

Prescribed Format for Submission of Expression of Interest (EOI)

(In Case of Joint Venture, Same Form to be completed by each member of JV)

Assignment Title: Request for Expressions of Interest for Selection of a Consulting Firm for Community Mobilization and Capacity Development on WASH
Reference No. : EMCRP/AF/SD-22

1. Letter of Submission [Addressing the Project Director, *In case of Joint Venture the Lead Firm can only submit this letter*]

2. Age of the Firm :
(Year of Establishment, as per Registration Certificate)
(Necessary Attachments: Company/Firm's Registration Certificate)

3. Legal Establishment of the Firm

- a) TIN No. :**
b) VAT Registration No. :
c) Trade License No. :
(Necessary Attachments: TIN Certificate, VAT Certificate, Valid Trade License)

4. Firm/Company Background (General Information)

(Necessary Attachments: Brochure etc.)

5. Financial Capacity of the Firm (Turnover of last 5 years)

- a) 2019-20 :**
b) 2018-19 :
c) 2017-18 :
d) 2016-17 :
e) 2015-16 :

(Necessary Attachments: Payment Received Certificates/Audit Report)

6. Experience of the Firm in Similar Tasks/Assignments in Last 10 Years

(Example of Past Experience of Similar Nature and/or Complexity including Cost and Duration of the Assignment)

Total No. of Similar Nature Assignment done by the Firm :

Project Name	Title/Description of Service	Type of Service	Name and Address of the Client	Service Duration (Start & End Dates)	Value of Service			Man-Month Input	
					Total Value	No. of Partners (if Any)	Value of Service Provided by the Firm	Firm's Input	Partners' Input

(Necessary Attachments: Details Description of Mentioned Similar Nature Assignment done by the Firm Separately)

7. Experience of the Firm in Other Tasks/Assignments in Last ten Years

(Example of Past Experience of any Other Tasks/Assignments including Cost And Duration of the Assignment)

Total No. of Other Tasks/Assignments done by the Firm :

Project Name	Title/Description of Service	Type of Service	Name and Address of the Client	Service Duration (Start & End Dates)	Value of Service			Man-Month Input	
					Total Value	No. of Partners (if Any)	Value of Service Provided by the Firm	Firm's Input	Partners' Input

(Necessary Attachments: Details Description of Mentioned Assignment done by the Firm Separately)

8. Availability of Key Professionals to Carry out the

Assignment Total number of Key Professionals :

SN	Name of Key Professionals	Position held in the Firm	Educational Qualification	Total Years of Experience	Years of Experience in Relevant Field	No. of Years as Firm's Employee

(CV of the Key Professionals need not be submitted)

9. Organizational Capacity of the Firm

- a) Office Space (Area, Floor No. etc.) :**
- b) No. of Support Staffs (Excluding Key Professionals) :**
- c) Description of Important Office Equipment :**