Expression of Interest (EOI) Information format for Consulting Firms

1. Project Data & Consulting Firm

Contract Name: Conducting a Verification Survey of Fixed Assets belonging to Nenasala, ICTA and its Subsidiaries					
Contract Number: ICTA/GOSL/CON/OC/LCS/2016/03					
Name of Consulting Firm :					

2. Eligibility

Declaration

We hereby declare that:

- (i) We have read the advertisement and the Terms of Reference (TOR) of this assignment;
- (ii) We have not been engaged to prepare such TOR as a firm, subconsultancy, or joint venture; and
- (iii) No full-time or part-time or contracted expert employed by our firm, subconsultancy, 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)						
Г	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.						
L	b. Does your firm/subconsultancy/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

including experience of your team/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/core competencies:							
2.	Experience with respect to carrying out Fixed Asset Verification Surveys:							
3.	, , , , , , , , , , , , , , , , , , , ,							
	organizations- local or international):							
4.	Past experience with audit /Survey in relation to ICT related projects/assignments:							
5.	Experience related to the other project involvements:							
6.	Nature of the Firm (Consultancy, Audit, Finance):							
7.	Core business/working areas of the firm:							
8.	Financial and administrative strength:							
9.	Firm's history-number of years in business:							
10.	Degree of in-house quality control:							
11.	Technical & managerial organization of the firm, staff strengths and capabilities & appropriate skills of firm's staff:							
12.	Any other relevant information:							

Based on the attached reference project sheets and the firm's performance, highlight the technical qualifications

Use separate project sheets and indicate up to 6 reference projects/assignments that the firm/sub-consultancy/joint venture experiences are relevant.

Project 1 of ___

Project Name								
Name of Client								
• Country			ject location within Country	r				
 Participation 		As lead firm						
		As associate firm						
Value of Services			JS\$)					
Source of Financing								
 Consultancy Services 								
(i) No. of staff								
(ii) No. of person months								
• Length of Consultancy Assignment	ent							
Start Date			(dd/mm/yyyy)					
Completion Date		(dd/mm/yyyy)						
 Name of Associate Firms (if any)							
No. of Person-Months of Profes	sional S	Staff Provided by	Associated Firm(s)					
Name of Senior Staff (Project Di		-		ctions P	erformed			
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Detailed Description of the Proj	ect							
Detailed Description of the Actual Comises Provided by your Firm								
Detailed Description of the Actual Services Provided by your Firm								