

EOI INFORMATION FORM

Data Classification in the Local Government Domain

ICTA/GOSL/CON/CQS/2017/20

(This form should be completed and appropriate responses should be provided by all respondents to the Request for Expression of Interest. In the event the response to the Request for Expression of Interest is from a Joint venture between multiple firms, the lead partner that represents the Joint venture shall complete this Information Form)

- 1. Select appropriate response (please select one of the following)
 - a. EOI as single party *(Yes/No)*
 - b. Name of the Lead firm
 - c. EOI as Joint venture *(Yes/No)* - *If 'Yes' list the Joint venture partners as indicated below*

Joint Venture Name	Parties involved and their Responsibilities

- 2. Number of years in business (Please select one of the following). If Joint venture, please indicate number of years in business of each partner (attach business registration certificate)
 - i. Less than 5 years
 - ii. 5 to 10 years
 - iii. More than 10 years

- 3. Provide brief description on the following. If Joint venture, please indicate requested details of each partner.
 - i. The core business of the firm
 - ii. Financial and administrative strength /standing of the firm
 - iii. Staff strength (Number of staff)
 - iv. Qualification of the firm in the field of the assignment
 - a. Including information/service classifications
 - b. Developing interoperability standards
 - v. Experience in working with the Local Government sector
 - vi. General qualifications of key staff of the firm (educational/professional/relevant experience/any other)

vii. Experience in working with government IT projects.

4. Brief explanation of the organization's experience in similar areas of work (Maximum 250 words)

Project Sheets

Indicate up to 10 reference projects that the firm 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		LKR	
• 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)			
• 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			