

Agency for International Development
Washington, D.C. 20523

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81893

SEP 28 1991

Mr. John Donnelly
Senior Director
Office of Project Resource Management
Catholic Relief Services
209 West Fayette Street
Baltimore, Maryland 21201

Subject: Cooperative Agreement No. EUR-0032-A-00-1074-00

Dear Mr. Donnelly:

Pursuant to the authority contained in the Foreign Assistance Act of 1961, as amended, the Agency for International Development (hereinafter referred to as "A.I.D.") hereby provides to Catholic Relief Services (hereinafter referred to as "CRS" or "Recipient") the sum of nine hundred thousand dollars (\$900,000) in support of a three-year project entitled "Private Voluntary Organization (PVO) Humanitarian/ Development Initiatives Project" (Project Number 180-0032), as more fully described in Attachment 1 of this Cooperative Agreement entitled "Schedule" and Attachment 2, entitled "Program Description."

This Cooperative Agreement is effective and obligation is made as of the date of this letter and shall apply to commitments made by the Recipient in furtherance of project objectives for the period set forth in Section 1.B. of Attachment 1 of this Cooperative Agreement. Funds disbursed by A.I.D. but uncommitted by the Recipient at the expiration of this period shall be refunded to A.I.D.

The total estimated amount of this Cooperative Agreement is \$900,000 of which the full amount is hereby obligated. A.I.D. shall not be liable for reimbursing the Recipient for any costs in excess of the obligated amount.

RECEIVED

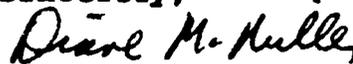
OCT 8 1991

CATHOLIC RELIEF SERVICES
PROJECT RESOURCE MANAGEMENT

This Cooperative Agreement is made to CRS on the condition that the funds will be administered in accordance with the terms and conditions as set forth in Attachment 1, the Schedule; Attachment 2, the Program Description; and Attachment 3, the Standard Provisions; which have been agreed to by your organization and which together constitute the complete Cooperative Agreement.

Please sign the original and each copy of this cover letter to acknowledge your receipt of this Cooperative Agreement, and return the original and all but one copy to the undersigned.

Sincerely,



Diane M. Miller
Grant Officer
Overseas Division-EE
Office of Procurement

Attachments:

- A. Fiscal Data
- 1. Schedule
- 2. Program Description
- 3. Standard Provisions
- 4. Standard Form 269
- 5. Standard Form 272
- 6. Special Provision entitled "Restriction on Lobbying"

ACKNOWLEDGED:

CATHOLIC RELIEF SERVICES

BY: Carl Henn

TYPED NAME: Carl Henn

TITLE: Resource Administrator

DATE: 10-10-91

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FISCAL DATA

PIO/T No.	:	180-0032-3-1183055
Appropriation No.	:	72-11X1010
Budget Plan Code	:	QAIX-91-33180-IG-12
Allotment No.:	:	184-63-186-01-69-11
Total Estimated Amount	:	\$900,000
Total Obligated Amount	:	\$900,000
Technical Office	:	ENE/EUR, D. Frago
Funding Source	:	FM/CMPD/LC
DUNS No.	:	06-820-5541
TIN	:	13-5563422
LOC No.	:	72-00-1302

SCHEDULE

A. PURPOSE OF COOPERATIVE AGREEMENT

The purpose of this Cooperative Agreement is to provide financial support for the program described in Attachment 2, "Program Description." This program is in response to the Request For Applications (hereinafter referred to as "RFA") to the PVO Humanitarian/Development Initiatives Project.

B. PERIOD OF COOPERATIVE AGREEMENT

1. The effective date of this Cooperative Agreement is the date of the attached cover letter and the estimated completion date is two years thereafter.

2. Funds obligated hereunder shall be used to reimburse the Recipient for allowable program expenditures incurred by the Recipient in the amount of \$100,000 for the Bulgaria program beginning July 8, 1991 through the estimated completion date. Funds obligated hereunder are anticipated to be sufficient for completion by the Recipient of the program by the estimated completion date.

C. AMOUNT OF COOPERATIVE AGREEMENT AND PAYMENT

1. The total estimated amount of this Cooperative Agreement for the period shown in Section B.1. above is \$900,000.

2. A.I.D. hereby obligates the amount of \$900,000 for project expenditures during the period set forth in Section B.2. above and as shown in the financial plan of this Schedule (see Section D).

3. Payment shall be made to the Recipient in accordance with procedures set forth in Attachment 3, the standard provision entitled "Payment - Letter of Credit."

4. In accordance with this standard provision, the Recipient shall submit the required documentation to the following address:

Agency for International Development
Office of Financial Management, FM/CMPD/LC
Room 700, SA-2
Washington, D.C. 20523-0209

D. FINANCIAL PLAN

1. The following is the financial plan for this Cooperative Agreement. The Recipient may not exceed the obligated amount (see Section C.2 of this Schedule). Except as specified in the standard provisions entitled "Revision of Grant Budget" and "Cost Sharing (Matching)", as shown in Attachment 3, the Recipient may adjust line item amounts as may be reasonably necessary for the attainment of project objectives.

A.I.D. and Recipient ("Cost Share") Funding

(\$ in thousands)

Category	Year 1		Year 2		Total		Grand Total
	AID	CRS	AID	CRS	AID	CRS	
<u>Country Name</u> :	Bulgaria						
Salaries	0	0	0	0	0	0	0
Travel/Trans.	0	0	0	0	0	0	0
Administration	0	0	0	0	0	0	0
Supplies	674.214	0	0	0	674.214	0	674.214
Subagreement	60.0	0	0	0	60.0	0	60.0
Mon./Eval.	0	0	0	0	0	0	0
SubTotal	734.214	0	0	0	734.214	0	734.214
<u>Country Name</u> :	Romania						
Salaries	0	0	0	0	0	0	0
Travel/Trans.	0	0	0	0	0	0	0
Administration	0	0	0	0	0	0	0
Supplies	0	300.0	0	0	0	300.0	300.0
Services	0	0	0	0	0	0	0
Mon./Eval.	0	0	0	0	0	0	0
SubTotal	0	300.0	0	0	0	300.0	300.0

CRS Eastern Europe

Salaries	0	5.0	0	0	0	5.0	5.0
Travel/Trans.	0	20.0	0	10.0	0	30.0	30.0
Administration	0	0	0	0	0	0	0
Supplies	0	0	0	0	0	0	0
Services	0	0	0	0	0	0	0
Mon./Eval.	0	0	0	0	0	0	0
Subtotal	0	25.0	0	10.0	0	35.0	35.0

CRS Headquarters

Salaries	0	0	0	0	0	0	0
Travel/Trans.	0	0	0	0	0	0	0
Administration	0	0	0	0	0	0	0
Supplies	0	0	0	0	0	0	0
Services	0	0	0	0	0	0	0
Mon./Eval.	0	10.0	0	10.0	0	20.0	20.0
Indirect Costs	165.786	0	0	0	165.786	20.0	165.8
Subtotal	165.786	10.0	0	10.0	165.786	20.0	185.8
Total	900.0	335.0	0	20.0	900.0	355.0	1,255.0

2. Financial Plan Notes

a. See section I.4 of the Special Provisions for "Cost Sharing" in this Cooperative Agreement.

