



**MINISTRY OF HEALTH**

**National Centre for HIV/AIDS, Dermatology and STD (NCHADS) / US CDC  
COOPERATIVE AGREEMENT**

**NO. U22/CCU021772**

**Expansion of HIV/AIDS/STD Prevention and support Activities in Cambodia  
Project**

**PROCEDURES FOR IMPLEMENTATION OF PROGRAMME ACTIVITIES**



**NCHADS  
Phnom Penh  
Revised in August 2006**

# PROCEDURES FOR IMPLEMENTATION OF PROGRAMME ACTIVITIES

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## ABBREVIATIONS

APW	:	Agreement to Perform Work
CoA	:	Cooperative Agreement
CWO	:	Cash Withdrawal Order
US CDC	:	Centers for Disease Control and Prevention, United States
ICB	:	International Competitive Bidding
MoH	:	Ministry of Health
MoEF	:	Ministry of Economy and Finance
NCHADS	:	National Center for HIV/AIDS Dermatology and STD
NGO	:	Non-Governmental Organization
QA	:	Quality Assurance
BMC	:	Banteay Meanchey Province
NIPH	:	National Institute of Public Health
NAA	:	National AIDS Authority
NMCHC	:	National Maternal and Child Health Center
OD	:	Operational District
PAO	:	Provincial AIDS Officer
PHD	:	Provincial Health Department
PST	:	Pursat Province
BTB	:	Battambang Province
RGC	:	Royal Government of Cambodia
SoE	:	Statement of Expenditure
SOP	:	Standard Operating Procedure
STD	:	Sexually Transmitted Disease
STI	:	Sexually Transmitted Infection
VCCT	:	Voluntary Confidential Counseling and Testing

**National Centre for HIV/AIDS, Dermatology and STD (NCHADS)/**

**US CDC COOPERATIVE AGREEMENT # U22/CCU0121772**

**Expansion of HIV/AIDS/STD Prevention and support Activities in Cambodia  
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**PROCEDURES FOR IMPLEMENTATION OF PROGRAMME ACTIVITIES**

**1. INTRODUCTION**

**1.1. Purpose of the document**

Activities funded from various sources are managed by the National Center for HIV/AIDS, Dermatology and STD (NCHADS) within the Ministry of Health as part of its national Program. To ensure that the Program can achieve its goals and objectives with full transparency and accountability, it is necessary to ensure that decisions are made in a timely fashion, that activities are implemented in an efficient manner, that disbursements keep up with the disbursement plans for the project, that procurements are made effectively, and that activities and disbursements are effectively monitored.

Given the complexity and magnitude of the NCHADS program, the variety of NCHADS funding sources, a clear, transparent, streamlined system of decision-making and approval for project implementation, disbursement of funds, and regular monitoring and reporting, is necessary.

The purpose of this procedure is to define:

- A mechanism for approval of project activities
- A financial management model, which outlines the approval processes and ceilings for disbursement through check or money transfer order (MTO) and for petty cash
- A monitoring and reporting schedule
- A set of procurement procedures for goods, services and civil works
- Permissible rates for payment of travel per diem, allowance and supervision.

**1.2. Main Principles and Key Reference Documents**

Notice of Cooperative Agreement Award, Grant No. U22/CCU021772

The main principles for approval, management, procurement, disbursement, accounting and audit are based on Ministry of Health standard procedures, Ministry of Economy and Finance for ADB and World Bank funded Standard Operating Procedures complemented with NCHADS experience implementing World Bank, ADB, WHO, DFID and other donor programs.

**1.3 Summary of the Implementation Process**

The core of the system is a process for planning intervention against an approved proposal to insure the effectiveness of activities and the authorizing expenditure to

insure financial accountability. The process procedure for developing Annual work plan and spending is summarized below in table1.

**Table 1: Summary of Implementation Process**

Step	Activity	Source	Approval
<b>Planning</b>			
1	Develop Annual work plan	Approved annual Cooperative Agreement budget by CDC for each project component	Director of NCHADS
2	Develop semi-annual work plans	Approved annual work plan	Director of NCHADS
<b>Receipt funds</b>			
1	Receipt funds from CDC - NCHADS Account	Cooperative Agreement	Director of NCHADS
<b>Disbursement</b>			
1	NCHADS-Withdrawn from Account	NCHADS Procedures for Implementing project activities & Work Plans	Director of NCHADS
2	Sub Components-Funds receipt from NCHADS and withdrawn from accounts	NCHADS Procedures for Implementing Project Activities & Sub-component Work Plans	Director of Sub-Components
<b>Accounting</b>			
1	Maintain accounts	Records of Expenditures and supporting documents	Director of NCHADS, Director of each Sub-Components
2	Submit monthly	Expenditure Reports & supporting documents	Director of NCHADS, Director of each Sub-Components
3	NCHADS Consolidate	Monthly expenditure Reports	Director of NCHADS
<b>Reporting</b>			
1	Submit semi-annual of technical reports	Terms and condition of CoA. & semi-annual achievement	Director of NCHADS, Director of each Sub-Components
2	NCHADS Consolidate report	Semi-annual of technical reports from sub-components	Director of NCHADS

The Final Progress Report should summarize the entire project (5 years). It should be sent to CDC Atlanta by October 31, 2007, which is 90 days after the end of the project period.

## 2. ACTIVITY APPROVAL

Prior the start of each budget period, all sub components will provide, for approval of the NCHADS, a detailed Annual Work Plan (See annex 4). The NCHADS will issue approval of these plans. Approval of these work plans will constitute approval to proceed with all elements of the work plans. Additional approval will only be required if there is significant change in the details of activities or budgets. These Work Plans will include a Summary Disbursement Plan by object class and a Procurement Plan for the budget period (See annex 5). These three Plans (Work, Disbursement, and Procurement) will be forwarded to NCHADS for approval and copy to CDC Cambodia.

Activities that are not included in these annual and semi-annual Work Plans must receive separate, specific approval from the Director NCHADS and CDC Cambodia respectively.

**Table 2: Summary of Approval Mechanism**

Plan	Prepared by	Approved by	Informed to
Annual Work Plan	NCHADS, NIPH, BMC, PST, BTB, NAA and NMCHC	Director, NCHADS	CDC Cambodia
Semi annual Work Plans	NCHADS, NIPH, BMC, PST, BTB, NAA and NMCHC	Director, NCHADS	CDC Cambodia

## 3. FINANCIAL APPROVAL

### 3.1 Bank Accounts

Each sub component should maintain project funds in a separate bank account for the project. The bank account should be at the Foreign Trade Bank or National Bank of Cambodia or ACLEDA Bank. (ACLEDA Bank apply only for the Banteay Meanchey, Pursat and Battambang sub-components)

### 3.2 Disbursements \$25,000 and over

Actual disbursements (for a transaction) of \$25,000 or more for all object classes of expenditures require the approval of the Director of NCHADS (Joint bid evaluation and selection of supplier or contractor by the CDC Cambodia).

The Director of NCHADS will have check signing authority for \$ 25,000 and above.

### 3.3 Disbursements under \$25,000

Any disbursement of less than \$25,000 will require the approval of the Director of NCHADS.

The Director of NCHADS will have check signing authority for checks below \$25,000; the Deputy Director of NCHADS will have check signing authority for checks below \$500 when the Director is on mission away from work. This signature constitutes his/her approval.

The Director of NIPH, BMC, PST, BTB, NAA and NMCHC will also have check signing authority for checks below \$10,000.

Submission of the request for approval by NCHADS, NIPH, BMC, PST, BTB, NAA and NMCHC will be based on the following criteria:

- Availability of money in the account;
- Consistency of the expenditure with project budget plans;
- Transparency of transaction;
- Disbursement guidelines followed; and
- Adequate documentation for audit purposes;

All disbursements, at all thresholds, will be monitored monthly and Financial Status Report: FSR (Annex 8) will be send to CDC Atlanta as annually by NCHADS. For the purposes of monitoring, monthly accounting reports will include expenditures by disbursement summary, and balance sheet (Annex 7).

