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.**	**For:**	**Consultant**
By:	Signature	**By:**	Signature
	Diana R. Silimperi, MD Division VP, International Health Printed Name & Title		Tamila Kakhniashvili Printed Name & Title
	4550 Montgomery Ave., Ste. 800N Bethesda, MD 20814 USA Address		Temka 3/5/25, Tbilisi, Georgia Address
	Telephone Number		+995 558 37-27-43 Telephone Number
	Fax Number		t.kakhniashvili@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