

IFAD Grant Forms

The forms presented here are the forms that are required to be submitted to IFAD for the Work Plan and Budget (WPB), Disbursements, Financial Reporting, and Audit purposes. The forms are presented as follows:

A. WPB Activities

- A.1. [Work Plan and Budget](#) – The form presented shows the minimum information that should be provided in a work plan and budget, as may be required by the stipulations of the Grant Agreement
- A.2. [Procurement Plan](#) – The form presented shows the minimum information that should be provided in a procurement plan, as may be required by the stipulations of the Grant Agreement
 - *Applicable only for procurement amounts which exceed USD 200,000*

B. Disbursements

- B.1. [Bank Account Certification Form](#) - This form is required to be submitted with the countersigned copy of the Grant Agreement for IFAD to process the **first** disbursement. This form must be resubmitted to IFAD should the Recipient change its bank account
- B.2. [Recipient's Letter of advice to IFAD](#) where Separate Bank account(s), to be used **only** when these is a requirement in the Grant agreement
- B.3. [Withdrawal Application](#) – (not applicable to Grant Recipients with access to IFAD Client Portal, ICP) This form **must** be submitted every time the Recipient requests an advance of funds or reimbursement from IFAD. The signatories on this form must match those in the Letter of Evidence of Authority to Sign Withdrawal Applications and Statements of Expenditure
 - *Not applicable to Grant Recipients with access to IFAD Client Portal (ICP)*
- B.4. A Letter of Evidence of Authority is required, together with the countersigned copy of the Grant Agreement, for IFAD to be able to identify the authorised signatories of Withdrawal Applications and Statements of Expenditure, as well as for IFAD to grant user rights to relevant persons designated by the Recipient to access the ICP:

[B.4.A. The Letter of Evidence of Authority to Sign Withdrawal Applications and Statements of Expenditure](#) - where the Grant recipient is submitting Withdrawal Applications directly to IFAD

[B.4.B The Letter of Evidence of Authority to Sign Withdrawal Applications and Statements of Expenditure, and Permission to Access the IFAD Client Portal \(ICP\) website](#) – where the Grant recipient is being provided access to ICP for the submission of Withdrawal Applications

- B.5. [Separate Bank Account Reconciliation](#) – This form **must** accompany every **subsequent** Withdrawal Application submitted to IFAD **only if** the Grant Agreement requires that the Recipient open a separate bank account specifically for the purposes of the IFAD-financed project
 - *Not applicable to Grant Recipients with access to IFAD Client Portal (ICP)*
- B.6. [Statement of Expenditure \(SOE\)](#) – This form must accompany every **subsequent** Withdrawal Application submitted to IFAD to report on expenditure incurred against advances received.
 - *Not applicable to Grant Recipients with access to IFAD Client Portal (ICP)*

C. Financial Reporting

- C.1. [Statement of Expenditure \(SOE\)](#) – In addition to the requirement as per B.6, this form is also used for financial reporting purposes, and must be certified and submitted on a semi-annual **or** annual basis, as stipulated in the Grant Agreement. A final certified SOE for the totality of eligible expenditures incurred by the Project shall be submitted by the Grant Closing Date (please refer to General Provision 3.7, or to any specific Special Provision contained in the Grant Agreement).
 - *Not applicable to Grant Recipients with access to IFAD Client Portal (ICP)*
- C.2. [Transaction List](#) – the template shows the minimum information that should be provided. The Recipient should include detailed expenditure list (in excel format) at the lowest level of transactions (individual payments as opposed to batch or group of payments) including transactions lists of its sub-grantees.
 - *Only applicable to grants financed by the European Commission and its co-financing.*

- C.3. **List of Legal Commitment** – the list provide minimum information required by the European Commission on legal commitments with third parties (with the exception of staff costs) such as procurement contracts, grant contracts, etc.
- *Only applicable to grants financed by the European Commission and its co-financing.*
- C.4. **List of Required Supporting Documents** – The list provides minimum required supporting documents to be prepared and maintained by the Recipient. The list is not exhaustive. IFAD, European Commission and its authorized agent may request other documents and information as needed.
- *Only applicable to grants financed by the European Commission and its co-financing.*

D. Audit

- D.1. **Statement of Responsibility** – This form's submission is contingent on the stipulations in the Grant Agreement, in case the grant amount is up to USD 200,000 or equivalent.

