



*Empowered lives.
Resilient nations.*

11 October, 2016

Mr. Jeffrey Mettillie
Office of the Donor Engagement
Bureau for Policy, Planning and Learning
U.S. Agency for International Development

Dear Mr. Mettillie,

Please find attached the USAID Federal Financial Report for the Global Project on Capacity Development for Aid Effectiveness, with specific income and expenditure information for these funds.

Through its contribution, USAID has supported the Global Partnership for Effective Development co-operation (GPEDC), with particular focus on strengthening the Global Partnership monitoring framework; the building of stronger country-based evidence, monitoring and analysis to facilitate substantive dialogue on effective development co-operation; engagement with and between broader stakeholders groups by supporting knowledge sharing and peer learning; and stronger communication and outreach efforts to strengthen the visibility of the GPEDC and the principles of effective development co-operation.

Please feel free to contact us directly with any questions. Many thanks again for your continued support to the Global Partnership for Effective Development Co-operation.

Best Regards,

A handwritten signature in blue ink, appearing to read 'Simona', is written over a horizontal line.

Simona Marinescu,
Director, Development Impact Group
Bureau of Policy and Programme Support
United Nations Development Programme

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted <p style="text-align: center;">USAID/M/FM/CMP/LOC Unit</p>	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <p style="text-align: center;">AID-ODP-G-10-0003</p>	Page	1	of	
pages					

3. Recipient Organization (Name and complete address including Zip code)

UNDP, 1 UN Plaza, New York, NY 10017

4a. DUNS Number 645521498	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 00076472	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) 03/18/2009	To: (Month, Day, Year) 03/31/2017	9. Reporting Period End Date (Month, Day, Year) 09/30/2016
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10. Transactions Cumulative

(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	\$1,093,404.53
b. Cash Disbursements	\$1,226,159.26
c. Cash on Hand (line a minus b)	(\$132,754.73)

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	\$1,871,000.00
e. Federal share of expenditures	\$1,226,159.26
f. Federal share of unliquidated obligations	\$0.00
g. Total Federal share (sum of lines e and f)	\$1,226,159.26
h. Unobligated balance of Federal funds (line d minus g)	\$644,840.74

Recipient Share:	
i. Total recipient share required	\$18,146,083.00
j. Recipient share of expenditures	\$11,070,598.48
k. Remaining recipient share to be provided (line i minus j)	\$7,075,484.52

Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
11. Indirect Expense							
g. Totals:							

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Ms. Simona Marinescu, Development Impact Group, Policy and Programme Support, United Nations Development Programme	c. Telephone (Area code, number and extension)
	d. Email address simona.marinescu@undp.org

b. Signature of Authorized Certifying Official 	e. Date Report Submitted (Month, Day, Year)
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14. Agency use only:

Standard Form 425
OMB Approval Number: 0348-0061
Expiration Date:

Paperwork Burden Statement
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

LGH