3. Inclusion of any cost in the financial plan of this Cooperative Agreement does not obviate the requirement for prior approval by the Grant Officer of cost items designated as requiring prior approval by the applicable cost principles (see the Mandatory Standard Provision set forth in Attachment 3 entitled "Allowable Costs") and the terms and conditions of this Cooperative Agreement.

E. INDIRECT COSTS

1. Indirect Cost Rate

Pursuant to the Standard Provision of this Cooperative Agreement entitled "Negotiated Indirect Cost Rates - Provisional," a rate shall be established for each of the Recipient's accounting period which apply to this Cooperative Agreement. Pending the establishment of

revised provisional payments on account of allowable indirect costs shall be made on the basis of the following negotiated provisional rate applied to the base set forth below:

Type	Effective Period		Rate	Base
	From	To		
Provisional	Until Amended		22.58%	1/

1/ Base of Application:
Total Direct Costs

F. REPORTING REQUIREMENTS

1. Financial Reports

a. Financial reporting requirements shall be in accordance with the standard provision of this Cooperative Agreement entitled "Payment - Letter of Credit", as shown in Attachment 3.

b. The original and two (2) copies of all financial reports shall be submitted to the Office of Financial Management, whose address is listed in Section C.3. of this Schedule.

c. The Recipient's financial reports shall include expenditures of A.I.D. funds provided hereunder, as well as non-federal cost sharing funds in accordance with Section I.4 and the standard provision entitled "Cost Sharing (Matching)."

d. Concurrently with the submission of Program Evaluation Reports (see Section F.3), one (1) copy of all financial reports shall be submitted to the Project Officer, or her designee, at the office listed below:

Donna Frago, ENE/EUR
Agency for International Development
Bureau for Europe and the Near East
Office of European Affairs
Room 6923; NS
Washington, D.C. 20523-0069

2. Project Implementation Plan

a. Not later than thirty (30) days from the effective date of this Cooperative Agreement (see Section B.1. of this Schedule), the Recipient shall prepare and submit to the A.I.D. Project Officer specified in Section F.1.1. of this Schedule the original and two (2) copies of a detailed project implementation plan (PIP) for the full term of this Cooperative Agreement.

b. The Recipient may develop the PIP in consultation with the Project Officer. The PIP reporting format should contain the following elements:

(1) A brief description of the major activities indicating the expected outcomes, responsible persons, planned starting and completion dates and duration of the activity (actual time required to complete the task, which may be less than the planned time between starting and completion dates.)

(2) A timeline showing the sequential and concurrent activities, indicating which activities depend on the successful completion of prior activities, and highlighting those activities which are critical, i.e. if delayed, the overall project results will be delayed. A.I.D. preference is for the earliest possible start dates for activities, realization of concrete results.

(3) Plans for periodic consultation and review of the PIP and progress with the Project Officer, with A.I.D. representatives in the field and with Embassy staff in each country of the program. The latter consultations may coincide with field trips and TDY's to Washington by the cognizant A.I.D. or Embassy staff. Reviews with the Project Officer should be held at least every six months.

(4) Approval in writing from the Project Officer will be required for the PIP and any significant changes resulting thereafter. Evidence of consultation with A.I.D. representatives and Embassy staff will be required, but only the Project Officer has the authority to approve amendments to the PIP once it is approved.

3. Quarterly Program Evaluation Reports

a. The Recipient shall submit quarterly program evaluation reports (also referred to as "technical reports"), which briefly presents the following information:

(1) A comparison of actual accomplishments with the goals established for the period and specific country, the findings of the investigator, or both. If the output of projects can be readily quantified, such quantitative data should be related to cost data for computation of unit costs.

(2) Reasons why established goals were not met.

(3) Other pertinent information including, when appropriate, analysis and explanation of cost overruns or high unit costs. Cost sharing reporting by the Recipient shall be in accordance with section I.4 of this Schedule.

b. If any evaluation report conducted by the Recipient discloses the need for change in the financial plan estimates in accordance with the criteria established in Mandatory Standard Provision 4 of this Cooperative Agreement entitled "Revision of Grant Budget", the Recipient shall submit a request for financial plan revision.

c. The original and two (2) copies of each project evaluation report shall be submitted to the cognizant Technical Officer specified in Section F.1.d. of this Schedule.

d. Concurrently, two (2) copies of each project evaluation report shall be submitted to the following address for official Agency records:

Agency for International Development
Center for Development Information and Evaluation
Development Information Division, PPC/CDIE/DI
Room 219F, SA-18
Washington, D.C. 20523-1802

4. Special Reports

Between the required evaluation reporting dates, events may occur that have significant impact upon the project. In such instances, the Recipient shall inform A.I.D. as soon as the following types of conditions become known:

a. Problems, delays, or adverse conditions that will materially affect the ability to attain project objectives, prevent the meeting of time schedules and goals, or preclude the attainment of project work units by established time periods. This disclosure shall be accompanied by a statement of the action taken, or contemplated, and any A.I.D. assistance needed to resolve the situation.

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b. Favorable developments or events that enable time schedules to be met sooner than anticipated or more work units to be produced than originally projected.

5. Annual Reports

In lieu of the fourth quarter program performance report, the Recipient shall submit an Annual Report. The original and two (2) copies of the Annual Report plus one (1) copy for the Embassy or A.I.D. Mission in each cooperating country will be submitted to the Project Officer prior to each anniversary date of the agreement. Annual reports will describe program activities and the Recipient's financial contribution to the project (see section I.4 for Recipient cost sharing requirements). The Annual Report will also include a country information sheet for each subproject activity and will be furnished in the format prescribed in the RFA. Other current A.I.D. grants, contracts, and cooperative agreements to CRS will be noted in the report with an explanation of any relationship of such agreements to this Cooperative Agreement.

