Expression of Interest (EOI) Information format for Consulting Firms

1. Project Data & Consulting Firm

Contract Name: Procuring a consultancy firm to identify and shortlist most viable eServices and mobile applications for government organizations				
Contract Number: ICTA-GOSL-CON-CQS-2017-03				
Name of Consulting Firm:				

2. Eligibility

Declaration

We hereby declare that:

- (i) we have read the advertisement, including 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 ensuing 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:	

3. Management Competence

- 3.1 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.
- 3.2 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.
- 3.3 Does your firm/sub consultancy/joint venture have a dedicated unit or staff solely responsible for business research, analysis and reporting work? If yes, describe briefly.
- 3.4 How will you ensure the quality of your firm's/sub consultancy's/join venture's performance over the life of this assignment?
- 3.5 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?
- 3.6 Provide adequate details for the following. Information about all the referred projects (if any) should be based on the "Project Sheet" given under Annex 1.
 - 3.6.1 Experience of the firm in the project country or in the region
 - 3.6.2 Past experience with GOSL and private sector projects of similar nature
 - 3.6.3 Core business of the firm
 - 3.6.4 Firm's history-number of years in business
 - 3.6.5 Technical & managerial organization of the firm, staff strengths and capabilities & appropriate skills of firm staff

4. Technical Qualifications including Experience

Information about all the referred projects should be based on the "Project Sheet" given in Annex 1.

- 4.1 Please provide details explaining similar past project experiences related to Research, Business analysis, Effective workshop planning, Workshop conducting and Study reporting.
- 4.2 Provide following additional information in relation with the project(s) referred in the above answer (4.1)
 - 4.2.1 Describe how you plan, prioritize and meet the project objectives
 - 4.2.2 Elaborate how you assigned staff and relevant resources to ensure the maximum outcome throughout the assignment
 - 4.2.3 Elaborate how you effectively utilized the survey tools in meeting the expectations within the referred projects.
 - 4.2.4 Elaborate your business analysis experience specific to the assignment and the key risks that you have managed

Annex 1

PROJECT SHEET

Indicate up to 6 reference projects that the firm/sub consultancy/joint venture experiences are relevant.

Project 1 of ___

Project Name						
• Name of Client						
• Country		Pro	ject location within Country			
 Participation 		As lead firm				
	☐ As associate firm					
• Value of Services		J)	JS\$)			
• Source of Financing						
 Consultancy Services 	S					
(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 F	irms (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						
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