,000				10,000
8. Other	6,000	500	6,000	500	6,000	500	18,000	1,500
a. Veh. Maint/Oper.	3,000		3,000		3,000		9,000	
b. Equip. Maint.	1,000		1,000		1,000		3,000	
c. Tel. Telcom-mun.	1,500		1,500		1,500		4,500	
d. Supplies	500	500	500	500	500	500	1,500	1,500
9. Contingency		20,925		19,850		23,215		63,990
10. Sub total	52,930	177,325	46,780	181,630	46,780	198,670	146,490	557,625
11. ACDI Allocation 13.5%		31,084	24,520	30,835	26,820	33,136		95,055
12. Total of all costs	52,930	208,409	46,780	212,465	46,780	231,805	146,490	652,679

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E. Reporting and Evaluation

Quarterly and annual narrative reports will be prepared by ACDI for both projects and submitted to USAID/Costa Rica, covering both accomplishments and problems encountered and their resolution. The reports will compare actual achievements with the log frame and the detailed work plan developed as part of the EOPS as specified in the project proposal. Five copies in English of each quarterly report for both projects will be submitted by the Grantee to USAID/Costa Rica.

For both projects an evaluation of the OPG will take place after 21 months of project implementation. The evaluation should provide recommendations that might be indicated as a result of the evaluation.

F. Special Provisions

Prior to the first disbursement under this Grant or to the issuance by AID of documentation pursuant to which disbursement will be made, the Grantee will, except as the Parties may otherwise agree in writing, furnish to AID, in form and substance satisfactory to AID: 1) an executed agreement between the Grantee and FEDECOOP specifying the responsibilities of each in implementation of the coffee technification/diversification project; and 2) a time-phased implementation plan for the life of the project.

If the conditions specified above have not been met within 90 days from the day of this Agreement, or such later date as AID may agree in writing, AID at its option, may terminate this Agreement by written notice to the Grantee.

G. Title of Property

Title to all property financed under this Grant shall vest in the Grantee subject to the requirements set forth in Attachment 3, Special Provision No. 11.

H. Authorized Geographic Code

The authorized geographic code for procurement of goods under this Grant will be 000.

PROGRAM DESCRIPTIONA. OBJECTIVE AND PURPOSE

This Operational Program Grant (OPG) will fund two cooperative advisors for three years each. One advisor will assist in the development and operation of a cooperative in the Parrita District of Costa Rica which is located on the Pacific coast. The other advisor will assist the Federation de Cooperativas de Caficultores (FEDECOOP) in the development of the credit aspects of a coffee technification/diversification project.

The social impact of the Quepos Oil Palm Project is significant. The 111 members of the cooperative who were previously employees of the Compania Bananera de Costa Rica (CBCR), will, through the cooperative, be responsible for directing their own affairs and will eventually become full owners of the farm. Not only will there be an opportunity for improved incomes and levels of living, but cooperative members will receive training in a number of fields, including business management. This could lead to the cooperative developing the capability to expand into other remunerative fields.

A cooperative advisor, provided by ACDI, is assisting in the development of the cooperative and in the inscription of members. His tour will end in three months and USAID desires that the cooperative have continued assistance during its formative years. This OPG will fund an advisor for three years beginning September 15, 1985.

The coffee technification and diversification project has been developed in response to the discovery of coffee rust disease in Costa Rica in December, 1983. The potential threat to the economy and the social structure prompted the Government of Costa Rica and USAID to initiate a major program of assistance.

The project will assist some 7300 coffee farmers, most of whom are small operators, to make technical improvements or, in the case of those whose yields are poor, to diversify into more remunerative crops, such as macadamia nuts, cardamon and avocado. A USAID loan of 950,000,000 colones will be provided through a trust fund for use by FEDECOOP in the technification/diversification project. The cooperatives will expand the number of technical assistance agents now employed to assist farmers. These agents will also be responsible for assisting farmers in preparing loan applications.

