

Execution Version

# **Grant Confirmation**

- 1. This Grant Confirmation is made and entered into by the Global Fund to Fight AIDS, Tuberculosis and Malaria (the "Global Fund") and the United Nations Development Programme (the "Principal Recipient"), as of the date of the last signature below and effective as of the start date of the Implementation Period (as defined below), pursuant to the Framework Agreement, dated as of 13 October 2016, as amended and supplemented from time to time (the "Framework Agreement"), between the Global Fund and the Principal Recipient, to implement the Program set forth herein.
- 2. <u>Single Agreement</u>. This Grant Confirmation, together with the Integrated Grant Description attached hereto as Schedule I, sets forth the provisions (including, without limitation, representations, conditions, Program Activities, Program budget, performance framework, and related implementation arrangements) applicable to the Program, and forms part of the Grant Agreement. Each capitalized term used but not defined in this Grant Confirmation shall have the meaning ascribed to such term in the Framework Agreement (including the UNDP-Global Fund Grant Regulations).
- Grant Information. The Global Fund and the Principal Recipient hereby confirm the following:

3.1	Host Country or Region:	Islamic Republic of Iran
3.2	Disease Component:	HIV/AIDS
3.3	Program Title:	Enhancement of National HIV Response with Focus on Target Beneficiary Groups in line with fifth National Strategic Plan 2020-2024
3.4	Grant Name:	IRN-H-UNDP
3.5	GA Number:	2027
3.6	Grant Funds:	Up to the amount of USD 11,222,077 or its equivalent in other currencies
3.7	Implementation Period:	From 1 April 2021 to 31 March 2024 (inclusive)
3.8	Dringing Paginiant	United Nations Development Programme N°8 (39), Shahrzad Blvl, Darrous 1948773911 Tehran Islamic Republic of Iran Attention: Mr. Mazen Gharzeddine
	Principal Recipient:	UNDP Deputy Resident Representative Ad Interim
		Telephone: 00982122868395 Email: mazen.gharzeddine@undp.org

3.9	Fiscal Year:	1 April to 31 March
3.10	Local Fund Agent:	United Nations Office for Project Services Maison Internationale de l'Environnement, 11- 13, Chemin des Anémones, Châtelaine CH-1219 Geneva Swiss Confederation Attention: Nayeem Chowdhury
		Telephone: +880 1766 450 478 Email: nayeemc@unops.org
3.11	Global Fund contact:	The Global Fund to Fight AIDS, Tuberculosis and Malaria Global Health Campus, Chemin du Pommier 40 1218 Grand-Saconnex, Geneva, Switzerland Attention: Nicolas Cantau Regional Manager
		Grant Management Division Telephone: +41587911700 Facsimile: +41445806820 Email: nicolas.cantau@theglobalfund.org

# 4. Conditions. The Global Fund and the Principal Recipient further agree that:

- 4.1 Consistent with numerous United Nations Security Council Resolutions relating to terrorism or country-specific sanctions regimes, UNDP undertakes to use all reasonable efforts to ensure that none of the Grant Funds provided under the Grant Agreement are used, directly or indirectly, to provide support to individuals or entities that are subject to UN sanctions. As required by UNDP's rules and procedures, UNDP shall screen potential partners, Sub-recipients, Sub-sub-recipients and suppliers to ensure it does not knowingly work with any entity appearing on the United Nations Security Council Consolidated Sanctions List as updated from time to time and available https://www.un.org/securitycouncil/content/un-sc-consolidated-list. In addition, all arrangements with UNDP's non-UN partners, Sub-recipients and suppliers receiving Grant Funds under the Grant Agreement shall include contractual provisions requiring them to comply with all laws to which they are subject for the duration of the Implementation Period, and require that any Sub-sub-recipients are obligated to do the same
- 4.2 No later than 30 June 2021, the Principal Recipient shall submit to the Global Fund an updated national monitoring and evaluation plan.

[Signature Page Follows.]

IN WITNESS WHEREOF, the Global Fund and the Principal Recipient have caused this Grant Confirmation to be executed and delivered by their respective duly authorized representatives on their respective date of signature below.

