Chemin de Blandonnet 8 • 1214 Vernier • Geneva, Switzerland

www.theglobalfund.oro

Our Ref.: WCA/CD/VR/RS/11/14

27 May 2011

Mr. Antonio Viegas **UNDP Deputy Resident Representative** United Nations Development Programme BP 109 Sao Tomé Sao Tome et Principe

Subject:

Program Grant Agreement Number: STP-809-G04-T

Principal Recipient: United Nations Development Program

Implementation Letter Number: 1

Change in Starting Date

## **UNOFFICIAL SUMMARY:**

This implementation letter changes the Program Starting Date; the Program Ending Date; and the Proposal Completion Date.

Dear Mr. Antonio Viegas,

We are writing this letter to change the Program Starting Date of your Round 8 tuberculosis grant.

In accordance with the Global Fund's policy, the Program Starting Date for the grant may be adjusted to align with the date the first disbursement was made to the Principal Recipient. The first disbursement under this Grant was made on 2 December 2009. As a result, the Program Starting Date for this Grant is adjusted to 1 December 2009.

This is also the starting date for the first reporting period set out in Performance Framework and Summary Budget for Years 1&2 in Annex A of the Grant Agreement.

The term of your grant remains two years and, if the grant is approved for a Phase 2 extension, five years. Therefore, we are also changing the Program Ending Date and Proposal Completion Date.

In addition, we are updating the name of the Global Fund Additional Representative in Block 13 of the face sheet of the Grant Agreement.

We are updating the following blocks of the face sheet of the Grant Agreement:

Block 3A: Modification Number: 1 (Implementation Letter 1, dated 27 May 2011)

Block 4: Program Starting Date: 1 December 2009

Page 1 of 2













|   | · ·   |
|---|---|
| Block 5:                                    | Program Ending Date: 30 November 2011   |
| Block 6:                                    | Proposal Completion Date 30 November 2014   |
| Block 13:                                   | Global Fund Additional Representative:<br>Dr Cyrille Dubois, Regional Team Leader<br>Tel.: +41 58 791 1700 Fax: +41 58 791 1701                   |
| The updated i                               | ace sheet of the Grant Agreement is attached to this letter.  |
| All other term                              | s and conditions of Grant Agreement remain the same.  |
| The above of agreement to returning one     | hanges take effect after you sign this letter. Please confirm your these amendments by signing the enclosed copies of this letter and copy to us. |
|   | your important efforts in the global fight against tuberculosis. We look e successful implementation of the Program.                              |
| Your <b>s</b> sincerel                      | V   |
| Mark Eldon-Ed<br>Director<br>Country Progra |   |
| Agreed and sig                              | gned:   |
| For: UNITE                                  | NATIONS DEVELOPMENT_PROGRAMME   |
| By: Author Representative                   | ized Representative Mr. Antonio Viegas, UNDP Deputy Resident  |
|   | TYLINITES 1 1 1   |

Cc:

Documents enclosed:

Her Excellency Mme Angela dos Santos Ramos José da Costa Pinheiro, CCM Chair Charlotte Kristiansson, Local Fund Agent Swiss Tropical

**Grant Agreement** 

Institute

new fa

## PROGRAM GRANT AGREEMENT BETWEEN

## THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA ("Global Fund")

## ("Global Fund") AND THE UNITED NATIONS DEVELOPMENT PROGRAMME ("Principal Recipient")

|  |                                 | 3A. Modification Number and Date: 1 (Implementation Letter 1 dated 27 May 2011) |   |  |
|--|---------------------------------|---|---|--|
| Program Starting Date: 1 December 2009   | 5. Program Endin<br>30 November |   | 6. Proposal Completion Date: 30 November 2014 |  |
| A. Condition Precedent Terminal Pate: 1 December 2010  | 6B. Condition Pr<br>Date: N/A   | ecedent Terminal  | 6C. Condition Precedent Termina<br>Date: N/A  |  |
| . Global Fund Grant: US\$ 1,015,0  | 080 (One Million Fifte          | een Thousand and E  | ighty United States Dollars)                  |  |
| Program Coverage: Tubercul   | osis                            |   |   |  |
| Information for Principal Recipie  | ent Bank Account into           | Which Grant Fund  | s Will Be Disbursed:                          |  |
| Beneficiary: Account name:   |                                 |   |   |  |
| Account number:  |                                 |   |   |  |
| Bank name:   |                                 |   |   |  |
| Bank address: Bank SWIFT Code:   |                                 |   |   |  |
| Bank Code:   |                                 |   | A   |  |
| Routing instructions fo  |                                 |   |   |  |
| 0. The fiscal year of the Principal I  | Recipient runs from 1           | January to 31 Decer   | nber.   |  |
| 1 LFA: Swiss Tropical Institute, Sw  | viss Centre for Interna         | tional Health   |   |  |
| Address: B.O. Box, Socinstrasse 57   |                                 |   |   |  |
| CH-4002 Basel,<br>Tel. + 41 61 284 81  |                                 |   |   |  |
| Fax: +41 61 284 81   |                                 |   |   |  |
|  |                                 |   |   |  |
| Attention: Ms Charlotte Kr   | anna Quarilana ala              |   |   |  |
| Attention: Ms Charlotte Kr<br>E-mail: charlotte.kristian   | sson@unibas.cn                  |   |   |  |
|  |                                 | 13. Global Fund A   | Additional Representative:                    |  |
| E-mail: <u>charlotte.kristian</u> 2. Principal Recipient Additional R  |                                 | 13. Global Fund A   | ~   |  |
| E-mail: charlotte.kristian  2. Principal Recipient Additional R  ame: M. Antonio de Lima Viegas itle: Deputy Resident Representativ  | Representative:                 | Name: Dr. Cyrille<br>Title: Regional Te   | Dubois<br>am Leader                           |  |
| E-mail: <u>charlotte.kristian</u> 2. Principal Recipient Additional R  ame: M. Antonio de Lima Viegas itle: Deputy Resident Representativ ddress: BP 109 Sao Tomé, Sao Tor | Representative:                 | Name: Dr. Cyrille<br>Title: Regional Te<br>Chemin de Blando                     | Dubois<br>am Leader<br>onnet 8                |  |
| E-mail: charlotte.kristian  2. Principal Recipient Additional R  ame: M. Antonio de Lima Viegas itle: Deputy Resident Representativ  | Representative:                 | Name: Dr. Cyrille<br>Title: Regional Te   | Dubois<br>am Leader<br>onnet 8                |  |