### 3.4 Petty cash disbursements

Disbursements by means of Petty Cash are inherently more difficult to manage, especially when the number of expenditures and requesters is large. For purposes of audit, the use of Disbursement Voucher more easily allows verification. For these reasons, disbursements will be made by Disbursement Voucher whenever possible. For those cases in which the use of petty cash is more practical, the following procedures will be used:

**Table 3: Petty Cash Limits**

***Petty cash ceiling***

NIPH, BMC, PST and BTB Safe	\$5,000
NCHADS, NAA and NMCHC	\$1,000

***Maximum expenditure per transaction***

BMC, PST and BTB	\$2,500
NCHADS, NIPH, NAA and NMCHC	\$ 500

-The maximum amount that may be disbursed from Petty Cash account of NCHADS, NIPH, NAA and NMCHC for any one transaction is \$500; all such disbursements will be submitted by the technical staff or project accountants, and approved by the Director or Deputy Director of NCHADS or the Director of NIPH or Director of NAA or Director of NMCHC. All petty cash expenditures will be monitored prior to replenishment of the petty cash fund, and at least monthly, by the Director or Deputy Director of NCHADS or the Director of NIPH or Director of NAA or Director of NMCHC.

-The maximum amount that may be disbursed from Petty Cash account of BMC, PST and BTB for any one transaction is \$2,500; all such disbursements will be submitted by the technical staff or project accountants, and approved by the Director of BMC, PST



and BTB. All petty cash expenditures will be monitored prior to replenishment of the petty cash fund, and at least monthly, by the Director BMC, PST and BTB.

For the purposes of monitoring, the Project and sub - components accountants are responsible for ensuring that all bank accounts and petty cash accounts are reconciled monthly. The detail of petty cash expenditures since the last replenishment request will be provided with each new replenishment request.

**Table 4: Summary of Financial Approvals**

<b>Threshold (US\$)</b>	<b>Approval Authority</b>	<b>Check or Cash signing Authority</b>	<b>Request</b>
= >25, 000	Director of NCHADS	Director of NCHADS	NCHADS Units or Director/PHD of NIPH or BMC or PST or BTB or NAA or NMCHC
< 25,000	Director of NCHADS	Director of NCHADS	NCHADS Units or Director/PHD of NIPH or BMC or PST or BTB or NAA or NMCHC
< 10,000	Director of NCHADS or Director of each Sub-component	Director of NCHADS or Director of each Sub-component	NCHADS Unit or Technical staff, accountants of each Sub-component
< 500	Director or Deputy Director of NCHADS or Director of each Sub-component	Director of NCHADS or Director of each Sub-component	NCHADS Units or Technical staff, accountants of each Sub-component

### **3.5 Initial Advance for project operations**

The initial advance for project operations to sub components will follow revolving funds procedure. The ceiling of initial advance for project operations will be recovered 3 months before project ended.

Maximum amount of initial advance for implementation of the projects defined as follow:

- NIPH: US Dollar 15,000
- Banteay Meanchey Province: US Dollar 15,000
- Pursat Province: US Dollar 7,000
- Batambang Province: US Dollar 7,000
- NAA: US Dollar 10,000
- NMCHC: US Dollar 10,000

### **3.6 Advance for training and other**

Advance for training and other activities will be reconciled not more than 60 days after ended of each activity.

### 3.7 Replenishment

At the end of each month or when the balance of the initial advance is less than 50 percent, BMC, PST, BTB, NAA and NMCHC will submit to NCHADS the Statement of Expenditure (SOE) and other supporting documents to justify the expenses that were incurred during the month except NIPH that require to keep those documents at its office for auditing purpose (See annex 6). NCHADS will review and release the replenishment.

### 3.8 Audit

To ensure transparency, accountability and compliance with the terms and conditions of CDC CoA., project accounts are audited annually by an external independent audit firm that is US based experiences. The audit report is required to be submitted to the CDC Atlanta not later than 9 months after the end of each budget period.

## 4. MONITORING AND REPORTING SCHEDULES

Monthly Financial Reports and Semi-Annual Progress Reports are prepared by the NCHADS, NIPH, BMC, PST, BTB, NAA, and NMCHC and submitted to the Director NCHADS and copy to CDC Cambodia for review. NCHADS is responsible for compiling all the progress reports submitted from each sub-grantee and sending them to CDC Atlanta not later than 30 days after end of each 6 months report period.

**Table 5: Summary of Reporting Requirements**

Report	Type	Prepared by	Submitted to	Forwarded to
Monthly	Financial	NCHADS/ NIPH/BMC/PST/BTB/ NAA/NMCHC	Director NCHADS	
Semi- annual	Activity	NCHADS/ NIPH/BMC/PST/BTB/ NAA/NMCHC	Director NCHADS	CDC Cambodia and CDC Atlanta
Annual	Financial	NCHADS	CDC Atlanta	CDC Cambodia and CDC Atlanta

## 5. PROCUREMENT PROCEDURES AND CEILINGS

All procurements will be made in accordance with the model of ADB and World Bank Procurement procedures.

### 5.1 Procurement of Goods

All procurement under CDC Cooperative Agreement funds must be done by NCHADS except NIPH who will be responsible for their own procurement. All sub components are allowed to use simple purchase procedures (purchase valued less than \$400). The procurement officers of CDC project at NCHADS or NIPH will responsible to procure the goods, services and works according to the procurement plans of sub components.

### 5.1.1 Ceiling for approval

For goods valued less than \$ 400, simple purchase without quotations may be used.

For goods valued \$400 to \$80,000 direct purchase procedures will be used: at-least three quotations will be required, following appropriate guidelines and formats for letters requesting quotations, evaluation of quotations, contracts, etc. (see Annex 1: Summary of the Procurement Process and Sample Formats for Procurement of Goods).

For goods valued \$80,000 to \$100,000 National Competitive Bidding (NCB) procedures will be applied. Above \$100,000 International Competitive Bidding (ICB) procedures will be followed.

The NCB and ICB procedures follow the Procurement Standard Operational Procedures of MoEF for ADB and World Bank funded project.

For goods valued below \$25,000 or over, the Director NCHADS may approve and the representative from CDC Cambodia will participate in bid evaluation and selection of supplier

**Table 6: Ceilings for procurement of goods**

The Ceilings for procurement of goods are as in the table below:

Value	Approval	Method
< \$400	Director NCHADS/NIPH/ BMC/PST/BTB/NAA/NMCHC	Simple purchase
\$400 - \$80,000	NCHADS/NIPH & CDC Cambodia Joint bid evaluation	At-least 3 quotations
\$80,000 - \$100,000	NCHADS/NIPH & CDC Cambodia Joint bid evaluation	National Competitive Bidding (NCB)
> \$100,000	NCHADS/NIPH & CDC Cambodia Joint bid evaluation	International Competitive Bidding (ICB)

### 5.1.2 Assets and Inventories Register

All non-expendable items procured by the project funds must be labeled and recorded in the "Assets and Inventories Register". The following information must be recorded in the register:

- Class of asset
- Tag number
- Description
- Purchase date
- Amount acquired
- Location and condition of asset

New assets should be recorded in the register as soon as possible. In addition, the registration and labeling of assets must be review and up-dated twice a year before the audit field work conduct.

## 5.2. Procurement of Services: Individuals, Firms

### 5.2.1. Key Reference Materials:

Agreement to Perform Work (APW)

For services valued at less than \$900, such as translation, typing, data entry, photocopying, supply of materials, maintenance or repair, an Agreement to Perform Work (APW) may be used. The format in Annex 2.1 should be followed, specifying the name and address of the contractor, the services to be provided, and the amount of the APW. APWs may be approved and signed by the Director NCHADS or Director of each Sub-component.