The cooperative credit/management advisor, who will be funded under this OPG, will work directly with the FEDECOOP coordinator, especially in matters of credit. He will work with and train the technical assistance agents and cooperative management personnel in handling loans. The advisor will be assigned to FEDECOOP for three years and will begin his duties by October 1, 1985.

ACDI will provide USAID/Costa Rica and FEDECOOP with at least 4 candidates for this position and by mutual agreement by all three parties one will be chosen to serve as advisor to FEDECOOP.

B. PROJECT COMPONENTS

The following are the responsibilities of the advisors provided under this agreement for each of the project components;

I. Oil Palm Project

1. To assist and advise in the development and management of a multi-purpose farmers cooperative that has been recently organized to facilitate the transfer (sale) of lands owned by the Compania Bananera de Costa Rica (CBCR) to former employees of the company.
2. Review work done to date in developing the Quepos Oil Palm Project, including legal documents, constitution, and by-laws.
3. Make an analysis of the financial requirements of the cooperative for 1986-88, revising this each year as necessary.
4. Prepare a training plan for the cooperative manager and other personnel in the cooperative. Assist in carrying out this training and make arrangements for training at other locations in Costa Rica and Central America, as required.
5. Prepare a training plan for directors of the cooperative, and for the other members. Conduct a series of educational sessions designed to familiarize the directors and members of their responsibilities to the cooperative. Included in these sessions will be an overview of cooperatives in Costa Rica, Central America, and in other parts of the world. Persons who join the cooperative later, will be given training as early as possible after they join.
6. Assist in the installation and operation of a computerized management information system. Train personnel to the extent possible and arrange special training as needed. Advise on the selection of the equipment (hardware) and programs (software).

7. Make frequent visits to individual farmers to keep abreast on the development of the project at this level.
8. Maintain close liaison between COFASA, CBCR, USAID, and the cooperative, promoting an open dialogue of the problems involved in the project and possible solutions.
9. Attend meetings of the Board of Directors and provide counsel as requested.
10. Assist the manager in preparing a plan of work to be presented to the Board of Directors and to the members of the cooperative. This plan will be revised each year and more often if necessary.
11. Participate in annual reviews and evaluations, preparing background information for the members of the review and evaluation panels.
12. Prepare quarterly reports to be submitted to USAID, ACDI, COFASA, CBCR, and to the cooperative management. These reports should provide statistical information, reviews of the cooperative's activities, problems encountered, solutions offered, and plans for future activities.

II. Coffee Technification/Diversification Project

1. To assist and advise the Federation of Coffee Cooperatives (FEDECOOP) in its programming to provide credit and technical assistance to coffee farmers who need to adopt new technology and diversify in the face of a threat from coffee rust disease.
2. Work closely with the FEDECOOP project coordinator in planning and carrying out a program of credit extension and technical assistance to affiliated cooperatives and their members.
3. Assist in training extension agents in all matters related to provision of credit to farmers who will be applying new technologies for coffee production or diversifying into other crops.
4. Assist cooperative personnel in loan procedures, especially the evaluation and recommendations for loan applications.
5. Assist the project coordinator and other FEDECOOP personnel in developing a plan of work for each year's activities.

6. Work closely with the FEDECOOP Finance Department in the development of the credit program and in providing loans to member cooperatives, especially the approval process, disbursement and receiving of funds.
7. Maintain close contact with other institutions in Costa Rica and in other Central American countries that are dealing with the coffee rust problem.
8. Maintain close coordination with the USAID project officer and other USAID personnel who are responsible for USAID's oversight of the project.
9. Prepare quarterly and annual progress reports, and an end of tour report.

INFORME FISCAL CERTIFICADO

(Receptor-Nombre de la Entidad con quien se suscribió el Convenio)

(Título del Convenio suscrito)

(Número del Convenio suscrito)

Lo que sigue es un resumen del informe fiscal número _____ correspondiente al período _____ relacionado con el Convenio en referencia.