The Global Fund to Fight AIDS, Tuberculosis and Malaria

**United Nations Development Programme** 

By: U.A. Odn Edy

By: Claudia Provides

Name: Mark Eldon-Edington

Name: Claudio Providas

Title: Head, Grant Management Division

Title: UNDP Resident Representative in the

E. I.R. Iran

Date: Mar 2, 2021

Date: 21-Feb-2021

Acknowledged by

Name Raeisi Alireza

Title: Chair, Country Coordinating Mechanism of Islamic Republic of Iran

Date: 24-Feb- 2021

Name: Mohammad Reza Seyedghasemi

Title: Civil Society Representative, Country Coordinating Mechanism of Islamic Republic of

Iran

Date: 24-Feb- 2021

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#### Schedule I

### Integrated Grant Description

#### A. PROGRAM DESCRIPTION

### 1. Background and Rationale for the Program

# **Epidemiologic Background**

The estimated number of people living with HIV in Iran is 59,297 as of 2019 (845 children< 15 years, 42,952 men over 15 years, and 15,500 women over 15 years). Although the number of men living with HIV is higher than women living with HIV, there is a steady increase in the proportion of newly reported HIV cases attributed to sexual transmission and the number of women diagnosed with HIV has increased considerably. In 2018, about 26 percent of people living with HIV were women and it is estimated to reach 29 percent by 2025. More than 40 percent of the people living with HIV are in the age group of 25-34. Out of the estimated number of PLHIV, less than 1000 are under 15.

The trend of new infections shows a 12% decline in 2019 compared with 2010 while the trend of AIDS-related deaths shows an increase of 8% in 2019 compared with 2010, with a cumulative 19.026 AIDS-related deaths.

Amongst the diagnosed cases between 20 March 2019 and 19 March 2020, the routes of transmissions were: sharing syringes (26.5%), sexual contacts (47%), mother to child (2.7%) and undetermined (23.8%).

#### **HIV Cascade**

In reference to HIV cascade against the 90-90-90 target, by the end of 2019, out of 59,297 estimated number of PLHIV, 22,330 know their HIV status (38%), 15,038 are on ART (67%) and 12,851 have suppressed viral load (85%).

The data shows that the performance of national response in treatment and viral load suppression is better than case finding. Therefore, national response should have a strong focus on HIV case finding. For this purpose, new and innovative approaches need to be in place to reach the target populations and make the testing and counselling services accessible to them. This should be reiterated that HIV services in the country are free of charge.

Logistics of procuring testing kits should also be considered in any planning to take account of legal and other practical constraints in importing HIV testing kits and ensure the timely procurement of testing kits.

#### Situation of Key Population

People who inject drugs have been the key epidemic contributor in the country and still account for the greatest share of new infections in the country. However, recent data shows a declining trend in HIV prevalence among PWID. As per the recent estimation studies, the PWID population size is 186,686 and the HIV prevalence has decreased from 15% in 2010 to 3.1% in 2019.

Another important key population in Iran is the High-Risk Behavior Women Affected by HIV (HRBW). The latest size estimation in 2019 for this key population is 137,612 (in reference to preliminary findings of the IBBS report which has not been officially shared). HIV prevalence in this key population has been 2.1% in a 2015 study.

High Risk Behavior Men Affected by HIV (HRBM) are another main key population with higher prevalence of HIV. The studies on this key population are very limited in Iran. The latest population

size estimate is 243,306. The HIV prevalence among HRBM who visited four differentiated centers was 4.1%. There is not sufficient data on the burden among transgender people and the estimated HIV prevalence is 1.5%.

The population of prisoners was 479,708 in 2019 (including all turnover). Recent data shows a declining trend in HIV prevalence among Prisoners from 2.1% in 2009 to 0.8% in 2019.

Maintenance of services to all the key populations as well as extending the services to the whole key population are the main strategies for improvement of the HIV response in the country.

# **Priority Setting and Programme Implementation**

The priorities of the grant are aligned to the priorities of the fifth National Strategic Plan for AIDS control (NSP5). This has been developed in an inclusive and consultative approach involving a wide range of stakeholders and technical partners including CSOs and representatives from key populations.

The funding request was prepared consistent with funding gaps and national priorities identified through an inclusive country dialogue and is fully aligned with the NSP5. The Global Fund grant will be implemented by the United Nations Development Programme (UNDP) as the Principal Recipient in close collaboration and partnership with the Ministry of Health and Medical Education of the Government of Iran, Civil Society and Non-Governmental Organizations, Prisons Organization, Welfare organization and other technical in-country partners.