### 5.2.2. Individual Consultants

International consultants and local consultants will be recruited by the NCHADS and each Sub-component with participation in the process of evaluation and selection by CDC Cambodia. The following procedure should be used:

**Table 7: Summary of Recruitment Procedure - Domestic consultants**

Step	Activity	Performed	Approved
1	Prepare Terms of Reference and Evaluation Criteria	NCHADS / Each Sub-component	CDC Cambodia or CDC Atlanta (Int. consultant)
2	Advertise TOR: -Local newspapers or NCHADS web site -International newspapers, NCHADS and/or CDC Cambodia web-site	NCHADS/ NIPH	NCHADS / NIPH
3	Collect CVs & make long list	NCHADS/ NIPH	NCHADS / NIPH
4	Appoint selection panel	NCHADS/ NIPH	NCHADS / NIPH
5	Evaluate CVs and make short-list (2-3 candidates)	Committee: NCHADS / Each Sub-component	NCHADS / NIPH and joint bid evaluation and selection consultant by CDC Cambodia (for Int. Consultant)
6	Interview	Committee: NCHADS / Each Sub-component	NCHADS / NIPH and joint bid evaluation and selection consultant by CDC Cambodia technical staff
7	Select, negotiate availability, etc	Committee: NCHADS / Each Sub-component	NCHADS / NIPH and joint bid evaluation and selection consultant by CDC Cambodia technical staff
8	Draft contract, set rate	NCHADS/NIPH,	NCHADS
9	Recruit	NCHADS / Each Sub-component	NCHADS / CDC Atlanta (Int. Consultant)

In some cases, direct selection procedures may be applied in case where only one qualified individual is available to undertake particular activity or position. A single source report must be prepared to justify direct selection, and submitted to director of NCHADS and CDC Cambodia for approval. The contract format to be used is Annex 2.

### 5.2.3 Consultant Firms

The procedures for recruiting consulting firm is shown in the table 8 below

**Table 8: Summary of Recruitment Procedure - consulting firms**

Step	Activity	Performed	Approved
1	Prepare Terms of Reference and Evaluation Criteria	NCHADS / Each Sub-component	CDC Cambodia or CDC Atlanta (Int. consultant)
2	Advertise: request Expressions of Interest or TOR  -Local newspapers or NCHADS web site - International newspaper, NCHADS or CDC Cambodia web site identify single source	NCHADS/ NIPH	NCHADS
3	Make long list	NCHADS/ NIPH	NCHADS/ NIPH
4	Appoint selection panel	NCHADS/ NIPH	NCHADS
5	Evaluate	Committee: NCHADS / Each Sub-component	NCHADS/ NIPH and joint bid evaluation and selection contractor by CDC Cambodia technical staff
6	Select, negotiate availability, etc	Committee: NCHADS / Each Sub-component	NCHADS/ NIPH and joint bid evaluation and selection contractor by CDC Cambodia technical staff
7	Draft contract, set rate	NCHADS/NIPH	NCHADS
8	Recruit	NCHADS / Each Sub-component	NCHADS or CDC Atlanta (Int. consulting firm)

### 5.3 Procurement of Works

For renovations and small civil works projects (under \$25,000) the following procedure should be applied.

1. The renovation must be in the annual and semi-annual plan

- Set up an assessment team; this should comprise the civil works engineer from the MOH or hired from out site, the NCHADS/NIPH Procurement Officer and representative(s) of the concerned of NCHADS and sub components.
- The team should visit the proposed site and make an assessment report; this must be endorsed by ALL team members, and then submitted to the Director of NCHADS/NIPH. The report should include a description of the existing facilities/structure (if any), plans for the proposed renovation/construction, and a Bill of Quantities, based on the plan. The proposed plan must be endorsed by the sub components.
- At least three quotations will then be requested (see Annex 3.1 for formats).
- Quotations will be evaluated and the contract awarded. The terms of the contract will include 20% of the total contract cost on signing, 70% paced over the course of the work, and 10% retained until the completion certificate is issued by NCHADS or Sub component.
- The local PHD/PAO/OD will supervise the work; and the assessment team will visit on completion. On the report, NCHADS or sub components will issue a certificate of completion.
- Payment of the final 10% to the contractor may be paid after 6 months of completion of all works for the renovations, and after 12 months for new construction.

**Table 9: Summary of steps in procurement of small works**

Step	Activity	Performed	Approved
1	Prepare proposal as mentioned in the annual & semi-annual work plan	NCHADS / Each Sub-component	NCHADS/ NIPH
2	Appoint Assessment Team	NCHADS / Each Sub-component	NCHADS/ NIPH
3	Assessment visit and Report	NCHADS/NIPH	NCHADS/ NIPH
4	3 Quotations requested	NCHADS/NIPH	NCHADS/ NIPH
5	Evaluation and contract award	Committee: NCHADS / Each Sub-component	NCHADS/NIPH and joint bid evaluation and selection contractor by CDC Cambodia (for contract over \$25,000)
6	Supervision of work	Committee: NCHADS / Each Sub-component	NCHADS/ NIPH
8	Certificate of completion	NCHADS / Each Sub-component	NCHADS/ NIPH
7	Final Payment	NCHADS / Each Sub-component	NCHADS / Each Sub-component

#### 5.4 Procurement evaluation

Evaluation of quotations, bids and proposal etc. for procurement will be conducted by A Procurement Evaluation Committee (or Selection Panel in case of procurement of services). Committee/ Panel member will be approved by the NCHADS/NIPH.

## 5.5 Insurance

The Royal Government of Cambodia currently makes no provisions for insurance of persons, travel or vehicles and equipment. Where required, however, persons, travel, vehicles and equipment may be insured using the relevant funds. Procurement of insurance will follow the procurement guidelines set out here.

## 6. Permissible rates for local travel per diem, allowances, supervisions

**Table 10: Daily allowance to government staff for in-country travel**

Location	Rate (US\$)	
	Overnight	Full day (no overnight)
Province to Phnom Penh	25	5
Phnom Penh to all Provincial Capitals	20	5
Province to Province	20	5
District to Provincial Capital	15	5
Province to district/village	15	5

Actual transportation fee will be applied

**Table 11: Allowance to training/workshop participants**

Allowance	Rate (US\$)
Facilitator (if no per diem paid)	12.5 per day
Trainee (if no per diem paid)	5 per day
Stationery, etc (flat rate)	2 per head
Refreshment (flat rate)	1 per head

Note: The allowance for stationery or refreshment for training/workshop is not paid to the participants in cash. However, it is for the calculation for the estimation of the cost of the workshop/training for accountant or organizer only.

**Table 12: Rates for work**

Work	Rate (US\$) per page
Translation	5
Editing	3
Typing	2
Photocopy	0.02

For services such as typing, translation and editing at less than \$ 900, direct contracting may be made.

Size of the translation below will be applied:

The size of translation texts:

- English version
- Average of 300 to 500 words per page (5 letters per word)
- Font size 11 (Arial)
- Font size 12 (Time New Roman)
- Margin 1 inch for top, bottom, left and right

The size for picture and graphic:

Picture/graphic covering less than 50% of the page will use the above rate  
Picture/graphic covering over 50% of the page, the rate of \$2 per page will be applied and no other cost such as typing, drawing and translating will accept.

**7. Per diem and travel fee for international travel**

For international travel, US Government Hotel and per diem rates will be used. International travel must have the prior approval of the Director, NCHADS and Director of CDC Cambodia.

International travel is not subject to the three quotations requirement.

Traveler is responsible for obtaining approval for additional necessary travel expenses, such as conference fees, rental car, etc, prior to incurring such expenses provided by Director NCHADS.

A flat rate per diem \$127 per day is allowed for travel to Bangkok, Thailand.

Except where flat rate applies documentation required includes a daily delineation of costs for all expenses claimed. Receipts required airline ticket stub, hotel receipts fees for obtaining a visa required for the travel, conference registration fees, and any taxi fees.

BY: \_\_\_\_\_  
Dr. Mean Chhi Vun  
Director, NCHADS

Date: \_\_\_\_\_

BY: \_\_\_\_\_  
Dr. Bradley S. Hersh  
Director, CDC Cambodia

Date: \_\_\_\_\_



## **Annex 1: Summary of the Procurement Process**

1.1 Simplified Procedures for Procurement of Goods

1.2 Requests for Quotations

1.3 Contract

### **1.1 Simplified Procedures for Procurement of Goods**

Direct Purchase:

Direct Purchase Procedures require:

- A Purchase Request including the quantity required and a full description and technical specifications of the items required is prepared.
- All potential suppliers will receive a written invitation to submit quotations and a full description of the goods being procured (see Request for Quotations, below). Potential suppliers may be identified by the Requestor or Procurement Officer. A minimum of 5 working days will be allowed for all potential suppliers to submit quotations. A minimum of three potential suppliers will be required to submit quotations.
- At the end of the quotation period an Evaluation Committee, established as per NCHADS SOP will meet to open all quotations and select a supplier. The Evaluation Committee will comprise not less than 3 people.
- Formal Minutes of the Evaluation committee's discussions and decision must be recorded.