A.1. Annual Work Plan and Budget

Project Name:

Recipient:

Reporting period: DD.MM.YYYY – DD.MM.YYYY

Detailed Tables per Component, Expenditure Category and Financier - (Separate sheet for each component as applicable).																	
Description		Budget Category	Location		Items (cost in USD)				Physical Outreach/target by activity	Timeline					Financing Source (USD)		
Budget item by Component, Subcomponent and Activity	Methods		Implementing entity	Country/site	Unit	Unit cost	Quantity	Total		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Delivered by	IFAD Grant	Recipient	Co-financier
Component 1																	
Activity 1.1																	
Expenditure item																	
Expenditure item																	
Subtotal																	
Activity 1.2																	
Expenditure item																	
Expenditure item																	
Subtotal																	
Activity 1.3																	
Expenditure item																	
Expenditure item																	
Expenditure item																	
Expenditure item																	
Subtotal																	
Total (Component 1,2,3 etc)																	

A.2. Procurement Plan

Project Name:

Recipient:

Reporting Period: DD.MM.YYYY – DD.MM.YYYY

Item	Budget Category	(Sub)component	Activity	Unit	Quantity	Unit cost estimate (USD)	Total cost estimate (USD)	Financing Source	Procurement Method	Contract			Remarks
										Signature	Start Date	End Date	
<u>Works</u>													
Item 1													
Item 2													
Item 3													
<u>Goods</u>													
Item 4													
Item 5													
Item 6													
<u>Services</u>													
Item 7													
Item 8													
Item 9													
Total													

B.1. Bank Account Certification Form

International Fund for Agricultural Development (IFAD)
Via Paolo di Dono, 44
00142 Rome, Italy

Attention: Accounting and Controller's Division (ACD)

Reference: IFAD Grant No. **click and type**
IFAD Project Name:

The following is the bank account to be used for disbursements related to the above-referenced Grant:

BANK NAME AND ADDRESS: _____

ACCOUNT NUMBER: _____

IBAN NUMBER: _____

PAYEE NAME AND ADDRESS: _____

Signature of Bank Account Holder: _____

Name and Title: _____

Date: _____

(to be completed by the bank)

We certify that the bank account set forth above is in the name of (Recipient) and that the individual whose name appears above is an authorized signatory thereof.

(Name of Certifying Officer)

(Telephone number)

(Name of Bank)

(Date)

(Official Stamp of Bank)

B.2. Sample of Letter advising opening of Separate Bank account with bank details and authorised signatories thereof (On recipient's letter-head)

International Fund for Agricultural Development (IFAD)
Via Paolo di Dono, 44
00142 Rome, Italy

Attention: Accounting and Controller's Division (ACD)

Reference: IFAD Grant No. [click and type]
IFAD Project Name:

We refer to the above-mentioned grant agreement and write to advise you that the Separate Bank Account(s) have been opened as provided below and is/(are) to be used for disbursements related to the above-referenced Grant:

BANK NAME AND ADDRESS: _____

ACCOUNT NUMBER: _____

IBAN NUMBER: _____

NAME OF ACCOUNT and ADDRESS: _____

Signature of Bank Account Holder(s): _____

Name(s) and Title(s): _____

Date: _____

(to be completed by the bank)

We certify that the bank account(s) set forth above is in the name of (Recipient) and that the individual whose name appears above is an authorized signatory thereof.

_____ (Name of Certifying Officer)

_____ (Telephone number)

_____ (Name of Bank)

_____ (Date)

(Official Stamp of Bank)

B.3. Withdrawal Application

International Fund for Agricultural Development (IFAD)
Via Paolo di Dono, 44
00142 Rome, Italy

Attention: Accounting and Controller's Division (ACD)

WITHDRAWAL APPLICATION

Reference: IFAD Grant No. [click and type]
Project Title:

1. Application No. _____.
2. Please pay (currency) _____ (amount) _____.
3. This instalment is related to the attached programme of work and budget for the period from _____ to _____.
4. We hereby apply for this withdrawal from the Grant Account, and hereby certify and agree as follows:
 - (a) The funds covered by this application are required exclusively for the purposes of the Project.
 - (b) (if applicable) - The attached certified Statement of Expenditures provides detailed information on the utilisation of the immediately preceding advance and confirms that the funds withdrawn have been exclusively used in accordance with the Grant Agreement. All documentation authenticating these expenditures has been retained in accordance with the provision of the Agreement. (the above article does not apply for first withdrawal application)
5. Please make payment to the bank account indicated in our Bank Account Certification Form /(or the separate bank account).