<u>Detalle</u>	<u>Presupuesto</u>	<u>Gastos</u>		<u>Saldo de Presupuesto</u>
		<u>Este Período</u>	<u>Total a la fecha</u>	
1. Asistencia Técnica				
2. Equipo, Materiales y Suministros				
3. Becas				
4. Adiestramiento Local				
5. Administración General				
6. Imprevistos				
Total	_____	_____	_____	_____

El suscrito por este medio certifica que el pago de la suma pedida bajo el Convenio es correcto y pagadero de conformidad con los términos del Convenio y/o sus Enmiendas; que se hará la debida restitución a la A.I.D. con prontitud al ser solicitada la misma en el caso de costos denegados, no reembolsables bajo los términos del Convenio y/o sus Enmiendas; que la información que aparece en el informe fiscal es correcta y se basa en registros contables, facturas y recibos; y que cualquier información adicional de prueba que la A.I.D. exija, dentro de límites razonables, será proporcionada por el Receptor a la A.I.D. al ser solicitada.

FOR _____

TITULO _____

FECHA _____

ESTADO DE GASTOS CUMULATIVOS
Y NECESIDADES DE EFECTIVO CERTIFICADOS

(Designación del Convenio suscrito)
No. del Convenio
(Nombre de la entidad con quien se suscribió el Convenio)

Gastos

Total del Presupuesto Aprobado (1)

Total de los Gastos Efectuados y Comunicados desde el inicio _____ hasta _____ inclusive (2)

Saldo no gastado (3)

Necesidades de Efectivo

Total de Ingresos en Efectivo (4)

Total de Desembolsos en Efectivo desde el inicio _____ hasta _____ inclusive (5)

Saldo en Efectivo Disponible (6)

Efectivo Necesario para el período de _____ a _____, tal como se detalla a continuación (7)

Efectivo Neto Solicitado (8)

Desglose Detallado de las Necesidades de Efectivo

Renglón del Presupuesto (9)	Mes (10)	Mes (10)	Mes (10)	Total (11)
Total (12)	_____	_____	_____	_____

El suscrito por este medio certifica: (1) que la cantidad arriba solicitada representa la estimación más exacta de los fondos que se necesitan para los desembolsos que habrá que hacer durante el período mencionado, (2) que se hará el correspondiente reintegro o crédito al Convenio suscrito en el caso de costos denegados, de conformidad con los términos del Convenio, (3) que se hará el correspondiente reintegro o crédito al Convenio en el caso de que no se gasten fondos, y (4) que todos los intereses que se devenguen sobre los fondos que se pongan a disposición por este medio, serán reintegrados a la A.I.D.

Por _____

TITULO _____

FECHA _____

Observaciones sobre el Formato

1. Representa la cantidad total autorizada para ser gastada bajo el Convenio.
2. Representa los gastos totales efectuados y comunicados a la A.I.D. desde el inicio (dar siempre la fecha) hasta la fecha de esta solicitud de anticipo, inclusive.
3. Es igual a (1) menos (2).
4. Cantidad total de efectivo recibida hasta la fecha.
5. Cantidad total desembolsada desde el inicio del Convenio.
6. Es igual a (4) menos (5) y el saldo en la cuenta bancaria en el momento que se solicita este anticipo.
7. Total del efectivo necesario para el siguiente período.
8. Es igual a (7) menos (6).
9. Lista de renglones del presupuesto bajo los cuales se harán los gastos previstos.
10. Cantidad y mes en el cual se harán los gastos previstos.
11. Total de los gastos previstos por renglón del presupuesto.
12. Total de gastos previstos, por mes y cumulativos, durante el período.

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.

NO. DEPARTMENT, BUREAU OR ESTABLISHMENT AND LOCATION

DATE VOUCHER PREPARED

SERIAL NO.

