

DISBURSEMENT REQUEST

FORM OF 609(g) DISBURSEMENT REQUEST

Country	Moldova
Projects	Program Management and Oversight
609(g) Grant Agreement Date	7-Oct-09
609(g) Grant Agreement Number	GR08MDA10001
Accountable Entity	MCA-Moldova
Fiscal Agent	MCC
Request Date	13-Nov-09
Disbursement Period Beginning Date	7-Oct-09
Disbursement Period Ending Date	31-Dec-09
Disbursement Number	1
Currency (Expressed in USD)	\$490 934
Exchange Rate used to calculate U.S. Dollar equivalent of any local currency balance for purposes of this MCC Disbursement Request	

A. Disbursement Request: The undersigned hereby requests the Millennium Challenge Corporation ("**MCC**") to disburse funds under the Grant Agreement dated as of October 7, 2009 between MCC and the Government of Moldova (the "609(g) Grant Agreement") as follows:

1. Forecasted Cash Disbursement Requirements (from DFP Cash Column)	490 934
2. Interest to be Returned to the USG for Next Period (Interest Sum, Line 7)	\$ -
3. Working Capital (FOR MCC USE ONLY)	
4. Cash Balance at the End of the Current Period (Cash Req, Line 7)	\$ -
5. Disbursement Request Amount (Lines 1+2-4)	\$ 490 934
6. Amount Requested in Words	Four hundred ninety, nine hundred thirty four U.S. dollars

C. Compliance: the undersigned confirms that the 609(g) Disbursement hereby requested is in accordance with the terms and conditions set forth in the 609(g) Grant Agreement.

D. Authorization: the undersigned acknowledges that funds disbursed in accordance with this request will be either made (i) directly to third-party vendors for goods, works and services received by the accountable entity upon presentation of valid invoices utilizing MCC's Common Payment System, (ii) to the Permitted Account, or (iii) to the Petty Cash Account.

E. Definitions: Capitalized terms used herein shall have the meanings assigned to such terms in the 609(g) Grant Agreement.

Signed by the Minister of State, State Chancellery, Government of Moldova

By: _____

Name: Mr. Victor Bodiu

Date: _____

Millenium Challenge Corporation, as the Fiscal Agent

By: _____

Name: _____

Date: _____