If there are fewer than 3 quotations received despite adequate dissemination of invitations to submit quotations the NCHADS Director may approve either: a single source supplier contract for a period of not more than 1 year, or proceed with the awarding of a contract to supply the goods if there is a quotation that is acceptable to the Evaluation Committee.

#### **Sourcing of Quotations:**

Sourcing of quotations should be requested from all available vendors (if reasonable).

This is to give assurance that all possible vendors in the market have been considered.

The source of qualified vendors, normally found from:

- NCHADS experience in procurement,
- NCHADS partners who implement a similar program,
- Yellow Page, Journals, Newspapers

#### **Reorders or Repeat orders**

If a purchase request specifies goods or services identical to or substantially similar to those which have been purchased through a competitive bidding process in the previous 12 months the Purchase Request may be approved by the NCHADS Director as a "reorder" or "repeat order" and be procured without repeating a competitive bidding process. The quantity of goods or services requested may differ from the previous order. This procedure may be used for consumable goods which are purchased regularly, such as stationery and office supplies, laboratory reagents, clinic consumables, cleaning

products etc. Goods and services may be procured from the successful supplier selected by the Evaluation Committee during the competitive bidding process.

### **Frequently purchased items**

For frequently purchased items, NCHADS will establish an Approved Supplier Listing and negotiate an annual contract with the most qualified vendors. This is to eliminate the need to compile quotations for each repeat purchase. Further, a contract may enable better bargaining power due to commitment to purchase large amount of goods.

Single source

**Where there is only one supplier available, single source procurement may be used. Approval must be sought from CDC Cambodia.**

## 1.2 Request for Quotations

MINISTRY OF HEALTH  
National Centre for HIV/AIDS,  
Dermatology and STD  
CDC CoA. #U22/CCU 021772-....  
No.....

Phnom Penh, Dated (D/M/Y).....

To: (Full vendor name and address).....

Subject: Request for quotation for the supply of ..... to the National Centre for HIV/AIDS, Dermatology and STD (hereinafter referred to as NCHADS).

You are kindly invited to send us your quotation for the supply of ..... as described in the attached "Technical Specifications and Price Schedule". A sample Form of Contract is also provided. In preparing your quotation, you are requested to observe the following:

1. Your quotation will be addressed to:  
National Centre of HIV/AIDS, Dermatology and STD (NCHADS)  
# 170, Sihanouk Blvd, Phnom Penh, Cambodia.  
Fax/Phone (855-23) 214556  
Attn: Name.....  
NCHADS Director
2. Your quotation will be delivered to the above address before or by...(D/M/Y).....
3. The source of funds is CDC CoA. U22/CCU021772- (...)
4. Delivery of Goods

Goods must be delivered at the Purchaser's premises at the National Centre of HIV/AIDS Dermatology STD, #170, Preah Sihanouk Blvd, Phnom Penh, Cambodia, within ..... days after signing of the Contract.

5. Taxes, Duties, License Fees.

The Supplier shall provide necessary documents (Invoice, Bill of Lading or Air Way Bill, packing list, etc) for tax exemption and registration, to the Purchaser to ensure timely delivery. All prices must be exclusive of VAT and other import duties, and expressed in US Dollars.

The Supplier will be responsible for all demurrage fees at Customs warehouse.

## 6. Payment

Payment will be made by cheque representing the full amount of the contract value within 1 week after the Goods have been received and delivered in good condition to the National Centre for HIV/AIDS, Dermatology and STD/NIPH, Ministry of Health, after receipt by the Purchaser of the original Supplier's Invoice showing Goods Description, quantity, unit price and total amount, and after the issuance of the Purchase Receipt by the NCHADS. In your quotation, you should state the name of your representative authorized to collect payment.

## 7. Evaluation of quotations

NCHADS will determine which quotations respond to the specifications of the Goods and, accordingly, are acceptable from a technical point of view. Quotations which are not responsive will be rejected and will be eliminated from further consideration.

NCHADS reserves the right to accept or reject any quotation and annul this process of inviting quotations at any time prior to Award of the Contract, without thereby incurring any liability to the affected Supplier or Suppliers or any obligation to inform the affected Suppliers or Suppliers of the grounds for the NCHADS's action.

NCHADS further reserves the right to extend the deadline for submission of quotations.

If there is a discrepancy in the total price stated in the quotation and that obtained by multiplying the unit price and quantity, the latter shall prevail, and the total price shall be corrected. If there is a discrepancy between words and figures, the amount in words will prevail.

We look forward to receiving your quotation before the time limit stipulated above. Quotations received after this date will not be considered.

Yours Sincerely,

Dr. Mean Chhi Vun  
Director  
National Centre for HIV/AIDS  
Dermatology and STD

### 1.3 Contract

MINISTRY OF HEALTH  
National Centre for HIV/AIDS,  
Dermatology and STD  
CDC CoA. #U22/CCU 021772-  
Contract No. ....  
CONTRACT

This agreement is made on ..... in Phnom Penh, Cambodia, between the National Centre for HIV/AIDS, Dermatology and STD (hereinafter called the "Purchaser") of the one part and ..... (hereinafter called the "Supplier") of the other part.

Whereas the Purchaser wishes to buy ..... hereinafter referred to as "the Goods" in accordance with Technical Specifications and Price Schedule attached to this contract and has accepted an offer by the Supplier dated ..... (see Quotation) for the supply and delivery of the said items against payment in the amount of US\$ ..... (.....);

NOW THIS AGREEMENT WITNESS AS FOLLOWS:

1. The offer by the Supplier and its acceptance by the Purchaser constitute the Contract. The parties to the Contract further agree:

#### 2. Specifications

The Goods supplied shall conform to the quality and technical standards mentioned in the Technical Specifications and Price Schedule, and in the quantities stated in the Supplier's offer (see Quotation) and in accordance with good commercial standards and practice.

#### 3. Delivery

Delivery of the goods shall be made at the National Centre for HIV/AIDS, Dermatology and STD at 170, Preah Sihanouk Boulevard, Boeung Keng Kang I, Phnom Penh within ..... days after signing of Contract.

#### 4. Penalty for late delivery

In the event of a delay by the Supplier in the performance of its delivery obligations, a penalty of one-half (0.5%) percent per week of the Contract Value of the undelivered Goods will be imposed by the Purchaser, subject to the maximum penalty of ten percent.

#### 5. Warranty

The Supplier will be required to warrant that the Goods to be supplied under the Contract will be new, unused, and of the most recent model incorporating all recent improvements in design and materials.

## 6. Payment

Payment will be made by cheque representing the full amount of the Contract value within 1 week after the Goods have been received and delivered in good condition to the National Centre for HIV/AIDS, Dermatology and STD, Ministry of Health, after receipt by the Purchaser of the original Supplier's invoice showing Goods description, quantity, unit price and total amount, and after the issuance of the Purchase Receipt by the Purchaser.

Payment will be made by the National Centre for HIV/AIDS, Dermatology and STD, to the Supplier or its Representative authorized to collect payment.

## 7. Taxes and Duties

The Supplier shall provide necessary documents (Invoice, Bill of Lading or Air Way Bill, packing list, etc) for tax exemption and registration, to the Purchaser to ensure timely delivery. The Supplier shall be responsible for all demurrage fees at the Customs Warehouse.

8. In consideration of the payment to be made by the Purchaser to the Supplier as hereinafter mentioned, the Supplier hereby covenants with the Purchaser to provide the Goods and to remedy defects in conformity with the provisions of the Contract.

9. The Purchaser hereby covenants to pay the Supplier in consideration of the provision of the Goods and the remedying of defects therein, the Contract Price or such other sum as may become payable under the provisions of the Contract at the times and in the manner prescribed the Contract.

IN WITNESS whereof the parties here have caused this Agreement to be executed in accordance with the laws of the Kingdom of Cambodia.