Recipient: _____
Authorized Signature: _____
Name and Title: _____
Date: _____

B.4.a. Letter of evidence of authority to sign Withdrawal Applications and Statements of Expenditure

(To be submitted on Recipient's letterhead)
[to include full street address, city, country]

International Fund for Agricultural Development (IFAD)
Via Paolo di Dono, 44
00142 Rome, Italy

Attention: Accounting and Controller's Division (ACD)

Subject: IFAD Grant No.:
Project Name:

Dear Sir/Madam:

I refer to the Grant Agreement between IFAD and [Name of Recipient], dated [-----]. With reference to the said Agreement, I hereby designate the following person (or persons) whose authenticated specimen signature(s) appear(s) below, as authorized, on behalf of the Recipient to sign Applications for Withdrawal and Statements of Expenditure, under the above-referenced IFAD Grant. This notification enters into effect as of [----- date -----]¹:

_____ (Name(s) and Title(s))	_____ Specimen signature
_____ (Name(s) and Title(s))	_____ Specimen signature
_____ (Name(s) and Title(s))	_____ Specimen signature

(Indicate if the authorization to sign is jointly with another person(s)).

If applicable - All previous notices providing signatures of officials authorized to sign applications for withdrawal and Statements of Expenditures for this grant are hereby revoked.

(Optional) The following is the official email address which will be used by the Recipient to submit Applications for Withdrawal and other official communications to IFAD: _____.
Any communication not originating from this address should be disregarded.

Signed by:

Authorised Representative

¹ Should the Authorised Representative change the designated persons, this letter is to be re-completed and re-submitted to IFAD.

B.4.b. Letter of evidence of authority to sign withdrawal applications and statements of expenditure and permission to access the ICP web-site

Sample letter – to be submitted on Recipient’s letterhead)
[to include full street address, city, country]

International Fund for Agricultural Development (IFAD) Date: _____

Via Paolo di Dono, 44

00142 Rome, Italy

Attention: Accounting and Controller's Division (ACD)

Subject: **IFAD Grant No.**

Dear Sir/Madam:

I refer to the above-mentioned Large Grant Agreement between IFAD and (Recipient name) .. In accordance with the provisions of Article 3.3 of said Agreement:

1) Authorised Signatories/"Approver" role

I hereby designate the following person (s) whose authenticated specimen signature(s), official email address(es) for correspondence and mobile phone number(s) appear(s) below as authorized, on behalf of the Recipient, to sign Applications for Withdrawal and Statements of Expenditure, under the above-referenced IFAD Grant. This notification enters into effect as of [----- date -----].

This confirms that the [Recipient] is authorising such person(s) to accept the Two Factor Authentication (2FA) tokens and password² and to deliver the withdrawal applications and supporting documents to the Fund by electronic means. The Recipient is responsible for all actions taken by the persons it designates and guarantees that it will require such persons to abide by the Terms and Conditions for Access to the IFAD Client Portal .

Authorized Signatories

(Name(s) and Title(s))

Specimen signature

Official email address

² Full instructions on how to log into ICP and how to activate the tokens will be sent to the email accounts communicated herein

Mobile phone number (incl. country code)

Viewer access required (projects or all³)

(Name(s) and Title(s))

Specimen signature

Official email address

Mobile phone number (incl. country code)

Viewer access required (projects or all⁴)

(Indicate if the authorization to sign is jointly with another person(s)⁵).

2) Local Administrator Role

I further designate the following person (or persons) whose official email addresses for correspondence and mobile phone numbers appear(s) below as authorized, on behalf of the Recipient, to administer the access of people to ICP, under the above-referenced IFAD Grant. This notification enters into effect as of [---- date -----].

This confirms that the {Name of the Recipient} is authorizing such person(s) to accept the Two Factor Authentication (2FA) tokens and password⁶. The Recipient is responsible for all actions taken by the persons it designates and guarantees that it will require such persons to abide by the Terms and Conditions.

