

**Prescribed Format for Submission of Expression of Interest (EOI)**

**(In case of Joint Venture, this Form to be completed by each partner of the JV)**

<b>Package No.</b>	<b>:</b>	<b>SD-37</b>
<b>Title of Service</b>	<b>:</b>	<b>Consulting Services for Valuation of Ecosystem Services (Wealth Accounting) and Assessment of Payment for Ecosystem Services</b>

**1. Letter of Submission [Addressing Project Director, SUFAL Project, BFD]**

**2. Firm's legal title:**

**3. Firm's registered and Head Office address:**

**4. Firm's year of registration (years in business):**

(Year of Establishment/Years in business as per Trade License/Registration Certificate etc.)

**(Necessary Attachments: Copy of Company/Firm's Trade License, Registration Certificate etc.)**

**5. Firm/Company Background (General Information including Core Business)**

**(Necessary Attachments: Brochure, Annual Report etc.)**

**6. Experience of the Firm in similar assignment successfully completed within 10 years**

(List only those assignments for which the Firm was legally contracted by the Client/Procuring Entity as a firm or as one of the partners of joint venture.)

Name of the Assignment	Brief Description of the Assignment (main deliverables/Outputs)	Role in the Assignment (Single Entity/Lead partner in a JV/JV partner)	Name and address of the client. Contact information for references.	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 the assignment supported by copy of Project Data Sheet (PDS), Contract Agreement etc.)**

**7. List of Professional/Managerial staff of the Firm: (List Full time and Part time staff separately)**

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

**8. Organizational & Financial Capability and capacity of the Firm:**

**(i) Organizational Capacity, equipment and logistics of the Firm**

**a) Office Space (Area, Floor No. etc.):**

**b) No. of Support Staffs:**

**c) Description of Important Office Equipment and other logistics:**

**(ii) Financial capability of the firm (Turnover of last 3 years)**

**a) 2019-20 (Up to present) :**

**b) 2018-19 :**

**c) 2017-18 :**