# 2. Goals, Strategies and Activities

#### Goals:

- a. By the end of 2023, maintain the HIV prevalence among PWIDs at less than 5%;
- b. By the end of 2023, maintain the HIV prevalence among people who are exposed to sexual transmission of HIV at less than 5%; and
- c. By the end of 2023, decrease the AIDS mortality by 20%.

#### Strategies:

In line with NSP5, the following strategies have been chosen for funding:

- a. Scale up of differentiated HIV testing services
  - As this can be discerned from the HIV cascade, the biggest gap of HIV response in the country is HIV case finding. By applying the recommended strategies of WHO, national response will expand the access to the key population and provide the testing and counselling services.
- b. Improve the coverage and quality of treatment care and support
  - National response will maintain the provision of high-quality care and treatment services. For this purpose, different interventions will be applied to secure the link of the PLHIV to the system and retain them in the treatment and care services.
- c. Expansion of HIV prevention services

Reaching key populations is a very important pillar of the HIV response in the country. Different key populations will be reached by the service providers, including peers to receive training and consumables (including condom, lubricant and syringes for different key populations) and refer to STI diagnosis and testing services. These services will be maintained and expanded in this grant through a wide range of service delivery points.

# **Activities:**

# a. Facility-based testing

In addition to the previous settings for testing, in this programme, new centers will be added for making the testing more accessible to key populations, including mobile centers, harm reduction stations, concentration camps and centers for HRBM. Outreach workers will also be gradually added to the testing squad.

# b. Differentiated ART service delivery and HIV care

In order to provide high quality services for treatment and care, the high-quality ART services will be provided, and other partners will be added for creating more options for different key populations.

# c. Treatment monitoring - Viral load

Regular viral load testing will be provided to all the patients who receive ARV. This will improve the treatment monitoring process in the country.

# d. Condom and lubricant programing

Interventions will be maintained for HRBW. In this grant, HRBM will also benefit from the prevention services and the service provision services to these key populations will also be expanded.

# e. Harm reduction and Needle and syringe programs

Harm reduction services will be maintained. In this grant, MMT centers will also be equipped to provide testing and counselling services.

# f. Harm reduction interventions for prisoners

The harm reduction services will be continued. The services in the prison in a very confidential way will be connected to the out of prison services by using MIS. A peer programme with a successful history will also be resumed in case of funding availability.

# g. Conduct analysis, evaluations and reviews and strengthen MIS

The MIS will be strengthened, and a number of studies will be conducted to provide a better perspective of the services.

# h. Reduce stigma and discrimination

By using the findings of current studies, a number of initiatives will be conducted to target services providers and communities for reducing stigma and discrimination.

# 3. Target Group/Beneficiaries

- a. People Who Inject Drugs (PWIDs);
- b. High Risk Behavior Women Affected by HIV (HRBW);
- c. High Risk Behavior Men Affected by HIV (HRBM);
- d. Transgender People (TGs);
- e. People Living with HIV (PLHIV); and
- f Prisoners

# References

- 1. SPECTRUM report, 2020.
- 2. Situation analysis of NSP.
- 3. GAM report, 2019.
- 4. HIV quarterly report, March 2020.
- 5. NSU conducted by MEHSHAD in 2018.
- 6. PWID IBBS report, 2019.
- 7. High Risk Behavior Women Affected by HIV, IBBS report, 2015.
- 8. TG Assessment Report, 2019.
- 9. Prison report, 2020, letter from PO to CCM Secretariat.

# B. PERFORMANCE FRAMEWORK

Please see attached.

# C. SUMMARY BUDGET

Please see attached.

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Country Grant Name Implementation Period	Iran (Mamic Republic) IRN-H-LINDP 01-Apr-2021 - 31-Mar-2024			
meiber Recipient	United Nations Development Programme	nt Programme		
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# Program Goals, Impact Indicators and targets