(Name(s) and Title(s))

Official email account

³ Please specify in accordance with Attachment A, Definition of Viewer roles

⁴ Please specify in accordance with Attachment A, Definition of Viewer roles

⁵ ICP provides for up to 3 joint approvers

⁶ Full instructions on how to log into ICP and how to activate the tokens will be sent to the email accounts communicated herein

Mobile phone number (incl. country code)

(Name(s) and Title(s))

Official email address

Mobile phone number (incl. country code)

3) Other roles ("Viewer-projects", "Viewer-all", "Author")

The Local Administrator will manage access to the "Author" and the read-only "Viewer" roles. In this regard, I also designate the following person(or persons) whose official email addresses for correspondence and mobile phone numbers appear(s) below as authorized, on behalf of the Recipient, to be granted access to ICP, with the following roles⁷, under the above-referenced IFAD Grant. This notification enters into effect as of [-----date-----].

This confirms that the {Name of the Recipient} is authorizing such person(s) to accept the Two Factor Authentication (2FA) tokens and password and be granted access to the information in ICP in accordance with the role indicated. The Recipient is responsible for all actions taken by the persons it designates and guarantees that it will require such persons to abide by the Terms and Conditions for Access to IFAD Client Portal.

(Name(s) and Title(s))

Official email address

Role

Mobile phone number (incl. country code)

(Name(s) and Title(s))

Official email address

Role

⁷ See Attachment A for definition of roles

Mobile phone number (incl. country code)

(Name(s) and Title(s))

Official email address

Role

Mobile phone number (incl. country code)

Signed by:

Title of the Recipient's
Authorised Representative
(as provided in the Agreement)

Terms and Conditions for Access to IFAD Client Portal

These are the terms and conditions of use that apply to the IFAD Client Portal (ICP). Only authorized users are allowed to access the system. Unauthorised access is not permitted and IFAD reserves the right to fully pursue any and all remedies available to it related to any unauthorized access, use or connection.

Access to the web-site requires the user to be authenticated using a Two Factor Authentication (2FA) mechanism. The first factor is a username and password combination. IFAD will determine which type of second factor is most appropriate, based on the evolution of the associated technology. Currently, the default second factor adopted by IFAD is to issue Borrower/Recipient users with a soft token accessed through a smart phone.

A. Identification of Users.

1. The Recipient must identify users authorized to use the ICP and is responsible for the actions performed in the ICP by these users.
2. The Recipient must immediately notify IFAD if a User is no longer authorized to act as a User.
3. Each User will be required to provide various mandatory data for creation of a user profile before access to the ICP is granted.
4. Once user registration is completed the User will be issued with the second authentication factor. This registration step requires the User to establish a PIN code which is associated with the second factor.
5. The Recipient must ensure that all Users authorized by them to access the ICP have read, understood and agreed to be bound by these Terms and Conditions of Use before accessing the ICP.
6. IFAD will maintain in its records a user account (Account) for each User to manage access to ICP.

B. Use of 2FA

I. Security

It is the responsibility of the ICP User to:

- I.1. not reveal his/her PIN code to anyone or store or record the PIN in written or other form.
- I.1. not allow anyone else to utilize his/her credentials to access information in the ICP or initiate or submit online requests in the ICP.
- I.2. always logout from the application when not using the system.
- I.3. immediately notify IFAD through the ICP Support form available on the ICP log-in page, if the User believes a third party has learned any part of his/her credentials.
- I.4. immediately notify IFAD through the ICP Support form available on the log-in page of any lost, stolen or compromised 2FA devices, and take other reasonable steps to ensure such 2FA devices are disabled immediately.

II. Reservation of Right to Disable Access

- II.1. IFAD reserves the right to revoke the authorization of a User to access the ICP at any time.

III. Care of 2FA

- III.1. IFAD will deliver soft token activation codes or hard tokens to each User in such manner as it chooses.
- III.2. Hard tokens remain the property of IFAD.
- III.3. Hard tokens contain delicate and sophisticated instrumentation and therefore must be handled with due care, and must not be immersed in liquids, exposed to extreme temperatures, crushed or bent. Also, hard tokens should be kept more than five (5) cm from devices that generate electromagnetic radiation (EMR), such as mobile phones, phone-enabled PDAs, smart phones and other similar devices. Hard tokens must be carried and stored separate from any EMR device. At close range (less than 5 cm.), these devices can output high levels of EMR that can interfere with the proper operation of electronic equipment, including the hard token itself.

