

Expression of Interest (EOI) Information format for Consulting Firms

1. Project Data & Consulting Firm

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| Contract Name: Conducting of an Operational Study for ICTA |
| Contract Number: ICTA/GOSL/CON/OC/CQS/2017/01 |
| 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.

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

3. 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/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

Based on the attached reference project sheets and the firm's performance, highlight the technical qualifications 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; (Provide information separately for the below area with reference to the project(s)).

1. Technical Qualification/core competencies:
2. Experience with respect to carrying out similar studies:
3. Experience of carrying out similar ICT related operational surveys (for ICTA or for other organizations— local or international):
4. Past experience with audit /Survey in relation to ICT related projects/assignments:
5. Experience in carrying out salary surveys for ICT industry:
6. Experience related to the other project involvements:
7. Nature of the Firm (Consultancy, Audit, Finance):
8. Core business/working areas of the firm:
9. Financial and administrative strength:
10. Firm's history-number of years in business:
11. Technical & managerial organization of the firm, staff strengths and capabilities & appropriate skills of firm's staff:
12. Any other relevant information:

Project Sheets

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 | | Project location within Country | |
| • Participation | <input type="checkbox"/> | As lead firm | |
| | <input type="checkbox"/> | As associate firm | |
| • Value of Services | | (US\$) | |
| • Source of Financing | | | |
| • Consultancy Services | | | |
| (i) No. of staff | | | |
| (ii) No. of person months | | | |
| • Length of Consultancy Assignment | | | |
| • Start Date (dd/mm/yyyy) | | | |
| • Completion Date (dd/mm/yyyy) | | | |
| • Name of Associate Firms (if any) | | | |
| (i) | | | |
| (ii) | | | |
| • 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 | | | |
| | | | |
| • Current status of the project | | | |
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