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

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

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| --- | --- | --- |
| **Package No.** | **:** | **SD-56A** |
| **Title of Service** | **:** | **Selection of NGO for Collaborative Forest Management Group formation, data entry, training etc. (Hill Chattrogram North & South)** |
| 1. **Letter of Submission [Addressing Project Director, SUFAL Project, BFD]**
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| 1. **General Experience of the NGO/Firm**

(Year of Establishment, as per Registration Certificate)**(Necessary Attachments: Company/NGO/Firm’s Registration Certificate)** | **:** |  |
| 1. **Experience in working location mentioned in ToR**
 | : |  |
| **(Necessary Attachments: Details Description of Assignment done by the NGO/Firm in working location)** |
| 1. **Firm/Company Background (General Information)**

**(Necessary Attachments: Brochure etc.)** |
| 1. **Financial Capacity of the Firm (Turnover of last 3 years)**
 |  |  |
| 1. **2018-19 (Up to Present)**
 | **:** |  |
| 1. **2017-18**
 | **:** |  |
| 1. **2016-17**
 | **:** |  |
| **(Necessary Attachments: Payment Received Certificates/Audit Report)** |
| 1. **Experience of the NGO/Firm in Similar Tasks/Assignments in Last Ten Years**

(Example of Past Experience of Required Nature and/or Complexity including Cost and Duration of the Assignment) |
| **Total No. of Similar Nature Assignment done by the Firm** | **:** |  |
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| --- | --- | --- | --- | --- | --- | --- |
| **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** |
|  |  |  |  |  |  |  |  |  |  |
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**(Necessary Attachments: Details Description of Mentioned Similar Nature Assignment done by the NGO/Firm Separately)** |
| 1. **List of Managerial Professionals of the NGO/firm :**
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| --- | --- | --- | --- | --- | --- |
| **SN** | **Name of Professionals** | **Position held in the Firm** | **Educational Qualification** | **Total Years of Experience** | **No. of Years as Firm’s Employee** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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| 1. **Organizational Capacity and logistics of the Firm**
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| 1. **Office Space (Area, Floor No. etc.)**
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| 1. **No. of Support Staffs**
 |
| 1. **Description of Important Office Equipment**
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