Signed, sealed, delivered by \_\_\_\_\_ the \_\_\_\_\_ (for the Purchaser)

Signed, sealed, delivered by \_\_\_\_\_ the \_\_\_\_\_ (for the Supplier)

**Annex 2: Personal Contract Format**

**2.1 Agreement to Perform Work (APW) - Format**

MINISTRY OF HEALTH  
National Centre for HIV/AIDS,  
Dermatology and STD  
CDC CoA. #U22/CCU 021772-

AGREEMENT TO PERFORM WORK (APW)

BETWEEN

National Centre for HIV/AIDS Dermatology and STDs

AND

.....(name)  
.....(address)

The National Centre for HIV/AIDS, Dermatology and STDs (NCHADS) wishes to engage the services of ..... (name) for .....(title of work).

Description of Services  
Background:

Activities:  
-

Cost: US\$.....

Payment: The payment for the ..... will be paid when the work is completed to the satisfaction of NCHADS, upon submission of an invoice.

Thus agreed, drawn in duplicate and signed, in Phnom Penh, on .....(date)

Signed: .....  
(.....)

Signed: .....  
(For the National Centre for HIV/AIDS,  
Dermatology and STDs)

## 2.2 Personal Contract Format

MINISTRY OF HEALTH  
National Centre for HIV/AIDS,  
Dermatology and STD  
CDC CoA. #U22/CCU 021772-

### CONTRACT

To:

Dear .....

We are pleased to offer you a contract of domestic consultant appointment as ..... to the National Center for HIV/AIDS, Dermatology and STD, Ministry of Health (MOH). This position is funded by the CDC CoA.# U22/CCU 021772 Attached, please find your Terms of Reference.

The duty station will be Phnom Penh, Cambodia. You will report to the ..... and the Director of the National Center for HIV/AIDS, Dermatology and STD.

The starting date of this contract is ..... This contract and terms contained therein refer to an appointment of .....months starting from ..... until ....., [renewable annually subject to written agreement between you and the NCAHDS/Ministry of Health]. During the period of this contract, the Ministry of Health may terminate the engagement at any time upon giving you the reasonable advance notice in writing.

You will be remunerated in the amount of US\$ .....per month, inclusive of all allowances. Your salary will be paid on the monthly basis, in US Dollars.

#### Leave

You will be entitled to annual/vacation leave at the rate of five (5) working days for every three (3) months during which services are performed. Such leave must be taken during the period of engagement with the prior knowledge and approval of the Ministry of Health.

You will be entitled to sick leave at the rate of four (2) working days for every three (3) months during which services are performed. Entitlement sick leave is conditional upon your inability to perform the services and you shall provide to the Ministry of Health any such medical and other evidences certifying the inability to work that the Ministry of Health may reasonably requires.

#### Hours of Work

Normal workweek is from 07:30 hours to 12:00 hours and from 14:00 hours until 17:30 hours, Mondays through Fridays. Official Royal Cambodian Government holidays apply.



Overtime

No additional payment for overtime work.

Travel and transportation

Duty travel within Cambodia will be done with NCHADS/MOH vehicle(s).

A daily travel allowance of USD 20.00 will be paid in accordance with NCAHDS/MOH policy for service outside Phnom Penh that requires the spending of night(s) away from Phnom Penh; and USD 5 travel allowance will be paid for duty travel which does not involve spending the following night away from home.

By accepting this appointment, you agree not to seek or accept work connected with projects or operations that were your direct concern, nor make use of material acquired during this assignment for a period of one year after termination of your employment, unless prior written consent of the NCHADS/Ministry of Health has been obtained.

You also agree that all knowledge and information not within the public domain which you may acquire from the project shall for all time and for all purposes be regarded by you as strictly confidential and held by you in confidence, and shall not be directly or indirectly disclosed by you to any person whatsoever except with the NCHADS/Ministry of Health's written permission. Please indicate your agreement with the foregoing by signing and returning the enclosed copy of this letter to Dr. Mean Chhi Vun, at the NCAHDS/Ministry of Health.

We hope that you will enjoy working with us.

Yours sincerely,

---

Name (print) & stamp

By the Consultant

I hereby accept my appointment to the NCHADS/Ministry of Health, Kingdom of Cambodia as ....., under the terms and conditions of employment set forth in my letter of appointment and the policies and procedures of NCHADS/MOH presently in effect and as they may be amended from time to time.

Signature:

Name (print)

Date:

cc:

Encl: Terms of Reference

### Annex 3: Sample Documents for Procurement of minor civil works

- 3.1. Request for Quotation
- 3.2. Contract

#### 3.1 Request for Quotation - format

MINISTRY OF HEALTH  
National Centre for HIV/AIDS,  
Dermatology and STD  
CDC CoA. #U22/CCU 021772-  
Phnom Penh, Dated (D/M/Y) ....

To: (Full name and address of contractor)..... ,

Subject: Request for quotation for the renovation of an ..... under  
the CDC CoA.# U22/CCU 021772

You are kindly invited to provide us with your quotation for the renovation of an ..... as described in the attached “ Plan (Annex I) and Bill of quantities” ( See Annex II) . A sample form of Contract is also provided (Annex III). In preparing your quotation, you are requested to observe the following:

1. Your quotation will be addressed to:

National Centre of HIV/AIDS Dermatology and STD (NCHADS)  
# 170, Sihanouk Blvd, Phnom Penh, Cambodia.  
Fax/Phone (855-23) 214556

Attn: Dr Mean Chhi Vun  
NCHADS Director

2. Your quotation will be delivered to the above address before or by ..... On the outer envelope shall be stated: Do not open before .....

3. The source of funds is .....

4. Delivery of Services.

The Contractor shall perform the work according to attached plan and bill quantities.

5. Taxes, Duties, License Fees.

The Contractor shall be entirely responsible for all taxes, duties, license fees, etc., incurred until completion of work

## 6. Payment

Payment will be made by check according to the following schedule:

\* Advance payment of 20% of contract price for mobilization will be made up on signing of the contract.

\* Payment of 70% of the contract price will be made after completion of the whole work and upon submission by the Contractor, of an invoice certified by the Provincial Health Department and NCHADS.

\* 10% of the contract price will be kept as retention money (6 to 12 months) and will be paid to the Contractor when the work is satisfied by NCHADS.

In your quotation, you should state the name of your representative authorized to collect payment.

## 7. Evaluation of quotation

NCHADS will determine which quotations are acceptable from a technical point of view. Quotations, which are not responsive will be rejected and will be eliminated from further consideration.

NCHADS reserves the right to accept or reject any quotation and annul this process of inviting quotations and reject at any time prior to Award of the Contract, without thereby incurring any liability to the affected Employer or Employers of the grounds for the Employer's action.

NCHADS further reserves the right to extend the deadline for submission of quotations.

If there is a discrepancy in the total price stated in the quotation and that obtained by multiplying the unit price and quantity, the latter shall prevail, and the total price shall be corrected. If there is a discrepancy between words and figures, the amount in words will prevail.

We look forward to receiving your quotation before the time limit stipulated above. Quotations received after this date will not be considered.

Yours Sincerely,

Dr. Mean Chhi Vun  
Director  
National Centre for HIV/AIDS  
Dermatology and STD

### 3.2 Contract - format

MINISTRY OF HEALTH  
National Centre for HIV/AIDS,  
Dermatology and STD  
CDC CoA. #U22/CCU 021772-

#### CONTRACT

This agreement is made on ..... in Phnom Penh, Cambodia, between the National Centre for HIV/AIDS, Dermatology and STD (herein referred to as "the Employer") of the one part and .....(herein referred to as "the Contractor") on the other part.

Whereas the Employer is desirous that the renovation of the ..... in ...(Location)..... (herein referred to as "Works") should be executed by the Contractor viz. .... and has accepted the offer for by the Contractor dated ..... for the execution and completion of such Works and the remedying of any defects therein;

#### NOW THIS AGREEMENT WITNESS AS FOLLOWS:

1. The offer by the Contractor and its acceptance by the Employer constitute the Contract. The two parties further agree:

#### Performance of the Works

2. The Contractor shall perform the renovation of the ..... (herein referred to as "the Works") as specified in the "bill of quantities and plan" attached to this Contract, and which is made an integral part of this Contract.

3. The Contractor shall perform the Services during the period commencing ..... to ..... or any other period as may be subsequently agreed by the two parties.

