## **Expression of Interest (EOI) Information form**

Expression of interest (EOI) information form
1. Project/Assignment:
Contract Name: National ICT Workforce Survey
Contract Number: ICTA/GOSL/CON/QCBS/2016/44
2. Consultancy Organization/Firm
Name of Consultancy Organization/Firm:
Address:
•••••
Contact details
Telephone: Fax: Email:
Details of Executive Board, Chairman, Directors & CEO:
······································
Certificate of Incorporation: Please attach
Consultant Team and their Expertise
3. If intends to express interest as a joint venture, provide the following details:

Lead Firm				
Name of Lead Firm:				
Address:				

Contact details:	Telephone: Fax: email:
Details of Executive Board, Chairman, Directors & CEO:	
Consultant Team and their Expertise:	
Certificate of Incorporation	Please attach
	Associate Partner 1
Name of Firm:	
Contact details:	Telephone: Fax: email:
Details of Executive Board, Chairman, Directors & CEO:	
Directors & CLO.	
Consultant Team and their Expertise:	
Certificate of Incorporation	Please attach
	Associate/Partner 2
Name of Firm:	
Contact details:	Telephone: Fax: email:
Details of Executive Board, Chairman, Directors & CEO:	
Consultant Team and their Expertise:	

	ificate of rporation	Please attach						
	Associate/Partner 3							
Name	e of Firm:	Firm:						
Conta	act details:	Telephone: Fax: email:						
Board	ds of Executive d, Chairman, etors & CEO:							
Consultant Team and their Expertise:								
	ificate of rporation	Please attach						
	If you are prosuch as subventure (J/V), and benefits Outline procoordination	petence (Please respond to each and every question requirement opposing an association consultancy or a joint outline the rationale for of the "association." posed management of the "association," ole of each firm.						
4.2	venture (J/V) procedures or promote qualit interaction w	n/sub consultancy/joint- nave standard policies, practices in place that in the workplace, your th clients, and the poduce? If yes, describe						

briefly.

solely

Does your firm/sub consultancy/joint venture have a dedicated unit or staff

for

quality

responsible

assurance? If yes, describe briefly.

4.3

4.4	How will you ensure the quality of your firm's/sub consultancy's/join venture's performance over the life of this assignment?	
4.5	How will your firm/sub consultancy/joint venture deal with any complaints concerning the performance of the staff or the quality of the reports submitted for this consulting assignment? What internal controls are in place to address and resolve complaints?	
4.6	Past experience with projects funded by Government of Sri Lanka or any other Agency (please also provide information in Annex 1- project details)	
4.7	Core business of the firm	
4.8	Financial and administrative strength for the last two years: (Audit Financial statement etc)	
4.9	Firm's history-number of years in business	
4.10	Technical & managerial organization of the firm, staff strengths and capabilities & appropriate skills of firm's staff	
4.11	Technical Qualifications including Experience of the firm with projects of similar nature	
	List 3 successfully completed assignments which are primarily related to ICT4D and/or Social Empowerment through technology(use Annex 01).	

## We hereby declare that:

- we have read the Request for EOI advertisement, and the brief Scope of Services/Terms of Reference (TOR), for this assignment;
- (ii) we have not been engaged to prepare such Scope of Services/TOR as a firm, sub consultancy, or joint venture; and
- (iii) no full-time or part-time or contracted expert employed by our firm, sub consultancy, or joint venture has been engaged to prepare such Scope of Services/ TOR.

We further confirm that, if any of one or more of our experts is engaged to prepare Scope of Services/TOR for any resulting assignment as part of our work under the assignment to which this advertisement relates, our firm and any such expert(s) will be disqualified from short-listing and/or participation in such Scope of Services/TOR follow-on assignment.

## **Annex 01 - Project Details**

Indicate 5 projects that the firm/sub consultancy/joint venture experiences are relevant.

## Project 1 of \_\_\_

• Project Name				
Name of Client				
• Country	Project location within Coun			
Participation	☐ As lead firm			
_	☐ As associate firm			
• Value of Services	(US\$)			
• Source of Financing				
<ul> <li>Consultancy Services</li> </ul>	S			
(i) No. of staff				
(ii) No. of person months				
• Length of Consultance	cy Assi	ignment		
• Start Date				(dd/mm/yyyy)
<ul> <li>Completion Date</li> </ul>				(dd/mm/yyyy)
• Name of Associate F	irms (i	f any)		
<ul> <li>No. of Person-Months of Professional Staff Provided by Associated Firm(s)</li> </ul>				
• Name of Senior Servicions Performed	taff (I	Project D	irector/(	Coordinator, Team Leader) Involved and
<ul> <li>Detailed Description</li> </ul>	of the	Project		
<ul> <li>Detailed Description</li> </ul>	of the	Actual Se	rvices I	Provided by your Firm