Expression of Interest (EOI) Information Form

1. Project/Assignment:

Contract Name: Capacity, Skills & Entrepreneurship Development Training Programme		
for Telecentre/Nenasala Operators		
Contract Number: ICTA/GOSL/CON/QCBS/2016/57		
2. Consultancy Organization/Firm		
Name of Consultancy Organization/Firm:		
Address:		
Contact details		
Telephone: Fax:		
Details of Executive Board, Chairman, Directors & CEO:		
Details of Executive Doard, Chan man, Directors & CEO.		
Certificate of Incorporation: Please attach		
Consultant Team and their Expertise		
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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:	· · · · · · · · · · · · · · · · · · ·	
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:		

4. Management Competence (Please respond to each and every question requirement indicated below)

4.1	If you are proposing an 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.	
4.2	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.	
4.3	Does your firm/sub consultancy/joint venture have training experience? Please mention	
4.4	How will you ensure the quality of your firm's/sub consultancy's/joint 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.	
4.7	Core business of the firm	
4.8	Financial and administrative strength for the last two years: (Audit Financial	

	statement ata)	
	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	
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4.11	Qualifications including Experience of	
	the firm with projects of similar nature	
	List 3 successfully completed	
	• •	
	assignments which are primarily	
	related to Capacity Building and Skills	
	development training (use Annex 01).	
	6 (m)	
	List 3 successfully completed	
	assignments which are primarily	
	• • •	
	related to entrepreneurship	
	development training (use Annex 01).	

We hereby declare that:

- (i) 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 Country			
Participation	□ As lead firm			
	□ As associate firm			
Value of Services	USD/LKR			
Source of Financing	Financing			
Consultancy Services				
(i) No. of staff				
(ii) No. of person months				
• Length of Consultancy				
Start Date	(dd/mm/yyyy)			
Completion Date	(dd/mm/yyyy)			
Name of Associate Firm	ns (if any)			
 No. of Person-Months of Professional Staff Provided by Associated Firm(s) Name of Senior Staff (Project Director/Coordinator, Team Leader) Involved and Functions Performed 				
Detailed Description of the Project				
Detailed Description of the Actual Services Provided by your Firm				