4. The Employer, through its provincial network, will monitor work progress, check the Contractor's work, and notify the Contractor of any defects, which are found. The contractor shall correct the notified defect at no cost to the Employer within a period agreed between both parties.

5. A certificate of completion will be issued by the Employer to the Contractor when he decides that the Works are completed and all Defects satisfactorily corrected.

#### 6. Payment

6.1. The Contractor will be paid a lump sum amount of US\$ (.....) for the execution and completion of the aforementioned performance of works.

6.2. Payment will made by cheque according to the following schedule:

- Advance payment of 20% of contract price for mobilization will be made on signing of the contract;



- Annex 4: Work Plan (see attachment 1)**
- Annex 5: Procurement Plan (see attachment 2)**
- Annex 6: Replenishment (see attachment 3)**

MINISTRY OF HEALTH  
 National Centre for HIV/AIDS,  
 Dermatology and STD  
 CDC CoA. #U22/CCU 021772 - 5

WITHDRAWAL APPLICATION

Date: (D/M/Y)  
 Application No. 0001

To: National Center for HIV/AIDS,  
 Dermatology and STD (NCHADS)  
 Phnom Penh

- Type of Disbursement
- Initial Advance
  - Replenishment
  - Liquidation

Attn: Dr. Mean Chhi Vun,  
 Director of NCHADS

In the connection to the agreement between the CDC and MOH/NCHADS for implementation of Expansion of HIV/AIDS/STD Prevention in Cambodia, and Procedures for Implementing Program, please pay from the Cooperative Agreement funds at NCHADS account for the purpose of replenishing/Liquidation the project account USD ..... (in word).

The said amount is required for payment of eligible expenditures as describes in the attached Statement of Expenditures Sheet(s) (SOE) for the period of .....D/M/Y to ...D/M/Y..... to our bank as following:

- Bank Name:
- Bank Address:
- Payee's Account Number:
- Payee's Account Name:
- Payee's name:

This application consist of .... page (s) including 1 page of Statement of Expenditures Sheets (SOE) and 1 page of Amount Advanced for operation reconciliation.

\_\_\_\_\_  
 Name & Stamp

- Annex 7: Financial Report (see attachment 4)**
- Annex 8: Financial Status Report - FSR (see attachment 5)**

## **Attachment 1**

### **Annex 4: Work Plan**

**ឧបសម្ព័ន្ធទី ៤ : ផែនការសកម្មភាព (ឯកសារភ្ជាប់ទី ១)**

ក្រសួងសុខាភិបាល/NCHADS - CDC

CDC Coop. Agreement No. U22/CCU201772- 5

**អង្គភាព :**.....

Sub Component .....

**ផែនការសកម្មភាពប្រចាំឆ្នាំ/ប្រចាំឆ្នាក់ ៥ សំរាប់ឆ្នាំទី ៥**  
**Annual/Semi-annual work plan for year 5 activities**

Object Class	NCHADS Acct. Code	Descriptions	Annual Budget	Time frame				Expected output
				Q1	Q2	Q3	Q4	
<b>PERSONNEL</b>			<b>\$ 1,500.00</b>					
		Accountant	1,500.00					
<b>TRAVEL</b>			<b>0.00</b>					
		<b>Domestic</b>	<b>0.00</b>					
		<b>International</b>	<b>0.00</b>					
<b>EQUIPMENT</b>			<b>0.00</b>					
<b>SUPPLIES</b>			<b>0.00</b>					
<b>CONTRACTUAL</b>			<b>0.00</b>					
<b>OTHER</b>			<b>0.00</b>					
<b>TOTAL</b>			<b>\$ 1,500.00</b>					

ឯកភាពដោយ  
Approved :

ពិនិត្យដោយ  
Verified By:

រៀបចំដោយ :  
Prepared:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## **Attachment 2**

### **Annex 5: Procurement Plan**

**ឧបសម្ព័ន្ធទី ៥ : ផែនការលទ្ធកម្ម (ឯកសារភ្ជាប់ទី ២)**

ក្រសួងសុខាភិបាល/NCHADS - CDC

CDC Coop. Agreement No. U22/GCU201772- 5

អង្គភាព : .....

Sub Component .....

**ផែនការលទ្ធកម្មសម្រាប់ឆ្នាំទី ៥ (PROCUREMENT PLAN FOR YEAR 5)**

ល.រ No.	សំភារៈ សេវា ការជួសជុលដែលត្រូវអនុវត្ត (លំអិតលក្ខណៈបច្ចេកទេស) ITEMS TO BE PROCURED (Detail Technical Specifications)	សំភារៈ សេវា ការជួសជុលដែលត្រូវអនុវត្ត Goods, Services, work requirement												NCHADS Budget Code	ថវិកាអនុម័ត Budget Approved	សំគាល់ Remarks	
		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul				
<b>សំភារៈ/បរិក្ខារ (GOODS)</b>																	
	<b>Sub total</b>															\$ -	
<b>សេវាកម្ម (SERVICES)</b>																	
	<b>Sub total</b>															\$ -	
<b>ការងារជួសជុល (CIVIL WORKS)</b>																	
	<b>Sub total</b>															\$ -	
<b>Total Procurement for year 5</b>															<b>\$ -</b>		

ឯកភាពដោយ  
Approved by

ពិនិត្យដោយ  
Checked by:

រៀបចំដោយ :  
Prepared by:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Attachment 3**

### **Annex 6 : Replenishment**

**ឧបសម្ព័ន្ធទី ៦ : លិខិតស្នើសុំបំពេញប្រាក់បន្ថែម (ឯកសារភ្ជាប់ទី ៣)**

ក្រសួងសុខាភិបាល/NCHADS - CDC

CDC Coop. Agreement No. U22/CCU201772- 5

**អង្គភាព :.....**

Sub Component .....

**ឯកសារស្នើសុំទូទាត់ការចំណាយ/សុំបំពេញប្រាក់បន្ថែម**

**សំរាប់ខែ.....**

Documents for Monthly Liquidation/Replenishment  
For.....

**១ ពាក្យស្នើសុំ**

Withdrawal Application

**២ របាយការណ៍ចំណាយ**

Statement of Expenditure Sheet(s) (SOE)

**៣ របាយការណ៍ផ្ទៀងផ្ទាត់គណនីបុរេប្រទាន**

Advance Account Reconciliation Statement (Copy)

**៤ ការចុះបញ្ជីពាក្យស្នើសុំ**

Withdrawal Application Register (Copy)

STATEMENT OF EXPENDITURES (SOE)  
 For the period of (D/M/Y) to (D/M/Y)

Withdrawal Application No.000 (3 Digits)  
 Summary Sheet No. 1 of ...

Replenishment

Liquidation

Item No. (1)	Date (2)	Voucher No. (3)	Description of project Expenditures (4)	Expenditure Code (5)	Amount Requested CDC Financing (6)	Amount Requested Gov. Financing (7)	Total (US\$) (8)
<i>Object Class 1</i>							
1							\$ -
<i>Object Class 2</i>							
1							\$ -
2							\$ -
3							\$ -
<i>Object Class 3</i>							
1							\$ -
<b>Total</b>					-	-	-

Approved by

Checked by:

Prepared by

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ឯកសារភ្ជាប់ទី ៤** (attachment 4)

**ឧបសម្ព័ន្ធទី ៧ : របាយការណ៍ហិរញ្ញវត្ថុ**

**Annex 7**

ក្រសួងសុខាភិបាល/NCHADS - CDC

CDC Coop. Agreement No. U22/CCU201772- 5

**អង្គភាព ៖**.....

Sub Component .....

**ឯកសាររបាយការណ៍ប្រចាំខែ**

**សំរាប់ខែ**.....

- 1 Bank Reconciliation (Attached Bank Statement and Project Bank Book)
- 2 Petty Cash Book, Bank Book
- 3 Cash Count Sheet
- 4 Expenditures by Program Component
- 5 Expenditure by Object Class
- 6 Advance account Reconciliation Statement

Ministry of Health  
NCHADS / CDC  
Cooperative Agreement No.U22/CCU 021772 - 5  
Expansion of HIV/AIDS/STD Prevention in Cambodia  
Sub-Component.....

**Bank Reconciliation Statement**

Bank: ....., Account Name: ....., Account No.....

