

*EoI Information Sheet:*

**Hiring a Consultant firm to assist the ICTA M&E unit to carry out field based Monitoring and evaluation activities**

**Assignment No: ICTA/ GOSL/CON/QCBS/2021/03**

**Expression of Interest (EOI) Information format for Consulting Firms**

**1. Project Data & Consulting Firm**

<b>Contract Name:</b>	<b>Hiring a Consultant firm for Providing Consulting Services on Implementing Field based Monitoring and Evaluation Activities</b>
<b>Contract Number:</b>	<b>ICTA/ GOSL/CON/QCBS/2021/03</b>
<b>Name of Consulting Firm/s:</b>	

**2. Eligibility**

**Declaration**

We hereby declare that:

- i. We have read the advertisement, and 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 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:	

3. **Management Competence** (Please answer each question in one paragraph of 3-5 sentence)

- a) 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.

- b) 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.

- 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 sheet and the firm's performance highlight the technical qualifications including experience of your 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 Qualifications of the firm:
2. Experience of the firm with similar assignment
3. Experience of the firm in the project country or in the region
4. Experience with similar project authorities
5. Past experience in providing project monitoring support
6. Nature of the Firm (small/specialized/large)
7. Core business 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

## Project Sheets

Indicate up to 5 reference projects that the firm/sub consultancy/joint venture experiences are relevant.

Project 1 of \_\_\_\_

• Project Name			
• Name of the Client			
• Country		Project location within Country	
• Participation	<ul style="list-style-type: none"> <li>• As lead firm</li> <li>• As associate firm</li> </ul>		
• 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)			
• 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			