6. Final Report

Within ninety (90) days after the expiration date of this Cooperative Agreement and in lieu of a fourth quarter program performance report and an annual report, the Recipient shall submit the original and two (2) copies of a Final Report which summarizes the project in the format set forth in section E.3.

G. SUBSTANTIAL INVOLVEMENT

a. It is understood that A.I.D. will be substantially involved during the performance of this Cooperative Agreement in the following manner:

(1) **Approval of Countries:** The following country is approved for direct in-country program support by A.I.D. under the cooperative agreement: Bulgaria

Other countries may be approved during the period of the cooperative agreement. Such approval must be communicated by the Grant Officer to the Recipient in writing after consultation with the relevant Embassy or A.I.D. Mission. If a revision to the financial plan is not required for the inclusion of another country or countries, then approval shall be obtained in writing, with a copy to the Grant Officer, from the Project Officer stated in section F.1.d. of this Schedule.

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(2) Approval of Evaluators: The Project Officer must approve independent evaluators and any alternate for the mid-term and final evaluations (see section I.6 of this Schedule).

(3) Review and Approval of Project Implementation Plan (PIP): The Project Officer must approve of the PIP in writing prior to program implementation (see section F.2 of this Schedule).

H. CLOSEOUT PROCEDURES

1. The following definitions shall apply for the purpose of this procedure:

a. Closeout. The closeout of a cooperative agreement is the process by which A.I.D. determines that all applicable administrative actions and all proposed work of the cooperative agreement have been completed by the Recipient and A.I.D.

b. Date of completion: The date of completion is the date on which all work under the cooperative agreement is complete or the date on the award document, or any supplement or modification thereto, on which A.I.D. sponsorship ends.

c. Disallowed costs: Disallowed costs are those charges to a cooperative agreement that A.I.D. or its representative determines to be unallowable, in accordance with the applicable Federal cost principles or other conditions contained in the cooperative agreement.

2. A.I.D. closeout procedures are the following requirements:

a. The Recipient shall immediately return any balance of unobligated (unencumbered) cash that A.I.D. has advanced or paid and that is not authorized to be retained by the Recipient for use in other grants or cooperative agreements.

b. A.I.D. shall obtain from the recipient within 90 calendar days after the date of completion of the cooperative agreement all financial, performance, and other reports required as the condition of the cooperative agreement. A.I.D. may grant extensions when requested by the Recipient.

c. When authorized by the cooperative agreement, A.I.D. shall make a settlement for any award or downward adjustments to A.I.D.'s share of the costs after these reports are received.

d. The Recipient shall account for any nonexpendable property acquired with A.I.D. funds.

e. In the event a final audit has not been performed prior to the closeout of the cooperative agreement, A.I.D. shall retain the right to recover an appropriate amount after fully considering the recommendations on questioned costs resulting from the final audit.

I. SPECIAL PROVISIONS

1. Recipient Application (Proposal)

A summary of the Recipient's project is stated in Attachment 2 of the grant entitled "Program Description". A more in-depth discussion of the program description is provided by CRSs' application (proposal), December, 1990 and revised application dated May 10, 1991. The Recipient's proposal was submitted in response to a Request for Grant Applications (RFA) to the Office of European Affairs, Bureau for Europe and the Near East. The Recipient's proposal is hereby referenced and incorporated as part of this Cooperative Agreement; however, the Order of Precedence in Section I.12 applies.

2. Employee Salaries

Except as the Grant Officer may otherwise agree in writing, A.I.D. shall not be liable for reimbursing the Recipient for any costs allocable to the salary portion of direct compensation paid by the Recipient to its employees for personal services which exceed the highest salary level for a Foreign Service Officer, Class 1 (FS-1), as periodically amended.

3. Consultant Fees

Compensation for consultants retained by the Recipient hereunder shall not exceed, without specific approval of the rate by the Grant Officer: either the highest rate of annual compensation received by the consultant during any full year of the immediately preceding three years; or the maximum rate of a Foreign Service Officer, Class 1 (FS-1) (as periodically amended), whichever is less. A daily rate is derived by dividing the annual compensation by 2,087 and multiplying the result by 8.

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4. Cost Sharing (Matching)

a. Pursuant to the RFA, the Recipient has agreed to expend from non-federal cash funds by the end of the life-of-program (LOP) not less than the amount shown in the financial plan of this Cooperative Agreement under the Column headed "CRS" (see section D.1. of this Secheule.) Therefore, the standard provision of this Cooperative Agreement entitled "Cost Sharing (Matching)" applies.

b. The Cost Sharing (Matching) Standard Provision makes reference to project costs. "Project Costs" are defined in Attachment E of OMB Circular A-110, as well as all allowable costs [as set forth in the applicable Federal cost principles (see the Standard Provision of this Cooperative Agreement entitled "Allowable Costs")] incurred by the Recipient and the value of in-kind contributions made by the Recipient on third parties in accomplishing the objectives of this Cooperative Agreement during the program period.

c. The Recipient is required to report in its annual reports and its financial report (SF 269) the total amount of cost sharing to date. Although the Recipient may cost share on a life-of-program basis, it is expected that funds will be expended on a pro rata basis per year and not withheld until the last year of the agreement.

5. Travel

The standard provision entitled "Travel and Transportation" which requires advance notification of the Project Officer of the Recipient's travel intentions overseas, is required. The Recipient is also required to provide advance notification of intention to travel to the Embassy or A.I.D. Mission in each cooperating country.

6. Monitoring and Evaluation

a. Monitoring: On occasion, A.I.D. Technical Officers will, with prior notification to the Recipient's headquarters, visit selected project sites.

b. Self-evaluation: Self-evaluations will be conducted by the Recipient in accordance with its evaluation program as described in its December 1990 proposal and May 10, 1991 revision.

c. Independent Evaluation: An independent mid-term and final evaluation in collaboration with the Recipient will be carried out at the mid point of the program and no later than sixty (60) days prior to the expiration date of the

cooperative agreement. The scope of work for the independent mid-term and/or final evaluation must be developed with, and the evaluator(s) chosen to carry out this activity must be approved in advance by, the Project Officer. This approval must be communicated in writing. The Recipient is encouraged to provide at least one evaluator from its permanent staff who, if possible is not currently participating in activities funded by this Cooperative Agreement. At least one evaluator will be an individual not currently employed by CRS. The Project Officer is to participate in the pre-evaluation and post-evaluation briefings. The original and two (2) copies of the completed evaluation report plus one (1) copy of each country evaluated will be sent to the Project Officer whose address is specified in section F.I.D. of this Schedule.