For the month of \_\_\_\_\_

DATE		AMOUNT	
(D/M/Y)	Balance per Bank Statement		line 1
(D/M/Y)	Balance per project record ( Bank Book Balance)	<u>                    </u>	line 2
Bank balance is higher or lower than project Record		\$ -	line 1 minus line 2

**Explanation of Difference**

**Bank Balance** \$ -

\_ Check number \_\_\_\_\_ written to \_\_\_\_\_

on \_\_\_\_\_, not cleared bank as \_\_\_\_\_ \$ -

**Adjusted Balance**

**Equal to balance of Project record** -

Approved By: \_\_\_\_\_ Date \_\_\_\_\_

Checked By: \_\_\_\_\_ Date \_\_\_\_\_

Prepared By: \_\_\_\_\_ Accountant Date \_\_\_\_\_



**Annex 7**

**Ministry of Health  
NCHADS / CDC  
Cooperative Agreement No.U22/CCU 021772 - 5  
Expansion of HIV/AIDS/STD Prevention in Cambodia  
Sub-Component.....**

**Bank Book (Second Generation Account)**

Bank's Name: ..... , Account Number.....  
Account (Code): .....

Date	Voucher No.	Descriptions	Object Class	Account Code	Debit	Credit	Balance
1	2	3		4	5	6	7
							\$ -
							\$ -
							\$ -
		<i>Month End</i>					
		Total Current Month			\$ -	\$ -	\$ -
		Total as of Last Month			\$ -	\$ -	\$ -
		Total as of Current month			\$ -	\$ -	\$ -

**Approved by**

**Checked by:**

**Prepared by :**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

( Accountant )

Annex 7

Ministry of Health  
NCHADS / CDC  
Cooperative Agreement No.U22/CCU 021772 - 5  
Expansion of HIV/AIDS/STD Prevention in Cambodia  
Sub-Component.....

Petty Cash Book

Account (Code): .....

Date	Voucher No	Descriptions	Object Class	Expenditures Code	Cash Debit	Cash Credit	Cash Balance
1	2		4	5	6	7	8
							\$ -
							\$ -
							\$ -
							\$ -
		<i>Month End</i>					
		Total Current Month			\$ -	\$ -	\$ -
		Total as of Last Month			\$ -	\$ -	
		Total as of Current Month			\$ -	\$ -	\$ -

Approved

Checked by:

Prepared by :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Annex 7**

**Ministry of Health  
NCHADS / CDC  
Cooperative Agreement No.U22/CCU 021772 - 5  
Expansion of HIV/AIDS/STD Prevention in Cambodia  
Sub-Component.....**

**Cash Count Sheet  
As at .....**

Currency	Note	Quantity	Amount
<b><u>US Dollar ( I )</u></b>			
	100		-
	50		-
	20		-
	10		-
	5		-
	2		-
	1		-
Sub total ( I )			<b>US\$ \$ -</b>
<b><u>Khmer Riel ( II )</u></b>			
	100,000		-
	50,000		-
	10,000		-
	5,000		-
	2,000		-
	1,000		-
	500		-
	200		-
	100		-
Sub total ( II )			<b>Riel -</b>
Exchange rate			
1 USD = ..... Riels			
Sub total ( II )			<b>US\$</b>
<b>Grand Total ( I ) +( II )</b>			<b>US\$ -</b>

Approved by:

Checked by:

Accountant/Cashier

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Project Expenditures Report by program activities  
 For ..... 2006

Cat.	Expenditure code				Descriptions	Budget Plan for Aug.2006 to July 2007 (US\$)	Accumulative Expenditures as of last month	Expenditures for August 06 (US\$)	Expenditures for September 06 (US\$)	Expenditures for October 06 (US\$)	Expenditures for Aug. to Oct. 06 (US\$)	Balance of Budget plan (US\$)	Committed/Obligated as of project end date *	Plan for next Year (US\$) **
	60	00	00	0	<b>VAT and other Taxes expense</b>						\$ -	\$ -		
	61	00	00	0	<b>PREVENTION PACKAGE</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	61	01	00	0	<b>IEC (Behavior Change Communication)</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3	61	01	01	0	Identify needs						\$ -	\$ -		
	61	01	02	0	Production of materials	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5	61	01	02	1	Printed materials						\$ -	\$ -		
4	61	01	02	2	Electronic materials						\$ -	\$ -		
5	61	01	02	3	Billboards						\$ -	\$ -		
6	61	01	02	4	Video production						\$ -	\$ -		
3	61	01	02	5	Policies development						\$ -	\$ -		
	61	01	03	0	Events	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3	61	01	03	1	Khmer New Year						\$ -	\$ -		
3	61	01	03	2	Water Festival						\$ -	\$ -		
3	61	01	03	3	World AIDS day						\$ -	\$ -		
3	61	01	03	4	Mobile Shows						\$ -	\$ -		
6	61	01	03	5	TV and/Radio shows						\$ -	\$ -		
3	61	01	03	6	Candle ligh Memorial day						\$ -	\$ -		
	61	01	04	0	Broadcasting	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6	61	01	04	1	TV						\$ -	\$ -		
6	61	01	04	2	Radio						\$ -	\$ -		
3	61	01	04	3	Other shows ( talk, roundtable discussion)						\$ -	\$ -		
3	61	01	05	0	Training						\$ -	\$ -		
	61	02	00	0	<b>OUTREACH (Behavior Change Communication)</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	61	02	01	0	Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3	61	02	01	1	Curriculum design						\$ -	\$ -		
3	61	02	01	3	Conducting Training						\$ -	\$ -		
	61	02	02	0	Mapping & sensitization	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3	61	02	02	1	Annual mapping (CSSs)						\$ -	\$ -		
3	61	02	02	2	Quarterly mapping (Updating)						\$ -	\$ -		
	61	02	03	0	Outreach interventions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3	61	02	03	1	Annual orientation &training meeting for POT						\$ -	\$ -		
3	61	02	03	2	Outreach Visits						\$ -	\$ -		
3	61	02	03	3	Owner meeting						\$ -	\$ -		
	61	02	04	0	Peer education	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3	61	02	04	1	Training & Refresher training of PE						\$ -	\$ -		
3	61	02	04	3	Supervision by PE Supervisors						\$ -	\$ -		
	61	02	05	0	Community Outreach	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3	61	02	05	1	Preparation costs						\$ -	\$ -		
3	61	02	05	2	Support Costs						\$ -	\$ -		





