### **Expression of Interest (EOI) Information format for Consulting Firms**

### 1. Project Data & Consulting Firm

Contract Name Preparation of a Corporate Plan and Business Plan for ICTA	
Contract Number: ICTA/GOSL/CON/OC/CQS/2016/02	
Name of Consulting Firm	

## 2. Eligibility

#### **Declaration**

We hereby declare that:

- (i) we have read the advertisement, and the Terms of Reference (TOR), for this assignment;
- (ii) we have not been engaged to prepare such 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 TOR.

We further confirm that, if any of one or more of our experts is engaged to prepare TOR for any resulting assignment as part of our work product 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 follow-on assignment.

Lead Firm	
Signed by:	
Position:	
Associate/Partner 1	
Signed by:	
Position:	
Associate/Partner 2	
Signed by:	
Position:	
Associate/Partner 3	
Signed by:	
Position :	

Management Competence (Please answer each question in one paragraph of 3-5 sentences)						
a. If you are proposing a association such as sub consultancy or a joint venture (J/V), outline the rationale for and benefits of the "association." Outline proposed management coordination of the "association," including the role of each firm.						
b. Does your firm/sub consultancy/joint-venture (J/V) have standard policies, procedures or practices in place that promote quality in: the workplace, your interaction with clients, and the outputs you produce? If yes, describe briefly.						
c. Does your firm/sub consultancy/joint venture have a dedicated unit or staff solely responsible for quality assurance? If yes, describe briefly.						
d. How will you ensure the quality of your firm's/sub consultancy's/join venture's performance over the life of this assignment?						
e. 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. Technical Qualifications including Experience

Based on the attached reference project sheets and the firm's performance, highlight the technical qualifications								
including experience of your firm/sub consultancy/joint venture (maximum of 4 pages). When the firm submitting the information special attention should be given to the following areas;								
1.	Technical Qualification of the firm:							
2.	Experience of the firm with projects of similar nature – related to Program Evaluation and ICT for development							
3.	Experience of the firm in the project country or in the region							
4.	. Experience with similar project authorities (ICTA and ICT for development related surveys):							
5.	5. Past experience with e Government related assignments							
6.	. Nature of the Firm (small/specialized/large)							
7.	. Core business of the firm							
8.	. financial and administrative strength							
9.	9. Firm's history-number of years in business							
10.	10. Degree of in-house quality control							
11.	1. Technical & managerial organization of the firm, staff strengths and capabilities & appropriate skills of firm's staff							
12	. Any other relevant information							

## **Project Sheets**

Indicate up to 3 reference projects that the firm/sub consultancy/joint venture experiences are relevant.

# Project 1 of \_\_\_

Project Name								
Name of Client								
• Country	Project location within Country							
Participation								
	☐ As associate firm							
Value of Services	(US\$)							
Source of Financing								
Consultancy Services								
(i) No. of staff								
(ii) No. of person months								
• Length of Consultancy A	Assignm	ent						
Start Date			(dd/mm/yyyy)					
Completion Date			(dd/mm/yyyy)					
Name of Associate Firm	s (if any	<sup>7</sup> )						
	•							
No. of Person-Months of	Profes	sional Staff Provided	by Associated Firm(s)					
Name of Senior Staff (Project Director/Coordinator, Team Leader) Involved and Functions Performed								
Detailed Description of t	he Proj	ect						
Datailed Description of the Actual Services Provided by your Firm								
Detailed Description of the Actual Services Provided by your Firm								