IN WITNESS WHEREOF, Abt Associates and Consultant have caused this Agreement to be executed by their duly authorized representatives, effective as of the latest signature date below.

For: Abt Associates Inc. (AM)	**For: Consultant**
By: Diana R Silimperi Signature	**By:** Signature
Diana R. Silimperi, MD Division VP, International Health Printed Name & Title	Giorgi Kachlishvili Printed Name & Title
4550 Montgomery Ave., Ste. 800N Bethesda, MD 20814 USA Address	4, Chargali Street, Tbilisi, Georgia Address
Telephone Number	+995 595956146 Telephone Number
Fax Number	g.kachlishvili@ncdc.ge E-Mail Address
Date: 6/2/15	**Date:**

Account Information											
Prepared By: Natia Baratelia						Ext.		Division/Dept. IHD			
Project Name: Georgia HSSP						Date:					
Project Code					Task Code				Expenditure Type		
1	6	4	7	4	2	0	1	0	Cons Svcs HCN = 5060 GEL Cons Misc = 0		

☐ Cambridge ☐ Bethesda ☐ Durham ☒ Other