Cat.	Expenditure code				Descriptions	Budget Plan for Aug.2006 to July 2007 (US\$)	Accumulative Expenditures as of last month	Expenditures for August 06 (US\$)	Expenditures for September 06 (US\$)	Expenditures for October 06 (US\$)	Expenditures for Aug. to Oct. 06 (US\$)	Balance of Budget plan (US\$)	Committed/Obligated as of project end date *	Plan for next Year (US\$) **
3	62	09	03	1	Develop curriculum and Training materials						\$ -	\$ -		
3	62	09	03	2	Counseling training						\$ -	\$ -		
3	62	09	03	3	Laboratory training						\$ -	\$ -		
3	62	09	03	4	Training VCCT data management						\$ -	\$ -		
3	62	09	03	5	Refresher training						\$ -	\$ -		
	62	09	07	0	Quality control of HIV testing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3	62	09	07	1	Registration						\$ -	\$ -		
5	62	09	07	3	Quality control of HIV testing						\$ -	\$ -		
3	62	09	07	5	Evaluation						\$ -	\$ -		
3	62	09	07	6	Counseling network meeting						\$ -	\$ -		
3	62	09	09	0	Technical coordination meeting						\$ -	\$ -		
	62	09	10	0	Quality assurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3	62	09	10	1	HIV Quality Control (QC for HIV testing)						\$ -	\$ -		
3	62	09	10	2	Network meeting (QI)						\$ -	\$ -		
3	62	09	10	3	Annual regional VCCT meeting						\$ -	\$ -		
	62	10	00	0	<b>Coordination and Referral Network of CoC</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3	62	10	01	0	Need assessment						\$ -	\$ -		
	62	10	02	0	Policies and guideline	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3	62	10	02	1	Update the CoC framework for PLHA						\$ -	\$ -		
5	62	10	02	2	Printing the updated CoC framework for PLHA						\$ -	\$ -		
	62	10	03	0	Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3	62	10	03	1	Develop curriculum and Training materials						\$ -	\$ -		
3	62	10	03	2	Workshop of Sharing experience						\$ -	\$ -		
3	62	10	03	3	Training & support of CoC staff in PAO						\$ -	\$ -		
	62	10	04	0	Continuum of care committee	\$ -	\$ -			\$ -	\$ -	\$ -	\$ -	\$ -
3	62	10	04	1	Designate CoC committee						\$ -	\$ -		
3	62	10	04	2	CoC committee meeting expenses						\$ -	\$ -		
	62	10	05	0	Referral network	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5	62	10	05	1	Development of referral network material						\$ -	\$ -		
3	62	10	08	0	Technical coordination						\$ -	\$ -		
3	62	10	09	0	Travel cost for PLHA access to ARV services						\$ -	\$ -		
	62	11	00	0	<b>PMTCT</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3	62	11	01	0	Guidelines						\$ -	\$ -		
3	62	11	02	0	Training						\$ -	\$ -		
5	62	11	03	0	Supplies and drugs						\$ -	\$ -		
3	62	11	05	0	Technical coordination						\$ -	\$ -		
3	62	11	09	0	Exchange PMTCT experiences						\$ -	\$ -		
8	62	11	10	0	Target eval.influence policy change						\$ -	\$ -		
8	62	11	11	0	Target eval.to support 'opt-out'strategy						\$ -	\$ -		
3	62	11	12	0	PMTCT Out reach visits						\$ -	\$ -		
	63	00	00	0	<b>SURVEILLANCE &amp; RESEARCH</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	63	12	00	0	<b>SURVEILLANCE</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	63	12	01	0	Sentinel Surveys	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8	63	12	01	1	Protocol development						\$ -	\$ -		
8	63	12	01	2	Procurement of HSS, gift, incentive						\$ -	\$ -		
8	63	12	01	3	Training for HSS data collection						\$ -	\$ -		
8	63	12	01	4	Lab training for HSS data collection						\$ -	\$ -		







Cat.	Expenditure code				Descriptions	Budget Plan for Aug.2006 to July 2007 (US\$)	Accumulative Expenditures as of last month	Expenditures for August 06 (US\$)	Expenditures for September 06 (US\$)	Expenditures for October 06 (US\$)	Expenditures for Aug. to Oct. 06 (US\$)	Balance of Budget plan (US\$)	Committed/Obligated as of project end date *	Plan for next Year (US\$) **
5	64	16	04	1	Laboratory reagents for STI Clinic						\$ -	\$ -		
5	64	16	04	2	Laboratory reagents for CD4 count						\$ -	\$ -		
5	64	16	04	3	Laboratory reagents for VCCT/NIPH Lab						\$ -	\$ -		
	64	16	05	0	Consumables	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5	64	16	05	1	Consumables for VCCT/NIPH Lab						\$ -	\$ -		
5	64	16	05	2	Consumables for STI clinics						\$ -	\$ -		
5	64	16	05	3	Consumables for CoC						\$ -	\$ -		
5	64	16	05	4	Condom supplies						\$ -	\$ -		
	64	16	06	0	Drugs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5	64	16	06	1	ARV drugs						\$ -	\$ -		
5	64	16	06	2	OI and STD drugs						\$ -	\$ -		
	64	16	07	0	Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5	64	16	07	1	ARV pill organizer						\$ -	\$ -		
5	64	16	07	2	Software for computer programmer						\$ -	\$ -		
	64	17	00	0	<b>ADMIN &amp; FINANCE</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	64	17	01	0	Administration	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5	64	17	01	1	Administration cost						\$ -	\$ -		
5	64	17	01	2	Communications costs						\$ -	\$ -		
6	64	17	01	3	Renovations						\$ -	\$ -		
6	64	17	01	4	Maintenance						\$ -	\$ -		
5	64	17	01	5	Office supplies						\$ -	\$ -		
4	64	17	01	6	Vehicles						\$ -	\$ -		
5	64	17	02	0	Documentation costs						\$ -	\$ -		
	64	17	03	0	Renovations	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6	64	17	03	1	Building renovated for MMM/Ois and ART room						\$ -	\$ -		
6	64	17	03	2	Renovation/construction						\$ -	\$ -		
6	64	17	03	3	Renovation of VCCT room						\$ -	\$ -		
6	64	17	03	4	Renovate STI clinics						\$ -	\$ -		
	64	17	04	0	Salary & Incentives	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1	64	17	04	1	Salary						\$ -	\$ -		
1	64	17	04	2	Incentives to NCHADS & Provincial staff						\$ -	\$ -		
	64	17	05	0	Consulting services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6	64	17	05	1	Local consultants & contract staff						\$ -	\$ -		
6	64	17	05	2	International TA						\$ -	\$ -		
3f	64	17	07	0	External Audit						\$ -	\$ -		
<b>Total</b>						\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Note:

\* Apply at July 31, 2007

\*\* Will be applied if project continue to Year 6

Approved by

Checked by:

Prepared by:  
Accountant

Financial Report by Object Class  
 For -----2005

Object Class	NCHADS Acct. Code	Descriptions	Annual Budget	Accumulative expenditure as of last month	Expenditures				Budget Balance
					August	September	October	Total	
<b>PERSONNEL</b>			\$ 7,200.00	0.00	\$ -	\$ -	\$ -	\$ -	\$ 7,200.00
	64-14-08-0	Project coordinator	7,200.00					\$ -	\$ 7,200.00
								\$ -	\$ -
								\$ -	\$ -
<b>TRAVEL</b>			0.00	0.00	0.00	0.00	0.00	0.00	\$ -
		<b>Domestic</b>	0.00	0.00	0.00	0.00	0.00	0.00	\$ -
								\$ -	\$ -
								\$ -	\$ -
		<b>International</b>	0.00	0.00	0.00	0.00	0.00	0.00	\$ -
								\$ -	\$ -
<b>EQUIPMENT</b>			0.00	0.00	0.00	0.00	0.00	0.00	\$ -
								\$ -	\$ -
<b>SUPPLIES</b>			0.00	0.00	0.00	0.00	0.00	0.00	\$ -
								\$ -	\$ -
<b>CONTRACTUAL</b>			0.00	0.00	0.00	0.00	0.00	0.00	\$ -
								\$ -	\$ -
								\$ -	\$ -
<b>OTHER</b>			0.00	0.00	0.00	0.00	0.00	0.00	\$ -
								\$ -	\$ -
<b>TOTAL</b>			\$ 7,200.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,200.00

Approved

Checked by:

Prepared by:

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**ឯកសារភ្ជាប់ទី ៥** (attachment 5)

**ឧបសម្ព័ន្ធទី ៨ : របាយការណ៍ស្ថានភាពហិរញ្ញវត្ថុ**

# FINANCIAL STATUS REPORT

Annex 8

(Short Form)

(Follow instructions on the back)

1. Federal agency or Organizational element to which report is submitted	2. Federal Grant or Other identifying Number Assigned By federal Agency	OMB Approval No. 0348-0038	Page of  Pages
3. Recipient Organization (Name and complete address, including ZIP code)			
4. Employer identification Number	5. Recipient Account Number or Identifying Number	6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding /Grant Period (See instruction) From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
10. Transactions:	I Previously Reported	II This Period	Cumulative
a. Total Outlays	-	-	-
b. Recipient share of outlays	-	-	-
c. Federal share of outlays	-	-	-
d. Total unliquidated obligations	-	-	-
e. Recipient share of unliquidated obligations	-	-	-
f. Federal share of unliquidated obligations	-	-	-
g. Total Federal share (Sum of c and f)	-	-	-
h. Total Federal fund authorized for this funding period	-	-	-
i. Unobligated balance of Federal funds (line h minus line g)	-	-	-
11. Indirect Expense	a. Type of Rate (Please "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed		
b. Rate	c. Base	d. Total Amount	e. Federal share
12. Remarks: Attached any explanation deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation			
13. Certification: <b>I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes forth in the award documents.</b>			
Typed or Printed Name and Title		Telephone (Area code, number and extension)	
Signature of Authorized Certifying Official		Date Report Submitted	