7. Source/Origin/Nationality of Suppliers of Commodities and Services - Authorized Geographic Codes

a. Except as A.I.D. may otherwise agree in writing, all services shall have their nationality in the United States (A.I.D. Geographic Code 000) or in the following cooperating country:

Bulgaria (A.I.D. Geographic Code 183)

b. Rental or leasing of office space or warehouse space is authorized for A.I.D. Geographic Code 000, or the A.I.D. geographic code which corresponds to the location of the project.

c. All goods/commodities shall have their source in the United States or the corresponding cooperating country or countries. The Recipient is expected to use its own private cost-share funds for all non-U.S. or non-cooperating country procurement of nonexpendable property.

8. Procurement and Shipment of Pharmaceuticals/Medical Supplies

a. The Recipient shall obtain approval from the A.I.D. Grant Officer prior to the shipment of any procured pharmaceuticals/medical supplies or donated pharmaceuticals/ medical supplies being shipped at grant expense. The following criteria shall apply:

The list of pharmaceutical/medical supplies submitted for approval shall contain product description, i.e., trade name and/or generic name, dosage form, potency/concentration, and unit package size, lot number, expiration date, and name of manufacturer.

All U.S. source/origin pharmaceuticals and other products regulated by the Food and Drug Administration (FDA) to be procured and/or shipped must be in compliance with all applicable U.S. laws and regulations governing the interstate shipment of these products at the time of shipment. Pharmaceuticals donated from non U.S. source/origin must meet the standards of the U.S. FDA.

All items must be shipped properly packaged to preserve the quality of the product. This includes those products that require special temperature conditions during shipping and storage, e.g., refrigeration.

No product requiring expiration dating shall have less than three months shelf life on receipt in the benefiting country. The Recipient shall be responsible for determining that all dated products procured and/or shipped will have sufficient opportunity to be received, distributed, and used according to labeling directions by the end user prior to product's expiration date.

9. Procurement of Used Equipment

Used equipment may only be purchased with the prior written approval of the Grant Officer.

10. Ocean Shipment of Goods

Ocean shipping financed by A.I.D. under the program shall, except as A.I.D. may otherwise agree in writing, be financed only on flag vessels of the United States. The Standard Provision entitled "Ocean Shipment of Goods" applies to this Cooperative Agreement.

11. Title to Property

Title to property purchased by the Recipient under this Cooperative Agreement shall be vested in the Recipient. Accordingly, the Standard Provision entitled "Title to and Care of Property (Grantee Title)" applies. Disposition of property shall be in accordance with this Standard Provision.

12. Order of Precedence

In the event of any inconsistencies in this Cooperative Agreement, they shall be resolved by applying the following in descending order of precedence:

Attachment 1 - Schedule
Cover Letter
Attachment 3 - Standard Provisions
Attachment 2 - Program Description
Recipient's Application

13. Correspondence

For the purposes of "notices" delivered to the A.I.D. Grant Officer, pursuant to Mandatory Standard Provision 13 entitled "Notices", the following addresses shall be used:

- a) Regular U.S. Mail
Grant Officer
Agency for International Development
Office of Procurement
Overseas Division - Eastern Europe Branch
Room 1557; SA-14
Washington, D.C. 20523-1423

- b) By Courier/Express Mail Only
Grant Officer
Agency for International Development
Office of Procurement
Overseas Division - Eastern Europe Branch
15th floor receptionist
1100 Wilson Blvd.
Arlington, Virginia 22209

15. Zip Codes

Use the following nine-digit zip codes instead of the five-digit zip codes shown in the corresponding standard provisions:

<u>Standard Provision</u>	<u>Zip Code</u>
Disputes	20523-0051
Payment - Letter of Credit	20523-0209
(In addition to the zip-code changes, the organizational symbol for A.I.D.'s Office of Financial Management has been changed to the address shown in section C.3. of the Schedule.)	
Ocean Shipment of Goods	20523-1419
Procurement of Goods and Services	20523-1414

16. Standard Provisions

The Standard Provisions set forth in Attachment 3 consist of the following provisions and the corresponding numbers (as specified on pages 4C-1 and 4C-8a of the Attachment) which are attached hereto and hereby incorporated as a part of this Cooperative Agreement:

(a) MANDATORY STANDARD PROVISIONS FOR U.S. NONGOVERNMENTAL GRANTEES

1. Allowable Costs (November 1985)
2. Accounting, Audit, and Records (September 1990)
3. Refunds (September 1990)
4. Revision of Grant Budget (November 1985)
5. Termination and Suspension (May 1986)
6. Disputes (November 1989)
7. Ineligible Countries (May 1986)
8. Debarment, Suspension, and Other Responsibility Matters (March 1989)
9. Nondiscrimination (May 1985)
10. U.S. Officials Not to Benefit (November 1985)
11. Nonliability (November 1985)
12. Amendment (November 1985)
13. Notices (November 1985)

(b) OPTIONAL STANDARD PROVISIONS FOR U.S. NONGOVERNMENTAL GRANTEES

1. Payment - Letter of Credit (November 1985)
4. Air Travel and Transportation (November 1985)
5. Ocean Shipment of Goods (May 1986)
6. Procurement of Goods and Services (November 1985)
7. A.I.D. Eligibility Rules for Goods and Services (November 1985)
8. Subagreements (November 1985)
9. Local Cost Financing (November 1988)
11. Publications (November 1985)
14. Regulations Governing Employees (November 1985)
19. Government Furnished Excess Personal Property (November 1985)
20. Title To and Use of Property (Grantee Title) (November 1985)
23. Cost Sharing (Matching) (November 1985)
25. Conversion of United States Dollars to Local Currency (November 1985)

(End of Attachment i)

PROGRAM DESCRIPTION

The Recipient's proposal dated December, 1990 and amended May 10, 1991 is attached hereto as the Program Description (Attachment 2) and is made a part of this Cooperative Agreement.

