

Funding Authorization and Certificate of Expenditures

UN Agency: UNDP

Date: 30-Jan-16

Country: South Sudan

Type of Request:

Programme Code & Title: Provision of Emergency safe Water Supply, Sanitation and Hygiene services for IDPs, returnees and other vulnerable groups(women, boys, girls and men) affected by conflicts and Natural disasters in Akobo, Utiang and Nasir Counties of Upper Nile and Jonglei by end of December 2015  
 Project Code & Title: SSD-15/HSS/10/SA2/WASHINGTON/535  
 Responsible Officer(s): Solomon Njoroge  
 Implementing Partner: Nile Hope Development Forum

Currency: USD

REPORTING		REQUESTS / AUTHORIZATIONS					
Activity Description from AWP with Duration	Authorised Amount Oct - Dec 2015 A	Actual Project Expenditure Oct - Dec 2015 B	Expenditures accepted by Agency C	Balance D = A - C	New Request Period & Amount Oct - Dec 2015 E	Authorised Amount F	Outstanding Authorised Amount G = D - F
Staff and Other Personnel Costs	55,495.00	55,495.00					
Supplies, Commodities, Materials Equipment	118,050.00	117,989.56					
Contractual Services							
Travel							
Transfers and Grants to Counterparts	7,850.00	7,805.70					
General Operating and Other Direct Costs	3,284.43	3,389.56					
Program Support Cost	9,715.93	9,715.40					
<b>Total</b>	<b>194,395.36</b>	<b>194,395.21</b>	<b>0.00</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0.00</b>

CERTIFICATION

The undersigned authorized officer of the above-mentioned implementing institution hereby certifies that:

- The funding request shown above represents estimated expenditures as per AWP and itemized cost estimates attached.
- The actual expenditures for the period stated herein has been disbursed in accordance with the AWP and request with itemized cost estimates. The detailed accounting documents for these expenditures can be made available for examination, when required, for the period of five years from the date of the provision of funds.

Date Submitted: 30-Jan-16

NOTES: \* Shaded areas to be completed by the UN Agency and non-shaded areas to be completed by the counterpart.

FOR AGENCY USE ONLY:

FOR ALL AGENCIES

Approved by:

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

Name: Paul Biel Oloang

Title: Executive Director