IV. Replacement of hard tokens

- IV.1. Lost, damaged, compromised (in terms of B.I.4, above) or destroyed hard tokens will be replaced at the expense of the /Recipient.

Roles and Responsibilities

Roles which the Local Administrator will manage:

Role	Role Description	Responsibility Functions
Viewer - projects	<ul style="list-style-type: none"> • Default role issued to all Clients • Able to view financing to which s/he has access authorization 	<ul style="list-style-type: none"> • View documents • Run project related reports e.g. Status of Funds, Historic Transaction Report, Debit Advice .
Viewer – all	<ul style="list-style-type: none"> • Able to view all financings for an Organization 	<ul style="list-style-type: none"> • View documents • Run related reports e.g. Status of Funds, Historic Transaction Report, Debit Advice.
Author	<ul style="list-style-type: none"> • Responsible for creating transactions within the Withdrawal Application process • Incompatible with the Approver role 	<ul style="list-style-type: none"> • Create Withdrawal Applications • Submit banking instructions

Roles which will be assigned by IFAD upon receipt of certified copy of Authorized representative's :

Role	Role Description	Responsibility Functions
Approver	<ul style="list-style-type: none"> • Individual formally authorized to sign withdrawal applications • Incompatible with the Author role 	<ul style="list-style-type: none"> • Authorize Withdrawal Applications • Authorize banking instructions
Local Administrator	<ul style="list-style-type: none"> • Responsible for system access tasks for local staff (except for Approver) • Specific for a recipient • Incompatible with the Author and Approver role 	<ul style="list-style-type: none"> • Administrate limited user access setup for certain roles

B.5. Separate Bank Account Reconciliation Statement

Project Name:

Recipient:

Reporting period: DD.MM.YYYY – DD.MM.YYYY

Grant Account No:	
Bank Name:	
Currency:	
Opening balance:	
Grant Denomination Currency account	H
Local currency account	J
Petty cash	K
A. Total opening balance	A=h+j+k
Add	
B. Total amount disbursed by IFAD during the period	B
Deduct	
C. Total project expenditures incurred during the period	C
D. Subtotal	
	A+B-C
Closing balance:	
USD dollar account	Y
Local currency account	X
Petty cash	Z
E. Total closing balance	E=y+x+z
F. Explanations of any difference between D and E	D-E
Reconciliation item 1	
Reconciliation item 1	
Reconciliation item 1	

C.1. Statement of Expenditures

Name of the Recipient: _____
 Grant No: _____
 Project Name: _____
 Reporting period from _____ to _____ in _____
 (Currency)

Description	Current Period			Year to Date			Cumulative-to Date			
	Actual Expenditures	Budget	Balance	Actual Expenditures	Budget	Balance	Actual Expenditures	Budget	Winding Up Expenditures	Balance%
	1	2	3 = 1-2	4	5	6 = 4- 5	7	8		9 = 7-8
Sources of Funds										
IFAD										
Counterpart fund										
Other donor										
Total Sources of Fund										
Uses of Funds (IFAD)										
Category 1										
Category 2										
Etc.										
Subtotal										
Non-IFAD										
Total Uses of Funds										

1. Currency of the Grant Agreement
2. **Sources of Funds** include funds received from IFAD funded grants, counterpart funds, and other donors.
3. **Uses of Funds** includes project expenditures by category (and/ or component if applicable in the grant agreement), as per Schedule 2 of the Grant Agreement.
4. **Current Period** covers eligible expenditures (actual) and the semi-annual budget (planned) for the semester.
5. **Year to Date** covers eligible expenditures (actual) and the annual budget (planned) during the year.
6. **Cumulative to Date** covers eligible expenditures (actual) and total allocated budget (planned) from the effective date until the current period.

We hereby certify that the above amounts have been expended for Eligible Expenditures for the proper execution of the Project in accordance with the terms and conditions of the Agreement dated _____.