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	People who p inject drugs and in their partners s	Prople who people who people who people who people with people with the people with the people with the people with the people will be people and respected with the people of services.	Country Iran (Islamic Republic), Coverage Geographic National, 100% of national program target	N 38 259 D 90 163 P 42.4%		Age Gender	*	United Nations Development Programme	N. 45,062 O 90,163 P 50 0%	N 49 590 D 90 163 P 55 0%	N 54.098 D 50.163 P 60.0%	
	Comments											
<b>E</b>	The denominator of the past year, which was year, which is 00 (180 and individual individual to April 2019 - 31 Million on the persons which we have been preceded to the will be used for the will be used for the precedent.	comes from the NSU study co defended and the second of the	nducted in 2018. There erenose should receive I wanton package. The I he PUDR for the period age for this population on the time policies on one time are available, rithm. double counting may refer to different cumy, rate for the form the counting who received in number of PWID who, in the country of the cumber of PWID who is the country of the cumper of PWID who is the country of the cumper of PWID who is the country of the cumper of PWID who is the cumper of the cumper	were two reference HV beatong as per th numerator of the bas i from October 2019: Includes neede and Includes neede and Includes neede and Includes a center will neede as hered symmer needed where symmer needed o had injected drugs o had injected drugs	numbers in the study.  In NSP, The object grou- leffer is from the certie to March 2020, reporte to the possible. Nations of the possible. Nations fifered find at pole to the possible (and a t, taming, and informs regularly during three is	The number of people who is the persons who house in the persons who house of number of numbers of the reporting by some numbers of the reporting years.	pected drugs gected drugs ged services is actually the native to avoid ruler to avoid virth Kermal virth Kermal ched by diffie	The decomposition was free the ULL proceeded in SUI. There are network controlled in the SUI. The decomposition was free the ULL proceeded on the SUI and SUI and the SUI and				
	People in in prisons and a other closed p	KP-1f1M Number of people in prices and other closed seathings reached with HIV prevention programs - defined package of services	Country Iran (Islamic Republic), Coverage Geographic National 100% of national program second	N 236.305 D 479.708 P 49.3%	2019 Routine reporting		ì		N 249,449 D 479,708 P 52,0%	N 259,043 D 479,708 P 54,0%	N 288 637 D 479 708 P 56.0%	
,	Comments											
	The denominator of who are in prison. and MMT. Data on inside the prison are referred to another	comes from the routine report the turnover number has bee to the persons who receive set and is connected to the MIS. In reenvice such as MIV testing or	ang of prison. This should in used as the denominations more than one to naide the prison there is or STI diagnosts during or STI diagnosts during	id be noted this nurr ator. The service pa- ne are available. This is not double counting reporting period D. a	sher includes all the turn ckage for this population e numbers are aligned in grand retest cases are in actual number of prison	hover of the precons. The rail includes comprehensive with NSP5. In order to avo etnewable from MIS. N private in the reporting period	ational responding	The accommend was from troops of profit but old and the access as a factor of the process. In the access interest and access to the access to				
	Men who have sex with men	KP-Is_w Percentage of mon- who have sex with men- reached with HIV prevention programs – defined package of services	Country Han Coverage Coverage Geographic National 100% of national program target	N 2 064 D 243 306 P 0.8%	2019 Routine reporting	ş	ţ	United Nations Development Programms	N 36,496 D 243,306 P 15,0%	N 48.662 0 243.306 P 20.0%	N 60 827 D 243,306 P 25,0%	
•	Comments in resonal context centers that are pt testing, training, 5 oras the are such are such oras the are such are such are such are oran the are such as a such are such are such are such as a such as	t his refers to High Rate Behn concling geological dennices. The screening, control and like able. The numbers are larges untiling made a certar visit of ent centers or may use differ ed condorn, lubricant, training ed condorn, lubricant, training	woor Men Affacted by H These centres are such count. referral to special of with NSP5. There as the possible National ent to is poole (and subset) and enformation about	ITV (HRBM). The der posed to be expande alized center; (leb the nots a UC system; he sepone. In collegione, in collegion, or referral to 5Ti da. or referral to 5Ti da.	ourlinator comes from I ad in upcoming years a set, psychology, undo r ocet to avoid double action with Kerman Kno oached by different out agnoss and treatment c	he NSU shafy conducted in E per the 18595. The service, by and infectious describes counting, incide every cent defacts, is conducting reach workers). That perce or HV testing and counseling	2016. The repairing to beta on the set. There is a set. There is a set. The set of all the set on the set of all least on the set.	Comments in the part that sector by the factor by the profitable in the factor by the part of the part				

