

Project Information Summary (FR1)

Project Title*:

IDRC Grant Number*:

Institution Name:

Working Currency: Currency of Bank Account:

Commencement Date:
dd/mm/yy

If parallel and / or local contributions have been made to this project, please complete and return form FR5 (Notice of Receipt of Parallel Funds and Disbursement of Local Contributions).

Report No.:

Period of Actual Expenses: to
dd/mm/yy dd/mm/yy

Period of Expense Forecast: to
dd/mm/yy dd/mm/yy

Certification by the Institution:

We hereby certify that this financial report, and all its schedules, correctly and fairly reflect the expenses of the project, and more specifically the portion supported by IDRC. No expenses charged against the IDRC grant have been, or will be, recovered from another donor.

Name of Project Leader <p style="text-align: center;">Dr. Assize TOURE</p>	Signature 
Name/Title of Authorized Financial Officer <p style="text-align: center;">Oumar SARR</p>	Signature
Date <p style="text-align: center;">11/24/2009</p>	

*The grant agreement contains this information.
 BA200207E