CONTRACT NUMBER AND DATE

PAID BY

ACQUISITION NUMBER AND DATE

PAYEE'S NAME AND ADDRESS

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

SHIPPED FROM

TO

WEIGHT

GOVERNMENT B/L NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OF SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUANTITY	UNIT PRICE		AMOUNT (*)
				COST	PER	

(Use continuation sheet(s) if necessary)

(Payee must NOT use the space below)

TOTAL

PAYMENT. <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR	EXCHANGE RATE	DIFFERENCES	
	= \$	= \$1.00		
	BY:			
	TITLE	Amount verified; correct for <i>(Signature or initials)</i>		

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date)

(Authorized Certifying Officer)

(Title)

ACCOUNTING CLASSIFICATION

PAID BY	CHECK NUMBER	ON TREASURER OF THE UNITED STATES	CHECK NUMBER	ON <i>(Name of bank)</i>
	CASH	DATE	PAYEE	

* When stated in foreign currency, insert name of currency.
 * If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.
 * When a voucher is accepted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

PER
 TITLE

EJEMPLO DE UN ANTICIPO

A. Supuestos:

1. La entidad receptora recibió aprobación de la Misión para un presupuesto de \$13.500.00.
2. En algún momento antes de julio, éste había solicitado un anticipo que, después de realizar gastos por \$2.700,00 a principios de agosto, le dejó un saldo en efectivo en caja de \$4.000,00.

B. Proceso de Revisión/Acción:

1. El informe fiscal de gastos es examinado, y aceptado o rechazado según sea el caso, total o parcialmente.
2. La proyección de las necesidades de efectivo es examinada y el saldo en caja al inicio es comparado con los registros de la Misión. En general, deben concordar.
3. "En igualdad de condiciones", la factura por \$2.700,00 debe marcarse "NO PAGO" y cargarse a los anticipos. Debe darse curso a un comprobante de pago para un nuevo anticipo de \$500.00.

INFORME FISCAL CERTIFICADO

Entidad con quien se suscribió el Convenio

Fortalecimiento del Proyecto de Infraestructura

263-000X

Lo que sigue es un informe resumido de gastos, No. 1, correspondiente al período Julio 1 de 1980 a julio 31, 1980, inclusive, en relación con el Convenio en referencia.

<u>Detalle</u>	<u>Presupuesto</u>	<u>Gastos</u>		<u>Saldo de Presupuesto</u>
		<u>Este Período</u>	<u>Total a la fecha</u>	
Personal	10.000	2.000	2.000	8.000
Utiles de Oficina	2.000	400	400	1.600
Viajes/Viáticos	1.000	200	200	800
Comunicaciones	500	100	100	400
TOTALES	<u>13.500</u>	<u>2.700</u>	<u>2.700</u>	<u>10.800</u>

El suscrito por este medio certifica que el pago de la suma pedida bajo el Convenio es correcto y que debe hacerse de conformidad con los términos del Convenio y/o sus Enmiendas; que con prontitud se hará el correspondiente reintegro a la A.I.D. al ser solicitado, en caso de gastos denegados no reembolsables bajo los términos del Convenio y/o sus Enmiendas; que la información que aparece en el informe fiscal es correcta y que se basa en registros contables, facturas y recibos; y que cualquier información adicional de apoyo que la A.I.D. exija dentro de límites razonables, será proporcionada por el Receptor a la A.I.D. al ser solicitado.

FOR _____

TITULO _____

FECHA _____

25

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO. _____
 VENDOR NO. _____
 SPECIAL NO. _____
 PAID BY _____
 DATE INVOICE RECEIVED _____
 DISCOUNT TERMS _____
 PAYEE'S ACCOUNT NUMBER _____
 GOVERNMENT B/L NUMBER _____

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION
 Agency for International Development
 San José, Costa Rica

DATE VOUCHER PREPARED
 — de —
 CONTRACT NUMBER AND DATE
 263-000X
 REQUISITION NUMBER AND DATE

PAYEE'S NAME AND ADDRESS
 Nombre de la entidad con quien se suscribió el Convenio
 Nombre de Banco
 Número de Cuenta
 Dirección del Banco