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II. Executive Summary:

Catholic Relief Services proposes a two-year program to supply medicines and medical supplies and equipment to selected health institutions in Bulgaria and Romania. The program will provide the medicines needed to address immediate and long-term health problems directly, as well as standard medical equipment and supplies to departmental hospitals. This program will also strengthen the administrative and managerial capacity of these health institutions.

In Bulgaria, due to both historical structural reasons and current economic conditions, the medical system is in a dramatic situation. Most recently, the Gulf Crisis has created a severe shortage of hard currency in the country. Bulgaria depends on oil for most of its energy, and prior to the crisis Iraq had been paying off a \$1.4 billion debt with oil. The hard currency shortage has made it virtually impossible to import any drugs or medical supplies that are not manufactured locally. This affects all major drugs, including antibiotic, anesthetic, cardiovascular, respiratory, digestive, endocrine and nervous system drugs. It also affects single use items, surgical material, diagnostic products for laboratory analysis, equipment for neonate and pediatric intensive care and nutritional products for the enteral nutrition and special diets required in the treatment of babies and infants. In addition, the entire emergency medical system is in very poor condition, as ambulances are old and lack virtually all life saving equipment. In some rural areas the ambulances even lack fuel.

In Romania, the medical system has been grievously neglected for decades. Due to the Ceaucescu regime's policy of not importing medicines, medical equipment or supplies, there is a critical shortage of these items in Romania today. In general, no medical equipment was purchased by the government during the past decade. Most medical facilities have inadequate supplies of drainage tubes, antibiotics, anesthetics, needles, and gloves as well as inadequate sanitation and infection control practices. In December of 1990, a CRS staff member visited a 200-bed hospital in Cluj, Romania, and found hallways and stairwells unlit due to a shortage of lightbulbs, examination rooms without basic equipment, and a medical library in which the most recent journal was dated from 1972. Currently, basic pharmaceutical supplies are in short supply or completely unavailable.

Through the proposed program, Catholic Relief Services will provide over \$1,300,000 worth of medical supplies and administrative support to four hospitals in Bulgaria and five hospitals in Romania through Hopitaux du Monde (Hospitals of the World - a Belgian-based NGO active in Bulgaria). CRS will direct the selection of the hospitals and medical supplies.

Hopitaux du Monde will be directly responsible for procuring and distributing the medical supplies to the selected hospitals and monitoring their end use. They will also be responsible for guarding the integrity of the distribution, assuring that it is accomplished without prejudice due to ethnicity, religious or political affiliation, or gender. The director of Hopitaux du Monde's operations in Bulgaria, a Belgian-American physician with ten years of experience in American hospitals, will also assist the hospital staffs to strengthen their institutional capacity.

This Belgian PVO has been providing assistance to Romanian and Bulgarian hospitals since early in 1990. The project proposed herein will extend Hopitaux du Monde's assistance for at least six months.

Due to the emergency conditions in Bulgaria and Romania, CRS will begin funding Hopitaux du Monde's activities on May 13, 1991. If this grant proposal is approved, the funds to Romania will be considered part of the PVO matching contribution and the advance to Bulgaria will be reimbursed from the grant funds. ✓

Catholic Relief Services is currently assisting a health institution in Romania with medical supplies. Through the proposed program, the assistance will increase by over \$1,300,000 worth of medical supplies and equipment and expand to include eight more hospitals in Romania and Bulgaria. These institutions will serve the local population regardless of ethnicity, religious affiliation, political affiliation or gender.

This program will continue Catholic Relief Services' 47 year old tradition of providing assistance to people in need and fostering the development of local institutions. It will also make an important contribution to CRS' assistance to Eastern Europe. This has included a decade of relief and development assistance to Poland and contributions to rehabilitation work in Armenia. More recently CRS has been involved in developing social welfare and development capacities of Church-sponsored organizations in Eastern Europe through training and project support.

Hopitaux du Monde and CRS' Eastern Europe Field Officer will implement the program with managerial and administrative support from the European support office at CRS-Geneva, the Eastern Europe Desk Officer at CRS-Baltimore and the Grant Management staff member assigned to this proposal. In addition, the program will be monitored and evaluated by the Eurasia Region, the Office of Project Resource Management and the Office of Financial Management, all at CRS-Baltimore. For both the Bulgarian and Romanian components of the program quarterly reports will be submitted that detail the nature and quantity of medical supplies distributed, the receiving hospital and program expenses, and that provide a description of progress in hospital administration

and a statistical profile of the end use recipients. These reports will be used to monitor both the progress of the distribution and the development of the administrative capacity of the selected health institutions.

III. Organizational Background:

A. Brief History of CRS: CRS was founded in 1943 by the Catholic Bishops of the United States to assist poor and disadvantaged peoples outside this country. The fundamental motivating force is the Gospel of Jesus as it calls for alleviation of human suffering, development of people to their full potential, and fostering charity and justice in the world. CRS assists persons on the basis of need, not creed, race or nationality through collaboration with religious and non-sectarian persons and groups. Over the past 20 years the donor base of CRS has broadened in recognition of both the international need for assistance and CRS' ability to carry out aid programs effectively. In 1989 CRS moved its world headquarters from New York City to Baltimore in order to lower operating costs and to work more effectively with the donor community.

B. Description of Worldwide Activities: CRS responds to victims of natural and man-made disasters, provides assistance to the poor to alleviate immediate needs, and supports self-help programs which help people and communities in their own development.

One of the largest private international aid organizations, CRS has a budget of approximately \$250 million and very low operating expenses compared to other, similar private voluntary organizations. In 1989, CRS provided \$161 million for development assistance; \$15 million for refugee relief and resettlement; \$11 million for general assistance to the ill, aged and orphans; and \$39 million for disaster and emergency relief. CRS' largest single program is PL 480, Food for Peace. CRS is active in 66 countries, with residential staff in 43.

Method of Operation: CRS draws basic financial, material and moral support from the Catholic Church in the US as well as government and community organizations, foundations and corporations. CRS cooperates with governments and ecumenical groups in programs consistent with its objectives and practices.

Organizational Structure: CRS is administered by a Board of Bishops selected by the Episcopal Conference of the US Catholic Church. At its headquarters in Baltimore, CRS is divided into the following bureaus: Executive Office, Office of Financial Management, Office of Program Planning, Office of Project Resource Management (which prepares proposals and monitors grants), and three regional support offices. CRS has several regional field offices, including one in Geneva which oversees

and monitors CRS' assistance to Central and Eastern Europe. CRS also has 43 country offices. The organizational chart for this proposed project is included as Attachment 1.

