Expression of Interest (EOI) Information form

1.	Project/A	Assignment:
	ojee.	

Contract Name: Mobile Application Development Training Program for 100		
Telecentre/Nenasala Operators Contract Number: ICTA/GOSL/CON/QCBS/2016/58		
2. Consultancy Organi	zation/Firm	
Name of Consultancy	Organization/Firm:	
Address:		
Contact details		
Telephone:	Fax: Email:	
Details of Executive E	Board, Chairman, Directors & CEO:	
Certificate of Incorpo	oration: Please attach	
Consultant Team and	their Expertise	
3. If intends to express	s interest as a joint venture, provide the following details:	
	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:	

	ficate of poration	Please attach	
Associate/Partner 3			
Name	e of Firm:		
Conta	act details:	Telephone:	Fax: email:
Board	ls of Executive d, Chairman, tors & CEO:		
Consultant Team and their Expertise:			
	Certificate of Incorporation Please attach		
	nagement Comed below)	petence (Please respond	d to each and every question requirement
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	venture (J/V) procedures or promote qualit interaction w	n/sub consultancy/joint- have standard policies, practices in place that y in the workplace, your ith clients, and the roduce? If yes, describe	

briefly.

Please mention

4.3

Does your firm/sub consultancy/joint venture have training experience.

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 etc)	
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	Qualifications including Experience of the firm with projects of similar nature	
	List 3 successfully completed assignments which are primarily related in mobile application development training within the past 3 years (use Annex 01).	

We hereby declare that:

- we have read the Request for EOI advertisement, and the brief Scope of Services/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 Scope of Services/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 Scope of Services/TOR follow-on assignment.

Annex 01 - Project Details

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

Project 1 of __

•	Project Name				
•	Name of Client				
•	Country			et location within Country	
•	Participation	☐ As lead f			
		☐ As assoc			
•	Value of Services		(Rs	/ US\$)	
•	Source of Financing				
•	Consultancy Services				
()	lo. of staff				
(ii) N	lo. of person months				
•	Length of Consultancy	Assignment			
•	Start Date			(dd/mm/yyyy)	
•	Completion Date			(dd/mm/yyyy)	
•	Name of Associate Firm	ms (if any)			
• Func				Provided by Associated Firm /Coordinator, Team Lead	
•	Detailed Description of	f the Project			
•	Detailed Description of	f the Actual So	ervices	Provided by your Firm	
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