SHIPPED FROM _____ TO _____ WEIGHT _____

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUANTITY	UNIT PRICE		AMOUNT
				COST	PER	
Número y fecha de este pedido de adelanto	01-7-80 al 31-7-80	Gastos incurridos durante el período del 1 de julio, 1980 al 31 de julio de 1980, según Informe Fiscal Certificado adjunto. <u>NO PAGO</u>				\$2,700.00

(The contractor should fill in this space) *(Payee must NOT use the space below)*

PAYMENT: <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR	EXCHANGE RATE	TOTAL
	= \$	= \$1.00	DIFFERENCES
	BY:		
	TITLE		Amount verified, correct for <i>(Signature or initials)</i>

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date) *(Authorized Certifying Officer)* *(Title)*

ACCOUNTING CLASSIFICATION

PAID BY	CHECK NUMBER	ON TREASURER OF THE UNITED STATES	CHECK NUMBER	ON <i>(Name of bank)</i>
	CASH \$	DATE	PAYEE'S	

¹ When stated in foreign currency, insert name of currency.
² If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.
³ When a voucher is received in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

Estado de Gastos Cumulativos y Necesidades de Efectivo Certificados
Portalamiento del Proyecto de Infraestructura

263-000X

Nombre de la entidad con quien se suscribió el Convenio

Gastos

Total Presupuesto Aprobado	13,500
Total Gastos Efectuados y Comunicados desde el inicio <u>X</u> hasta 31/7/80	<u>2.700</u>
Saldo no gastado	<u>10.800</u>

Necesidades de Efectivo

Total Ingresos de Efectivo	6.700
Total Desembolsos Efectivo desde inicio <u>X</u> hasta 31/7/80	<u>2.700</u>
Saldo disponible en efectivo	<u>4.000</u>
Efectivo necesario para período 1/8/80 al 31/10/80, según se detalla a continuación	<u>4.500</u>
Efectivo Neto Solicitado	<u>500</u>

Desglose Detallado del Efectivo Necesario

<u>Replón del Presupuesto</u>	<u>Agosto</u>	<u>Setiembre</u>	<u>Octubre</u>	<u>Total</u>
Personal	1.000	1.000	1.000	3.000
Utiles de Oficina	150	150	150	450
Viajes/Viáticos	100	200	300	600
Comunicaciones	<u>250</u>	<u>150</u>	<u>50</u>	<u>450</u>
Total	<u>1.500</u>	<u>1.500</u>	<u>1.500</u>	<u>4.500</u>

El suscrito por este medio certifica: (1) que la cantidad arriba solicitada representa la estimación más exacta de los fondos que se necesitan para los desembolsos que habrá que hacer durante el período mencionado, (2) que se hará el correspondiente reintegro o crédito al Convenio en el caso de gastos denegados de conformidad con los términos del Convenio, (3) que se hará el correspondiente reintegro o crédito al Convenio en el caso de que no se gasten fondos, y (4) que todos los intereses que devenguen los fondos que se pongan a disposición por este medio, serán reintegrados a la A.I.D.

FOR _____

TITULO _____

FECHA _____

27

STATEMENT OF CUMULATIVE
EXPENDITURES AND CERTIFIED CASH NEEDS

(Agreement Title)
Agreement No.
(Recipient's Name)

Expenditures

Total Approved Budget (1)

Total Expenditures Incurred & Reported
from inception _____ through _____ (2)

Unexpended Balance (3)

Cash Needs

Total Cash Receipts (4)

Total Cash Disbursements
from inception _____ through _____ (5)

Cash Balance Available (6)

Cash Required for the period _____ to _____
as detailed below (7)

Net Cash Requested herein (8)

Detail Breakdown of Cash Requirements

<u>Budget Line Item</u> (9)	<u>Month</u> (10)	<u>Month</u> (10)	<u>Month</u> (10)	<u>Total</u> (11)
Total (12)	_____	_____	_____	_____

The undersigned hereby certifies: (1) that the above requested amount represents the best estimate of funds needed for disbursements to be incurred over the period described, (2) that appropriate refund or credit to the Agreement will be made in the event of disallowance in accordance with the terms of the Agreement, (3) that appropriate refund or credit to the Agreement will be made in the event funds are not expended, and (4) that any interest accrued on the funds made available herein will be refunded to A.I.D.

