**Annex 1. Programme-specific Information**

The following information should be completed at the start of the micro assessment.

|  |  |
| --- | --- |
| **Implementing partner name:** |  |
| **Programme name:** |  |
| **Programme number:** |  |
| **Programme background:** |  |
| **Programme location:** |  |
| **Programme contact person(s):** |  |
| **Location of records:** |  |
| **Currency of records maintained:** |  |
| **Period of transactions covered by micro assessment:** |  |
| **Funds received during the period covered by the attestation engagement:** |  |
| **Expenditures incurred/reported during the period covered by the attestation engagement:** |  |
| **Intended start date of micro assessment:** |  |
| **Estimated number of days required for visit to IP:** |  |
| **Any special requests to be considered during the micro assessment:** |  |
| **Cash transfer modality used by the IP:** |  |