**Expression of Interest (EOI) Consulting Firms**

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| --- | --- |
| **Project Loan Number:** | **L0081A** |
| **Project Name:** | **Support to Colombo Urban Regeneration Project** |
| **Assignment Title:** | **Social Economic Base Line Survey including all the post RAPs preparation** |
| **Project Country:** | **Sri Lanka** |

1. Consulting Firm Information

|  |  |
| --- | --- |
| Date |  |
| Consultant Name |  |
| EOI Submission Authorized by |  |
| Country of Incorporation |  |
| Acronym |  |
| Position |  |

Associations (Joint Venture or Sub-consultancy)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Consultant | Acronym | Country of  Incorporation | Joint Venture  (JV) or Sub- consultant | EOI  Submission  Authorized By | Position |
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1. The lead consultant must submit a copy of the Certificate of Incorporation of itself and of each JV member and sub-consultant through VII. EOI Attachments.
2. Eligibility of Firms

* Nationality of Firm (International or Local)
* Any local firm (Entity or each Member of JV) will provide registration with Income Tax Authority and has to be on active Tax Payers List – Provide National Tax Number (NTN).

1. Assignment Specific Qualifications and Experience

Please provide relevant project information in Section E below.

1. Technical Competence

Cross-referencing from your profile projects in Section E. Project References, highlight the technical qualifications of your entity/consortium in undertaking similar types of assignments. Provide details of past experiences for similar assignments described in “Assignment Description” (Maximum 10 projects, and minimum **3** RAP preparation and Survey types of assignments, maximum of 01 page each).

1. Management Competence (Please answer each question in one paragraph of 3-5 sentences)
2. Describe standard policies, procedures, and practices that your entity has to assure quality assurance processes. Please state if your company has ISO certification or any other recognized quality assurance certifications.

2. How will your firm/consortium handle complaints concerning the performance of experts or quality of the reports submitted for this assignment? What internal controls are in place to address and resolve complaints?

3. How will you ensure the quality of your firm’s/consortium’s performance over the life of this assignment?

4. Describe standard policies, procedures and practices that your firm has put in place to avoid changes/replacements of personnel and to ensure the continuity of professional services once contracted.

5. Describe what social protection practices you have in place to safeguard the well-being of your proposed experts? Specifically describe arrangements you have in place for medical, accident, and life insurance coverage during the assignment.

1. Other Information (maximum of 500 words)
2. Project References

Indicate the most relevant assignments completed in last 8 years to demonstrate the firm’s technical qualifications and geographical experience (maximum 10 projects), and minimum **3** RAP preparation and Survey types of assignments similar to that described in “Project Description”, where total cost not less than **LKR** **50 million**.

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| SN | Project | Period | Client | Country | Firm |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
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| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
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| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |

Project Summary

**Project ……. of 10**

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| --- | --- | --- | --- | --- |
| ● Project Name |  | | | |
| ● Name of Client |  | | | |
| ● Project Location Country |  | | | |
| ● Participation |  | As lead firm  As associate firm | | |
| ● Cost of the Project |  | | LKR | |
| ● 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) |
| ● Scheduled date of Completion |  | | | (dd/mm/yyyy) |
| ● Actual Date of Completion |  | | | (dd/mm/yyyy) |
| ● Continuous / Intermittent |  | | |  |
| • 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 Narrative Description of the Project with total cost | | | | |
|  | | | | |
| • Detailed Description of the Actual Services Provided by your Firm | | | | |
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1. Comments on Scope of Services
2. EOI Attachments

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| --- | --- |
| SN | Description |
| 1 | Certificate of Incorporation of the lead member |
| 2 | Certificate of Incorporation of the JV member (for each member) |
| 3 | Certificate of Incorporation of the Sub-Consultant (for each sub-consultant) |
| 4 | Letter of Association |
| 5 | Copy of National Tax Number (for local firm) |
| 6 | JV Agreement/ Letter of intent to form a JV |
| 7 | Audited financial Statements for last 3 years |
| 8 | Any other documents required by the REOI |

VII. Eligibility Declaration2

We, the undersigned, certify to the best of our knowledge and belief:

We have read the advertisement, including the scope of services, for this assignment.

Neither the consulting firm nor its JV member or sub-consultant or any of its experts prepared the TORs and preliminary documents for this activity.

We confirm that the project references submitted as part of this EOI accurately reflect the experience of the specified firm/consortium.

We further confirm that, if any of our experts is engaged to prepare the TOR for any ensuing assignment resulting from our work product under this assignment, our firm, JV member or sub-consultant, and the expert(s) will be disqualified from short-listing and participation in the assignment.

All consulting entities and experts proposed in this EOI are eligible to participate in AIIB-funded, supported and administered activities.

The lead entity and JV member or sub-consultant are NOT currently sanctioned by AIIB or other MDBs. Neither the consulting firm nor the JV member or sub- consultant has ever been convicted of an integrity-related offense or crime related to theft, corruption, fraud, collusion or coercion.

We understand that it is our obligation to notify AIIB should any member of the consortium become ineligible to work with AIIB or other MDBs or be convicted of an integrity-related offense or crime as described above.

JV member or sub-consultant, including all proposed experts named in this EOI, confirmed their interest in this activity in writing.

JV member or sub-consultant, including all proposed experts named in this EOI, authorized us in writing to represent them in expressing interest in this activity.

None of the proposed consortiums are subsidiaries of and/or dependent on the Executing Agency or the Implementing Agency or individuals related to them.

We understand that any misrepresentations that knowingly or recklessly mislead or attempt to mislead may lead to the automatic rejection of the proposal or cancellation of the contract, if awarded, and may result in further remedial action, in accordance with AIIB’s Prohibited Practice.

All pages of the EOI have been signed by the Authorized Person, Authorization Letter giving name, CNIC number/ Passport number, designation, date and specimen signatures have been attached.

*Note: Eligibility refers to AIIB’s Procurement Policy, Clause 5.8 and 7.0 on Prohibited Practice and Integrity.*