BY _____

TITLE _____

DATE _____

Notes to Format

1. Represents the total amount authorized for expenditures under the Agreement.
2. Represents total expenditures incurred and reported to A.I.D. from inception (always provide date) through the date of this advance request.
3. Is equal to (1) minus (2).
4. Total amount of cash received to date.
5. Total amount disbursed from inception of the Agreement.
6. Is equal to (4) minus (5) and bank account balance at the time this advance is requested.
7. Total cash requirements for next period.
8. Is equal to (7) minus (6).
9. List of budget line items from which expected expenditures will be made.
10. Amount and month in which the expected expenditures will be made.
11. Total expected expenditures by budget line item.
12. Total expected expenditures by month, and cumulative during the period.

ILLUSTRATION OF ADVANCE

A. Assumptions:

1. Recipient received Mission approval of a budget of \$13,500.00.
2. Sometime prior to July, he had requested an advance which, after expenditures of \$2,700.00 left him with a balance of cash on hand of \$4,000.00.

B. Review/Action Process:

1. The fiscal report of expenditures is reviewed and either accepted or rejected, in whole or in part.
2. The cash requirements projection is reviewed and the beginning cash balance is compared to the Mission records. They should be in general agreement.
3. "All else being equal", the invoice for \$2,700.00 should be vouchered as "NO PAY" and charged against advance(s). A new voucher should be processed for \$500.00.

Standard Form 104
4 Treasury Form 2000
10-6-77

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION
Agency for International Development
San José, Costa Rica

BAR VOUCHER NUMBER
XX/XX/XX
CONTRACT NUMBER AND DATE
263-000X X/XX/80
REQUISITION NUMBER AND DATE

SERIAL NO.
PAID BY
DATE INVOICE RECEIVED
DISCOUNT TERMS
PAYEE'S ACCOUNT NUMBER

PAYEE'S NAME AND ADDRESS
Recipient's Name:
Bank Name:
Bank Account No.:
Address:

SHIPPED FROM TO WEIGHT GOVERNMENT S/L NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUANTITY	UNIT PRICE		AMOUNT
				COST	PER	
Number and Date of this Invoice	7/01/80 thru 7/31/80	Expenditures Incurred for the period July 1, 1980 thru 31, 1980 per attached Certified Fiscal Report <u>NO PAY</u>				\$2,700.00

(For continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL

PAYMENT: <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR	EXCHANGE RATE	DIFFERENCES
	= \$	= \$1.00	
	BY:		
	TITLE	Amount verified, correct for <i>(Signature or initials)</i>	

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date) (Authorized Certifying Officer) (Title)

ACCOUNTING CLASSIFICATION

PAID BY	CHECK NUMBER	ON TREASURER OF THE UNITED STATES	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAYEE'S	

* When stated in foreign currency, insert name of currency.
 * If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.
 * When a voucher is prepared in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

PER
TITLE

CERTIFIED FISCAL REPORT

Recipient X

Strengthening Infrastructure Project

263-000X

The following is a summary expenditure report No. 1 for the period July 1, 1980 thru July 31, 1980, related to the referenced Agreement.