	0 137,612 P 35.0%
	United Nations bevelopment Programme
	Ing Gender Age Y
	N 32.974 2019 D 137.612 Routine report
Country Iran (Marrio Republe)	its reached with lety Coverage into norganize defined Geographic National 100% of norganized into national program national program national program
Y	Sex workers works and their clients preve

N 61 926 D 137 612 P 45.0%

N 55.046 O 137.612 P 40.0%

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racking Measures Intervention

Comments



Grant Name IRN-H-UNDP Implementation Period 01-Apr-2021 - 31-Mar-2024 Iran (Islamic Republic) IRN-H-UNDP Country

United Nations Development Programme Principal Recipient

By Module	30,06,2021	01/04/2021 - 01/07/2021 - 01/10/2021 - 01/01/2022 -	01/10/2021 -	01/01/2022 -	Total V	31/04/2022 -	01/07/2022 - 0	11100000	21/04/2013								
Differentiated HIV Testing Services	\$224,349	\$32.853	5430 322	31/03/2022	- 1	30/06/2022	30/0	31/12/2022	31/03/2023	Total Y2	30/06/2023 30/09/2023 31/12/2023 31/03/2024	109/2023 31	/12/2023 3	1/03/2024	Total Y3	Grand Total	Grand Total
Prevention	\$711 912			655,033	3129,311	\$249,478		\$468,200	\$32,853	\$783,384	\$274,607	\$32,853	\$32.853	\$32,853	\$373,167	\$1,885,928	70.0 %
Program management			558,835	\$29,933	\$798,794	\$501,156	\$53,550	\$39,041	\$39,041	\$632,787	\$491,944	\$61,685	\$47,176	\$47.176	\$647.980	\$2.079.561	18.5 %
RSSH: Health management information	300,116	•	\$215,933	\$183,277	\$894,524	\$402,699	\$191,413	\$216,772	\$183,914	\$994,797	\$313,949	\$191,227	\$186.867	\$184 483	8876 676	42 765 847	246%
Systems and M&E RSSH Human resources for Lead	\$104,937	\$94,923	\$112,923	\$86,923	\$389,704	\$146,923	\$114,307	\$86,923	\$86,923	\$435,076	\$86.923	\$103 523	£86 923	CAR 023	6164 280	100 000	2 2 4
including community health workers		\$53,908	\$34,047		\$87,956	\$9,432	\$53.908	\$34 047		***							
TB/HIV	\$24,605				424 606					002'		\$53,908	\$34.047		\$87,956	\$273,299	24%
Treatment, care and support	\$782,879	\$28.285	\$16.063	646 063	500'870	\$24,605				\$24,605	\$24,605				\$24,605	\$73,814	% 1.0
Grand Total	\$2,155,797	•	C. 107.07	200.00	800'0906	\$906,839		\$16,963	\$16,963	\$969,049	1969,049 \$1,068,210	\$28,285	\$16,963	\$16,963	\$1,130,421	\$2,944,559	26.2 %
				846,846	\$3,760,048	\$2,241,130	\$474,316	\$861,946	\$359,694	\$3,937,085	\$2,260,237	\$471,480	\$404,828	\$368,398	\$3,504,944	\$11,222,077	100.0 %
By Cost Grouping	30/06/2021	01/04/2021 01/07/2021 01/10/2021 01/01/2022 30/06/2021 30/09/2021 31/12/2021	01/07/2021 - 01/10/2021 - 01/01/2022 - 30/09/2021 31/12/2021	91/01/2022 -	Total Y1	11/04/2022 -		1/10/2022 - 0	11/01/2023 -		01/04/2023 - 01/07/2023 - 01/07/2023	/02//2023 - 01/	10,2023.	. 1007107			,
Human Resources (HR)	\$286,922	\$288.868	\$291 786	\$203/2025		30/06/2022	30/06/2022 30/09/2022	31/12/2022 31/03/2023	31/03/2023		30/06/2023 30	30/09/2023 31/12/2023 31/03/2024	/12/2023 3	1/03/2024	Total Y3	Grand Total	% of
Travel related costs (TRC)	S5 856				11,139,363	\$294,084	\$296,030	\$300,894	\$300,894	\$1,191,902	\$303,192	\$304,165	\$309,028	\$309,028	\$1,225.413	83 576 678	10 11