C. Relationship of this Program to Overall Organizational Goals: This program conforms to CRS' mission to help the most needy and marginalized groups in society. The program will alleviate suffering in Romania and Bulgaria and help people develop to their fullest potential.

In Romania, there is an increasing shortage of vital medicines and a lack of basic medical equipment and supplies. While these shortages affect the population at large, the marginalized sectors of society e.g. infants, institutionalized children, the handicapped/elderly and very poor suffer the most. Similarly, in Bulgaria the political and economic situation is in disarray and basic goods, including medicines, are generally unavailable, especially to the marginalized.

IV. PROGRAM: Pharmaceuticals, Medical Equipment and Supplies

Catholic Relief Services proposes a program to provide medical supplies and equipment to Bulgaria and Romania. The program will be two-fold.

In Bulgaria, Catholic Relief Services will assist four hospitals with medical supplies and administrative support worth \$900,000. CRS will direct the selection of hospitals and medical supplies for distribution. Hopitaux du Monde, in cooperation with their representatives based in Bulgaria, will procure and distribute the medical supplies, monitor their end use, and advise the hospitals on operating procedures. Distribution of all medical supplies to the hospitals should be completed six months after the first shipment arrives.

In Romania, CRS will assist five hospitals with medical supplies and administrative support worth \$300,000. CRS will implement this part of the program in cooperation with Hopitaux du Monde as well, under an identical division of responsibilities.

The health institutions to be assisted and the medical supplies to be distributed will be selected with the goal of strengthening the capacity of the local health care systems to operate in the new environment of today's Eastern Europe.

A. The Rationale for the Program: CRS serves the neediest around the world and tries to meet basic human needs, particularly in the area of health care and nutrition.

In Bulgaria, the medical system is in a crisis situation. Due to years of bureaucratic inefficiency and more recent economic

pressures, life saving medical supplies and equipment are in short supply or completely unavailable. Major drugs, single use items and pediatric equipment are especially affected. In addition, the entire emergency medical system is in very poor condition, as ambulances are old and lack virtually all life saving equipment. In some rural areas the ambulances even lack fuel.

In Romania, the medical system has been grievously neglected for many years. Medical equipment was replaced in twenty-year cycles; no new equipment has been purchased since 1981 when two CT scanners were bought for Bucharest. Additionally, no medical texts or journals were purchased by the previous government in the last ten years. Most hospitals lack the basic necessities for sanitation and infection control. Single use materials such as syringes and needles are cleaned and reused, but sterilization often consists only of boiling. Most facilities have inadequate supplies of drainage tubes, antibiotics, anesthetics, needles, gloves and single use items.

Given the shortage of medicines and the lack of standard medical equipment in Bulgaria and Romania, CRS' program targets improving local health care. This program follows CRS' mandate to provide relief and development assistance to the neediest in the world, and it also meets AID's objectives i.e., to provide highly visible and immediate humanitarian assistance to help the poor and marginalized in Central and Eastern Europe.

B. Problems to be Addressed: This program addresses a fundamental lack of medicines, medical supplies and modern medical equipment in Bulgaria and Romania. In both Romania and Bulgaria the medicines are needed to address immediate and long-term health problems directly, shortages caused by inadequate pharmaceutical production and distribution systems, and indirect problems in the form of lost productivity in the economy.

The health problems affecting infants and children in the project regions include acute respiratory infections and gastrointestinal ailments. Working adults and the elderly are affected by chronic conditions such as high blood pressure, heart problems, tuberculosis, and diabetes. Most of these problems require proper medication for control and/or recovery.

Since 1989 the in-country pharmaceutical production and distribution systems in Bulgaria and Romania have broken down. In general, medicines in Bulgaria and Romania are in short supply and many basic medicines are either not available or too expensive for many people to afford. In illustration, a CRS staff member visited a 200 bed hospital in Cluj, Romania, a city with approximately 250,000 inhabitants, during December 1990, and found the following: unlit hallways and stairwells (due to a shortage of lightbulbs), a medical library in which the most

recent journal dated from 1972, and examination rooms that lacked basic equipment.

The lack of pharmaceuticals and medical equipment and supplies complicates the processes of medical treatment, recovery and disease control in Bulgaria and Romania. As a result, there is a loss of productivity in the workforce. There is a social impact on parents who must cope with sick children and a loss of learning potential for children who remain ill due to lack of medicines.

C. Program Goal: The program's goal is to provide much needed humanitarian assistance through donations of medicines and medical equipment and supplies. CRS is currently engaged in providing medical supplies and equipment in Bulgaria and Romania. The AID grant will substantially increase the volume of much-needed assistance to Bulgaria and will allow CRS to augment its private assistance to Romania.

This program will also help develop the administrative and managerial capacity of the participating health institutions, through the assistance of Hopitaux du Monde.

D. Outputs of Program: Four hospitals serving approximately 1.5 million Bulgarian citizens will acquire the medical supplies and equipment they need to provide adequate medical care. Patients at five hospitals in Romania will also receive the medicines and medical care they require. Total number of patients directly served will be in the tens of thousands.

E. Inputs Needed: The medical supplies donated by the US government and CRS are the essential input for implementation of this program. The efforts of Hopitaux du Monde and the CRS Eastern Europe Field Officer are also essential. Specialized training will also be provided to medical professionals, as needed, to use the equipment they receive.

Note: The logical framework to illustrate these program aspects is included as Attachment #2.

V. Program Foundation:

A. Appropriateness of the Activity: The proposed program meets the AID proposal guidelines and is also consistent with the CRS Mission Statement. The program addresses health problems in Bulgaria and Romania; seeks to rectify shortages and strengthen the capacity of health care providers; and contributes to the productivity of the recipients.

CRS has been in contact with community organizations and health institutions in Romania and Bulgaria since mid-1990 to explore possibilities for assistance. The activities described in this

proposal reflect the critical needs in that country and the difficulty of meeting those needs without becoming involved in direct distribution.

Hopitaux du Monde responded to the expressed needs of Romanian hospitals in mid-1990 and Bulgarian hospitals in late 1990 with a smaller initial version of this program. Following discussion between CRS and Hopitaux du Monde in January and February 1991, Hopitaux du Monde proposed the activities outlined here.