<u>Line Item</u>	<u>Budget</u>	<u>Expenditures</u>		<u>Budget Balance</u>
		<u>This period</u>	<u>Total to date</u>	
Personnel	10,000	2,000	2,000	8,000
Office Supplies	2,000	400	400	1,600
Travel/Per Diem	1,000	200	200	800
Communications	<u>500</u>	<u>100</u>	<u>100</u>	<u>400</u>
TOTALS	<u>13,500</u>	<u>2,700</u>	<u>2,700</u>	<u>10,800</u>

The undersigned hereby certifies that payment of the sum claimed under the Agreement is proper and due under the terms of the Agreement and or Amendments; that appropriate refund to A.I.D. will be made promptly upon request in the event of disallowance of costs not reimbursable under the terms of the Agreement and or Amendments; that information on the fiscal report is correct and supported by accounting records, invoices and receipts; and that such additional supporting information as A.I.D. may reasonably require will be furnished by the Recipient to A.I.D. upon request.

BY _____

TITLE _____

DATE _____

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION

Agency for International Development
 San José, Costa Rica

DATE VOUCHER PREPARED

XX/XX/XX

CONTRACT NUMBER AND DATE

263-000X X/XX/80

SEQUENTIATION NUMBER AND DATE

SERIAL NO.

PAYED BY

PAYEE'S NAME AND ADDRESS

Recipient's Name:
 Bank Name:
 Bank Account No.:
 Address:

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

SHIPPED FROM

TO

WEIGHT

GOVERNMENT S/N NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUANTITY	UNIT PRICE		AMOUNT (¹)
				COST	PER	
Number and Date of this Advance Request	8/01/80 thru 10/21/80	Advance Request for the Period August 1, 1980 thru October 31, 1980 per attached Statement of Cumulative Expenditures and Certified Cash Needs.				\$500.00

(Use continuation sheet(s) if necessary)

(Payee must NOT use the space below)

TOTAL

PAYMENT: <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR	EXCHANGE RATE	DIFFERENCES
	= \$	= \$1.00	
	BY:		
	TITLE	Amount verified, correct for (Signature or initials)	

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date)

(Authorized Certifying Officer)²

(Title)

ACCOUNTING CLASSIFICATION

PAID BY	CHECK NUMBER	ON TREASURER OF THE UNITED STATES	CHECK NUMBER	ON (Name of bank)
	CASH ³	DATE	PAYEE ⁴	

¹ When stated in foreign currency, insert name of currency.
² If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.
³ When a voucher is prepared in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

PER
 TITLE

Statement of Cumulative Expenditures and Certified Cash Needs

Strengthening Infrastructure Project
263-000X

Recipient X

Expenditures

Total Approved Budget	13,500
Total Expenditures Incurred & Reported from inception <u>X</u> through 7/31/80	<u>2,700</u>
Unexpended balance	<u>-10,800</u>

Cash Needs

Total Cash Receipts	6,700
Total Cash Disbursements from inception <u>X</u> through 7/31/80	<u>2,700</u>
Cash Balance Available	<u>4,000</u>
Cash Required for the period 8/01/80 al 10/31/80, as detailed below	<u>4,500</u>
Net Cash Requested herein	<u>500</u>

Detail Breakdown of Cash Requirements

<u>Budget Line Item</u>	<u>August</u>	<u>September</u>	<u>October</u>	<u>Total</u>
Personnel	1,000	1,000	1,000	3,000
Office Supplies	150	150	150	450
Travel/Per Diem	100	200	300	600
Communications	<u>250</u>	<u>150</u>	<u>50</u>	<u>450</u>
Total	<u>1,500</u>	<u>1,500</u>	<u>1,500</u>	<u>4,500</u>

The undersigned hereby certifies: (1) that the above requested amount represents the best estimate of funds needed for disbursements to be incurred over the period described, (2) that appropriate refund or credit to the Agreement will be made in the event of disallowance in accordance with the terms of the Agreement, (3) that appropriate refund or credit to the Agreement will be made in the event funds are not expended, and (4) that any interest accrued on the funds made available herein will be refunded to A.I.D.

BY _____
TITLE _____
DATE _____

11/75