External Professional services (EPS)	\$21.710		100,000	900'00	\$111,381	\$15,288	\$60,765	\$39,904	\$5,856	\$121,813	\$5,856	\$59,765	\$39.904	\$5,856	5111.381	\$344.576	
Health Products - Pharmaceutical Products			969'676	33,696	\$66,798	\$153,696	\$30,081	\$3,696	\$3,696	\$191,169	\$3,696	\$20,296	\$3.696	\$3,696	531.384	£280 161	
(НРРР)	\$39,084				\$39,084	\$39,084				\$39.084	\$39.084					200	Z. 9.7
Health Products - Non-Pharmaceuticals (HPNP)	\$896,129	\$9.000	\$350,083		\$1,255,212	\$1,043,693	\$9,000	\$375 582							\$39,084	\$117,252	1.0 %
Procurement and Supply-Chain Management costs (PSM)	\$149.817	\$2,322	\$56,386		\$208,525	\$168.618	\$2 222	202.039			51.224,290	89.000			\$1,233,290	\$3,916,778	34.9 %
Infrastructure (INF)	\$495.984				40500			201,000		\$230,705	\$191,797	\$2,322			\$194,118	\$633,348	5.6 %
Non-health equipment (NHP)	\$90,051				400,004	100,2626				\$232,651	\$197,057				\$197,057	\$925.692	8.2%
Communication Material and Publications	**				1000	9150,083	516,373			\$140,056	\$120,683	\$19,373			\$140.056	6370 463	
(CMP)	91.000				\$1,000	\$1,000				\$1,000	\$1,000					7917	3.5.5
Indirect and Overhead Costs	\$169.242	\$53,532	\$81,266	\$48,610	\$352,650	\$172,332	\$56,746	\$82,105	\$49 247	6360 430	6173 682	200			\$1,000	\$3,000	% 0.0
GrandTotal	\$2,155,797	\$425,182	\$849,121	\$349,949	\$3,780,048	\$2,241,130	\$474,316	\$361,946			42 260 317	000,000	352 200		\$332,159	\$1,045,239	8.3 %
											1000	004'1 /40	3404,828	\$368,398	\$3,504,944	\$11,222,077	100.0 %
By Recipients	30/06/2021 - 0	30/06/2021 - 01/07/2021 - 01/10/2021 - 01/01/2022 - 30/06/2021 30/09/2021 31/12/2021 31/03/2022	01/10/2021 - 0 31/12/2021 3	01/01/2022 -	Total V1 3	30/06/2022 - 0	01/04/2022 - 01/07/2022 - 01/10/2022 - 01/01/2023 - 30/06/2022 30/09/2022 31/12/2022	1/10/2022 - 0		Total V2 01		101/2023 - 01/	10/2023 - 01				
РЯ	\$2,128,234	\$398,167	\$819,187	\$320,015	\$3,665,604	\$2,208,899	\$440,139	\$822.905			30/06/2023 30	30/09/2023 31/	31/12/2023 31		Total Y3	Grand Total	K of
United Nations Development Programme	\$2,128,234	\$398,167	\$819,187	\$320,015	\$3,665,604	\$2,208,899	\$440.139	\$822 905			\$2,218,893	\$429,169	\$357,653	\$321,222	\$3,326,942	\$10,785,141	96.1%
SR	\$27,562	\$27,015	\$29,933	\$29,933	\$114,444	\$32,231	\$34.177	539.041	170 013		95,215,595	\$429,169	\$357,653	\$321,222	\$3,326,942	\$10,785,141	\$ 1.96
Center for Disease Control (CDC)	\$13,788	\$13,788	\$13,788	\$13,788	\$55,152	\$16,086	\$16.086	\$16.086	216 000	200	855,144	\$42,312	\$47,176	\$47,176	\$178,002	\$436,936	30.6
Welfare Organization (WO)	\$13,774	\$13,227	\$16,145	\$16,145	\$59,292	\$16,145	\$18,091	\$22.955	\$22 955	100.34	918,384	\$18.384	\$18.384	\$18,384	\$73,536	\$193,032	1.7%
Grand Total	\$2,165,797	\$425,182	\$848,121	\$349,848	\$3,780,048	\$2,241,130	\$474,316	\$861,946			\$2.280.237	825,928	\$28.782	\$28,792	\$104,466	\$243,904	22%
												1,480	204,028	\$368,398	\$3,504,944	\$11,222,077	100.0 %