**Programme-specific Information**

The following information is to be provided to the service provider by the UNICEF Office HACT Focal Point at the start of the engagement.

|  |  |
| --- | --- |
| **IP 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 spot check:** |  |
| **Funds received during the period covered by the spot check:** |  |
| **Expenditures incurred/reported during the period covered by the spot check:** |  |
| **Intended start date of the spot check:** |  |
| **Estimated number of days required for the spot check:** |  |
| **Recipient of the report:** |  |
| **Submission deadline (including draft and final reports to local agency management):** |  |
| **Submission logistics:** |  |
| **Any special requests to be considered during the spot check:** |  |
| **Cash transfer modality used by the IP:** |  |