



Submission Form for Project/Budget Revision UN HAITI CHOLERA RESPONSE MULTI-PARTNER TRUST FUND

Part A: Project Summary <i>(To be completed by the Recipient UN Organization)</i>				
Date of Submission:	November 23 rd , 2021			
From the Recipient UN Organization:	UNDP Haiti			
Contact:	Focal Point: Name: Jessica Laconi E-mail: jessica.laconi@undp.org			
Project Number:	00127164			
Project Title:	Strengthening Resilience, Health and Sanitation Systems in Haiti through community support			
Total Approved Project Budget:	US \$1,100,000.00			
Project Duration:	Starting Date:	May, 2021	Completion Date:	May 24 th , 2021

1. Type of Project or Budget Revision Requested

- Increase/change in project budget¹. **Amount requested: US\$ _____**
- Extension of project duration.
Old completion date: May 24th, 2022
New completion date: April 24th, 2023
- Change of project scope (*submit revised project document*)

2. Project Expenditure to date: as of October 31, 2021

- Total Commitments US\$ 4,554.49
- Total Disbursements US\$ 80,068.54

3. Reason revision is being requested:

Socio-political unrest has had a considerable impact on the implementation of regular activities. The project has faced significant delays over the last months mainly due to nationwide protests, fuel scarcity and the COVID-19 pandemic—the latter causing the most substantial of delays. The above-mentioned contexts have caused the inability of project staff to circulate freely and, therefore, the impossibility to carry out the activities within the communities as scheduled in the initial chronogram.


This extension is submitted to allow the project team to take the necessary security measures to intervene on the Haitian territory, in order to facilitate the successful realization of the outcomes envisaged by the project document.

¹ For any change in the budget, provide revised budget




4. Documents Attached:

- Revised Budget *(for change in project budget)*
- Revised Project Document *(for change in project scope)*

Part B: Signature <i>(To be completed by the Recipient UN Organization)</i>			
On behalf of Recipient UN Organization:	Signature	Date	Name/Title
Fernando Hiraldo	DocuSigned by:  BB4A5B4F867E48F...	09-Dec-2021	Fernando Hiraldo Resident Representative

Part C: Administrative Review <i>(To be completed by the UN Haiti Cholera Response MPTF Secretariat)</i>
5. Comments:
6. Recommendation:

Part D: Decision of the Chair of the Advisory Committee, UN Haiti Cholera Response MPTF <i>(To be completed by the Secretariat)</i>	
<input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve with modification/condition <input type="checkbox"/> Defer	
Comments (if any):	
Chair of the Advisory Committee, UN Haiti Cholera Response MPTF DocuSigned by:  D7EADAF620784E9... Signature	23-Feb-2022 Date