

Expression of Interest (EOI) Information form

1. Project/Assignment:

Contract Name: National IT-BPM Workforce Survey 2021

Contract Number: ICTA/GOSL/CON/QCBS/2021/05
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2. Consultancy Organization/Firm

Name of Consultancy Organization/Firm:
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Address:

Contact details

Telephone: Fax: Email:
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Details of Executive Board, Chairman, Directors & CEO:

Certificate of Incorporation: Please attach
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Consultant Team and their Expertise
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3. If intends to express interest as a joint venture, provide the following details: Attach a letters of consent in engaging this assignment from each joint parties to Lead partner

Lead Firm	
Name of Lead Firm:	.....
Address:	..... .....
Contact details:	Telephone: Fax:..... email:

Details of Executive Board, Chairman, Directors & CEO:	..... .....
Consultant Team and their Expertise:	..... .....
Certificate of Incorporation	Please attach
Associate Partner 1	
Name of Firm:	.....
Contact details:	Telephone: Fax:..... email:
Details of Executive Board, Chairman, Directors & CEO:	..... .....
Consultant Team and their Expertise:	..... .....
Certificate of Incorporation	Please attach
Associate/Partner 2	
Name of Firm:	.....
Contact details:	Telephone: Fax:..... email:
Details of Executive Board, Chairman, Directors & CEO:	..... .....
Consultant Team and their Expertise:	..... .....
Certificate of Incorporation	Please attach

4. Management Competence (Please respond to each and every question requirement indicated below)

4.1	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.	
4.2	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.	
4.3	Does your firm/sub consultancy/joint venture have a dedicated unit or staff solely responsible for quality assurance? If yes, describe briefly.	
4.4	How will you ensure the quality of your firm’s/sub consultancy’s/joint venture’s performance over the life of this assignment?	
4.5	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?	
4.6	Past experience with projects funded by Government of Sri Lanka or any other Agency (please also provide information in Annex 1 - project details)	
4.7	Core business of the firm	
4.8	Financial and administrative strength for the last two years: (Audit Financial statement)	
4.9	Firm’s history-number of years in	

	business	
4.10	Technical & managerial organization of the firm, staff strengths and capabilities & appropriate skills of firm's staff	
4.11	<u>Technical Qualifications including Experience of the firm with projects of similar nature</u> List 03 successfully completed assignments which are primarily related to IT for Development/or Social Empowerment through technology (use Annex 01).	

We hereby declare that:

- we have read the Request for EOI advertisement, and the brief – Terms of Reference (TOR), for this assignment;
- (ii) we have not been engaged to prepare such Scope of Services/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 Scope of Services/ 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 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 TOR follow-on assignment.

Name & Signature of the Authorized person
Company seal

Annex 01 - Project Details

Indicate 3 projects that the firm/sub consultancy/joint venture experiences are relevant.

Project 1 of __

• Project Name			
• Name of Client			
• Country		Project location within Coun	
• 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 Key Staff (Eg. Project Director/Coordinator, Team Leader) Involved and Functions Performed			
• Detailed Description of the Project			
• Detailed Description of the Actual Services Provided by your Firm			