Equipment donations will be limited to basic, relatively-low technology items to minimize complications of operation, maintenance and repair. Basic consumable medical supplies and essential medicines will be emphasized instead of costly, prestige items, to maximize purchasing power.

All planned assistance is short-term in nature. The distributions to health institutions in both Bulgaria and Romania will be completed in the first year of the program. Distribution of medicines and single use items to the end use beneficiaries should be completed by the middle of the second year of the program.

B. Criteria Used To Select Countries/Activities: The criteria used to select the countries included the political and economic situations, population health needs, and the opportunity to work with reliable organizations. Economic and political functions are in disarray throughout Eastern Europe, but are most acute in Bulgaria and Romania. Health conditions in Romania are notorious.

VI. COUNTRY SPECIFIC PROGRAM ACTIVITIES:

A. BULGARIA: Donated Medical Supplies

1. Catholic Relief Services contract Hopitaux du Monde, a ^{U.S.} Belgian-based PVO operational in Bulgaria, to purchase and distribute medical supplies to four hospitals. These donations will supply the four hospitals with two-thirds of their monthly needs for medicines and single use items for a period of six months. The program will also provide a physician in Bulgaria who will supervise the selection of supplies and assist the recipient hospitals with administrative and managerial support, and a project administrator who will supervise the distribution and end use of supplies.

2. Hospitals in Bulgaria are facing an acute shortage of medicines and single use items, and consequently are unable to provide adequate care to their patients. According to CRS' Field Officer and reports from Hopitaux du Monde, some hospitals in Bulgaria have eliminated all elective surgery and now concentrate on emergency care due to the shortages.

3. For the duration of the program a full time representative of Hopitaux du Monde will supervise the selection, distribution and end use of all the medical supplies in Bulgaria. The entire distribution should be completed within the first year. With all of the distribution completed in the first year, inputs during the second year will be limited to this representative's field visits to monitor continued use of equipment and final distribution of supplies to patients, and evaluations and audits managed from CRS/Baltimore.

4. It is estimated that all of the medical supplies will be delivered to Bulgaria during Calendar Year 1991. Approximately half to three quarters of the single use items will be dispensed by the end of 1991 with the remainder dispensed in 1992. This will allow four hospitals to provide adequate medical care for at least six months. These hospitals will also have improved administrative systems in place dealing with medical supplies.

5. Hospital stock ledgers, receipts, and medical records will be reviewed by the HDM representatives and the CRS Eastern Europe Field Officer to ensure control over the distribution and use of the medical supplies. Site visits and physical inventories will be routinely conducted by the representative of Hopitaux du Monde. A report will be prepared by Hopitaux du Monde's representative and reviewed by the CRS Eastern Europe Field Officer every month, listing the nature and quantity of medical supplies distributed during that period and to date, and a profile of the end use beneficiaries. The report will also describe hospital operations during the period, with special attention to the institution's capacity to accurately monitor its inventory and avoid shortages. Quarterly summary reports will be issued until all medicines are distributed or until the end of 1992, whichever comes first.

6. The program will provide medical supplies to hospitals serving Bulgarian citizens. The Government of Bulgaria has been supportive of the activities of Hopitaux du Monde to date. Outside assistance such as this eases the pressure on the State's increasingly strained social services, and will be necessary until the current political crisis subsides and national production of pharmaceuticals resumes.

This program will be highly visible, as the origin of medical supplies donated through the program will be clearly identified.

7. Hopitaux du Monde has already imported and distributed approximately \$190,000 worth of medical supplies in Bulgaria. They have all necessary approvals from the Government of Bulgaria to implement this program.

8. The possible constraints of the program are (1) the misuse of medicines and (2) the possibility that these supplies would act as a disincentive to the Bulgarian pharmaceutical industry.

With careful monitoring of the inventory and proper management control, possible misuse of the medicines and funds will be largely avoided. Similarly, with sensitivity to the domestic market it will be possible to avoid distributing medicines which are available locally in a comparable quality and price.

9. As previously mentioned, this program will benefit Bulgarians regardless of ethnicity, religious or political affiliation, or gender. Women will participate in this program to the extent that they are involved in the management of the participating Bulgarian hospitals. It is notable that one-half of Bulgarian physicians are female.

10. The selection, distribution and end use of medical supplies will be supervised by Hopitaux du Monde, a Belgian PVO operating in Bulgaria. Hopitaux du Monde proposed this program to CRS after discussions early in 1991.

The four local hospitals would be constantly involved in the identification of the needed medical supplies. Moreover, the representative of Hopitaux du Monde would work with the hospital staffs to strengthen their administrative and managerial capacity for the future.

11. Not applicable.

B. ROMANIA: Donated Medical Supplies

1. Catholic Relief Services contract Hopitaux du Monde to purchase and distribute medical supplies to five hospitals in Romania. These donations will supply the five hospitals with a portion of their needs for medicines and single use items for a period of six months. The program will also provide a physician who, while based in Bulgaria, will supervise the selection of supplies and assist the recipient hospitals in Romania with administrative and managerial support, and a project administrator who will supervise the distribution and end use of supplies.

2. Since 1989 the in-country pharmaceutical production and distribution systems in Romania have broken down. In general, medicines in Romania are in short supply and many basic medicines are either not available or too expensive for many people to afford. In illustration, a CRS staff member visited a 200 bed hospital in Cluj, Romania, a city with approximately 250,000 inhabitants, during December 1990, and found the following: unlit hallways and stairwells (due to a shortage of lightbulbs), a

medical library in which the most recent journal dated from 1972, and examination rooms that lacked basic equipment.

3. For the duration of the program a representative of Hopitaux du Monde will supervise the selection, distribution and end use of all the medical supplies in Romania. The entire distribution should be completed within the first year. With all of the distribution completed in the first year, inputs during the second year will be limited to this representative's field visits to monitor continued use of equipment and final distribution of supplies to patients, and evaluations and audits managed from CRS/Baltimore.

4. It is estimated that all of the medical supplies will be delivered to Romania during calendar year 1991 and the first quarter of calendar year 1992. These supplies should directly benefit between 5000 and 10,000 patients. The five participating hospitals will also have improved administrative systems in place dealing with medical supplies.