Name and Title (Authorised Signatory): _____

Dated: _____

C.2. Transaction List

The information shown below is for illustrative purposes only

Item No	Date of Transactions	Journal Reference No.	Withdrawal Application No.	Project Component /Cost Category**	Project Sub-Component /Sub-Category**	Description of Transaction	Payee/Supplier Name	Amount in Local Currency (Symbol)	Exchange Rate Applied	Amount in Euro/Grant Currency
1	01/04/20xx	CDV00025	2	1	1.1	Procurement of one equipment brand xxx - type xxx for activity xxx	Corporation xxx	USD 15 000.00	0.89245	13 386.75
2									
3										
4										
5										
6										
7										
8										
9										
10										
...										
*Total										XXXX

*Total cumulative amount of the transaction lists must reconcile with the total cumulative amount reported in the SOEs

**Subtotal by cost category/component and by sub-category/sub-component must reconcile with the subtotals reported in the SOEs

C.3. List of Legal Commitment

The information shown below is for illustrative purposes only

No.	Cooperating Institution	Location	Component/Category	Sub-Component	Start date	End date	Legal Agreement Reference No.	Description of Legal Agreement/Project Title	Denominated Currency Symbol	Total Amount of Legal Commitment in Denominated Currency (a)	Actual Expenditures in Denominated Currency (b)	Remaining Legal Commitment in Denominated Currency (c) = (a) - (b)	Exchange Rate to Euro/Grant Currency (d)	Remaining Legal Commitment in Euro/Grant Currency (e) = (c) * (d)
1	xxx	Vietnam	C1	1.1	1-Jan-18	30-Jun-19	xxx/xxx	LOA for implementation of xxx	USD	44 663	23 437	21 226	1.1500	18 457
2														
3														
4														
5														
6														
7														
Total Remaining Legal Commitment													xxx	

C.4. List of Required Supporting Documents

For expenditures to be eligible they need to be identifiable and backed by supporting documents. The table below provides the list of minimum required supporting documents to be prepared, maintained and made available by the Recipient to the Fund upon request. Please note that the list is not exhaustive. IFAD, European Commission and its authorized agent may request other documents and information as needed:

Type of expenditures	Required supporting documents
Salaries and related allowances	<ul style="list-style-type: none"> ▪ Evidence that the transaction is recorded in the Recipient's book of accounts such as Journal Voucher ▪ Payment evidence such as copy of Bank Statement or copy of check or transfer/payment order to the final payee/beneficiary ▪ Evidence of link to the project such as employment contract with job descriptions explicitly and clearly showing the link to the project ▪ Payslip reconciled to the amount charged to the project ▪ If the costs are charged into several sources of fund, evidence of cost allocation based on actual use of staff time such as time sheet/time record ▪ Evidence of competitive recruitment process including but not limited to job vacancy announcement, applicant resumes, short list records, interview records, and decision memo ▪ If the amount charged includes benefits or pension costs explanatory for calculation are required ▪ Copy of relevant policies and procedures for the employee remuneration, benefits or pension costs ▪ Please note that accrual (such as severance, allowances, or other benefits) are not considered as actual eligible costs unless this has been actually paid to the staff
Consultancies	<ul style="list-style-type: none"> ▪ Evidence that the transaction is recorded in the Recipient's book of accounts such as Journal Voucher ▪ Payment evidence such as copy of Bank Statement or copy of check or transfer/payment order to the final payee/beneficiary ▪ Evidence of link to the project such as consultancy contract with Terms of Reference explicitly and clearly showing the link to the project ▪ Invoice or third party receipt dully signed ▪ If the costs are charged into several sources of fund, evidence of cost allocation based on actual use of consultant's time such as time sheet/time record will be required ▪ Evidence that services have been rendered and found satisfactory such as deliverable etc. ▪ Evidence of competitive procurement process for consultancy services including but not limited to: purchase request, invitation or call for proposal, application from candidates, comparative analysis and decision memo ▪ Copy of the applicable procurement policies and procedures for consultancy services ▪ If the contract includes travel related costs, evidences that the travel took place such as tickets, boarding pass, hotel receipts, stamped passport, etc. will be required
Sub-Grants	<ul style="list-style-type: none"> ▪ Evidence that the transaction is recorded in the Recipient's book of accounts such as Journal Voucher ▪ Payment evidence such as copy of Bank Statement or copy of check or transfer/payment order to the final payee/beneficiary

