[Date]

**To:** [Name]

Regional Bureau Director

**From:** [Name]

UNDP Resident Representative, [Country Programme Name]

**Subject: [Country] CPD 201X – 202X: Authorization of direct execution modality (DEX) for the Country Programme of [name]**

**Bureau:** Regional Bureau for [name]

The cover memo should describe the background and rationale leading the UNDP Resident Representative to request authorization for direct execution of the programme. Direct Execution is highly exceptional, and is only pursued if there is no recognized government able to sign the country programme, accepting ultimate ownership of the programme.

The memo must provide assurance that the required capacities are in place for direct execution of the programme. This includes ensuring sufficient security measures are in place, as well as capacities for direct implementation of all projects under the programme. The Resident Representative must also describe how national partners are being engaged to ensure national ownership in the absence of national execution.

Direct Execution can only be approved by the Associate Administrator. This memo must be reviewed by the Regional Bureau and sent to the BPPS Development Impact Group for further review and recommendation to the Associate Administrator for approval.

**New or Extension:**

**Bureau:**

**Programme:**

**Date:**

|  |  |  |
| --- | --- | --- |
| **DEX ASSESSMENT** | | |
| **BASIC INFORMATION** | | |
| ***Programme Budget*** |  | |
| **RECENT RATINGS** | | |
| **PROGRAMME MANAGEMENT** | | |
| ***How efficient is the programme?*** | *Management Efficiency Ratio (MER):* | |
| *Other (staff relocation issues, etc.):* | |
| ***Multi-year resources*** | *Resource Mobilization targets and performance:* | |
| **OPERATIONAL CAPACITY** | | |
| ***Staff capacity*** | *How strong is staff capacity? Include information such as:*  *Number and functional breakdown of UNDP staff*  *Number of projects per focal point*  *Dedicated advisory support available, if applicable*  *Average time taken to recruit qualified personnel*  *Number of procurement actions and their value in the past year*  *Availability of interim donor reports, financial progress reports and CDRs*  *Availability of an updated risk management plan* | |
| ***Financial Management*** | *Financial Dashboard Status and Comptroller’s Acclaim/watchlist performance:*  *HACT Compliance:* | |
| ***Country office audit*** | *Include audit performance over the past three years and implementation rate of audit recommendations to date.* | |
| ***Evaluation findings*** | *List any evaluations completed over the past three years. Describe key recommendations and what action was taken in response.* | |
| ***Other*** | *Completion rate of mandatory training, CIPS and FTPP/Accounting* | |
| **DECISION** | | |
| ***RBx Recommendation***  *Regional Bureau Director* |  | |
| ***Clearance***  *BPPS Development Impact Group* |  | |
| ***Approval***  *Associate Administrator* |  | **Date:** |