5. Hospital stock ledgers, receipts, and medical records will be reviewed by the HDM representatives and the CRS Eastern Europe Field Officer to ensure control over the distribution and use of the medical supplies. Site visits and physical inventories will be routinely conducted by the representative of Hopitaux du Monde. A report will be prepared by Hopitaux du Monde's representative and reviewed by the CRS Eastern Europe Field Officer every month, listing the nature and quantity of medical supplies distributed during that period and to date, and a profile of the end use beneficiaries. The report will also describe hospital operations during the period, with special attention to the institution's capacity to accurately monitor its inventory and avoid shortages. Quarterly summary reports will be issued until all medicines are distributed or until the end of 1992, whichever comes first.

6. The Government of Romania is supportive of outside assistance to ease the pressure on the State's increasingly strained social services. They have previously permitted Hopitaux du Monde to import medical supplies for humanitarian assistance. This program will be a highly visible response to the immediate needs of the Romanian people; and the medical supplies donated through the project will be clearly identified.

7. Hopitaux du Monde has already imported and distributed medical supplies in Romania. They have all necessary approvals from the Government of Romania to implement this program.

8. Two possible constraints of the program are (1) the misuse of medicines and their possible resale on the black market and (2) the possibility that the supplies would act as a disincentive to the local pharmaceutical industry.

With careful monitoring of the inventory and proper management control, possible misuse of the medicines and funds will be largely avoided. Similarly, with sensitivity to the domestic market, it will be possible to avoid distributing medicines which are available locally in a comparable quality and price.

9. As previously mentioned, this program will benefit Romanians regardless of ethnicity, religious or political affiliation, or gender. Women will participate in this program to the extent that they are involved in the management of the participating Romanian hospitals. It is notable that one-half of Romanian health-care professionals are female.

10. The selection, distribution and end use of medical supplies will be supervised by Hopitaux du Monde, a Belgian FVO operating in Romania. Hopitaux du Monde agreed to this program with CRS after discussions early in 1991.

The five local hospitals would be constantly involved in the identification of the needed medical supplies. Moreover, the representative of Hopitaux du Monde would work with the hospital staffs to strengthen their administrative and managerial capacity for the future.

11. Not applicable.

VII. PROGRAM MANAGEMENT:

A. Previous Program Experience/Staff Capabilities: CRS has had extensive experience in Eastern Europe, working in Poland since 1981 and Armenia, USSR, since 1989.

During the period 1981-89, CRS assistance to Poland totalled more than \$225,000,000. Much of this assistance was in the form of food aid, clothing and medicines, which were distributed by the Polish Catholic Charities Commission.

CRS' Armenia earthquake assistance program included health projects such as water purification and refrigerated containers for medicines and food, as well as non-health aid, e.g. a woodworking center and prefabricated housing units.

Since 1988, CRS has been managing a \$10 million USAID grant for potable water and sewage systems development in cooperation with the Water Supply Foundation in Warsaw.

Staff capabilities are extensive, as indicated in the organizational chart and description of worldwide activities. CRS has an Eastern Europe Field Officer based in Warsaw, a European support office in Geneva, an Eastern Europe Desk Officer in the

AID 1350-1 (87) *PIO/T	AGENCY FOR INTERNATIONAL DEVELOPMENT PROJECT IMPLEMENTATION ORDER/TECHNICAL SERVICES	1. Cooperating Country Bulgaria & Romania	Page 1 of 3 Pages
		2. PIO/T No. 180-0032-3-1183055	3. <input checked="" type="checkbox"/> Original or Amendment No.
		4. Project/Activity No. and Title Private Voluntary (PVO)-Organization (PVO)- Humanitarian/Development Initiatives Grant Program (180-0032). Catholic Relief Services	

DISTRIBUTION OFFICE OF FINANCIAL MANAGEMENT Initials: <i>[Signature]</i> Date Posted: 5/18/91 PFM/FAI/FRP FUNDS RESERVED BY: <i>[Signature]</i>	5. Appropriation Symbol 72-11X1010 (184-63-180-01-69-11)	6. Budget Plan Code OAIK-91-33180-IG-12																	
	7. <input checked="" type="checkbox"/> Administrative Reservation <input type="checkbox"/> Implementing Document	8. Project Assistance Completion Date (Mo., Day, Yr.) 1/24/95																	
	9. Authorized Agent AID/W	10. This PIO/T is in full conformance with PRO/AG No. Date																	
	11a. Type of Action and Governing AID Handbook <input type="checkbox"/> AID Contract (H8 14) <input checked="" type="checkbox"/> AID Grant or Cooperative Agreement (H8 13) <input type="checkbox"/> PASA/RSSA (H8 12) <input type="checkbox"/> Other	11b. Contract Grant Cooperative Agreement 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. <u>1</u>)																			
<table border="1"> <thead> <tr> <th rowspan="2">Maximum AID Financing Available</th> <th rowspan="2">A. Dollars</th> <th>(1) Previous Total</th> <th>(2) Increase</th> <th>(3) Decrease</th> <th>(4) Total to Date</th> </tr> </thead> <tbody> <tr> <td>-0-</td> <td>900,000</td> <td>-0-</td> <td>900,000</td> </tr> <tr> <td></td> <td>B. U.S.-Owned Local Currency</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Maximum AID Financing Available	A. Dollars	(1) Previous Total	(2) Increase	(3) Decrease	(4) Total to Date	-0-	900,000	-0-	900,000		B. U.S.-Owned Local Currency							
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	B. U.S.-Owned Local Currency																		
13. Mission References	14A. Instructions to Authorized Agent See continuation sheet.																		
14B. Address of Voucher Paying Office																			

15. Clearances—Include typed name, office symbol, telephone number and date for all clearances.			
A. The Project Office certifies that the specifications in the statement of work or program description are technically adequate. ENE/EUR: <i>[Signature]</i>	Phone No. 7-4579	B. The statement of work or program description lies within the purview of the initiating office and approved agency program. ENE/EUR:DPressley <i>[Signature]</i>	Date 5/20/91
C. ENE/PD:GBricker <i>[Signature]</i>	Date 5/24/91	D. Funds for the services requested are available	Date
E. ENE/DP:MCrawford <i>[Signature]</i>	Date 5/24/91	FN:Randerson	
16. For the Cooperating Country. The terms and conditions set forth herein are hereby agreed to Signature _____ Date _____		17. For the Agency for International Development Signature <i>[Signature]</i> Date 5-24-91 Title Robert Nachtrieb, Office Director ENE/DPD	

*See I-3, Sup. A, App. C, Att B for preparation instructions. Note: The completed form contains sensitive information whose unauthorized disclosure may subject an employee to disciplinary action.

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