Type of expenditures	Required supporting documents
	<ul style="list-style-type: none"> ▪ Evidence of link to the project such as sub-grant agreement with Terms of Reference explicitly and clearly showing the link to the project ▪ Payment request dully signed by Sub-grantee ▪ Financial report supported by detail transaction lists (in excel format) ▪ Deliverable as stipulated in the sub-grant agreement ▪ Please note that this list of required supporting documents is also applicable to the Sub-grantees
Equipment and Materials, Goods, services, and inputs	<ul style="list-style-type: none"> ▪ Evidence that the transaction is recorded in the Recipient's book of accounts such as Journal Voucher ▪ Payment evidence such as copy of Bank Statement or copy of check or transfer/payment order to the final payee/beneficiary ▪ Evidence of link to the project such as assets assignment ▪ For vehicles, evidence that the vehicles are exclusively used for the project such as vehicle log book or mission orders ▪ Invoice or third party receipt dully signed ▪ Evidence that goods/services have been received such as Goods Receipt Note ▪ Evidence that goods/services have been distributed to the intended final beneficiaries such such as Goods Receipt Note ▪ Evidence of competitive procurement process including but not limited to: purchase request, request for quotation or invitation to bid, quotations from suppliers, comparative analysis and decision memo ▪ Copy of procurement manual applicable to the project
Training and Workshops	<ul style="list-style-type: none"> ▪ Evidence that the transaction is recorded in the Recipient's book of accounts such as Journal Voucher ▪ Payment evidence such as copy of Bank Statement or copy of check or transfer/payment order to the final payee/beneficiary/event organizer/hotels/travel agents etc. ▪ Evidence of link to the project such as Terms of Reference including the agenda explicitly and clearly showing the link to the project ▪ List of participants dully signed ▪ Copies of invitation letters sent to participants ▪ Training/Workshop report with pictures ▪ Invoice or third party receipt ▪ Evidence of competitive procurement process including but not limited to: purchase request, request for quotation or invitation to bid, quotations from suppliers, comparative analysis and decision memo ▪ Copy of procurement manual applicable to the project
Travel and related allowances	<ul style="list-style-type: none"> ▪ Evidence that the transaction is recorded in the Recipient's book of accounts such as Journal Voucher ▪ Payment evidence such as copy of Bank Statement or copy of check or transfer/payment order to the final payee/beneficiary ▪ Evidence of link to the project such as Travel Authorization memo showing the purpose of the travel or other relevant documents ▪ Invoice or third party receipt ▪ Evidence that travel took place including travel itinerary or flight ticket, boarding pass, hotel receipts, etc. ▪ Evidence of travel deliverables such as travel report ▪ Evidence of competitive procurement process including but not limited to: purchase request, request for quotation or invitation to bid, quotations

Type of expenditures	Required supporting documents
	<p>from suppliers, comparative analysis and decision memo</p> <ul style="list-style-type: none"> ▪ Copy of procurement manual applicable to the project
Operating Costs	<ul style="list-style-type: none"> ▪ Evidence that the transaction is recorded in the Recipient's book of accounts such as Journal Voucher ▪ Payment evidence such as copy of Bank Statement or copy of check or transfer/payment order to the final payee/beneficiary ▪ Evidence of link to the project ▪ Invoice or third party receipt ▪ Evidence of competitive procurement process for travel including inter alia: purchase request, request for quotation or invitation to bid, quotations from suppliers, comparative analysis and decision memo ▪ Copy of procurement manual applicable to the project ▪ Please note that these are only for expenditures related to recurrent costs under the project, office rent (if it is an existing office space of the recipient, normally this cost should not be charged to the project) and utilities for the project office, maintenance costs, audit costs specific to the project.

D.1. Statement of Responsibility

(in accordance with the Agreement, to be provided on letterhead of the Recipient signed and dated)

Re: IFAD Grant No.: _____ Project name: _____

On behalf of (name of Recipient), I hereby confirm that all Statements of Expenditure for the period from dd/mm/yyyy to dd/mm/yyyy submitted in connection with the above-referenced Grant are true, fair and complete in all material respects, that all of the proceeds of the Grant have been spent for Eligible Expenditures as defined in the General Provisions of the Agreement between IFAD and (name of Recipient) and that neither (name of Recipient) nor any of its employees or agents have engaged in corrupt, fraudulent, collusive or coercive practices with respect to the Grant.

I declare under penalty of perjury that the foregoing is true and correct.

Date:

Signed⁸:

⁸ Authorised Representative/Signatory of the Recipient who signed the Agreement