**GOVERNMENT OF ETHIOPIA**

**MINISTRY OF AGRICULTURE**

**PARTICIPATORY SMALL SCALE IIRRIGATION DEVELOPMENT Program**

**Format for Expression of Interest (EoI)**

**Component applied for**

**Item Code in Call for EoIs.**

Please enter the information requested in the spaces provided. Eligible applicants include consulting firms, having relevant experience for the proposed services. Applying entities may form a JV to enhance their experience and qualification.

**Required Information on Eligibility**

|  |  |  |  |
| --- | --- | --- | --- |
| S.N. | Required information on | Status (yes/no) | Where/ When/What |
| 1 | Renewed Registration/ Affiliation of the organization |  |  |
| 2 | Tax Clearance |  |  |
| 3 | Must be registered in Value Added Tax (VAT) Office Registration. |  |  |
| 4 | Declaration that the firm is not black-listed and  convicted related with the business |  |  |
| 5 | Declaration that the firm has no any conflict of interest |  |  |
| 6 | Joint Venture Agreement in case of applying in joint venture |  |  |

**Please attach the required documents to support the evidence.**

1. **APPLICANT DETAILS 1a. Name and Associations**

|  |  |  |
| --- | --- | --- |
| **Name(s) of Applying entities** | | **Vat and PAN Numbers** |
| **Lead Firm** |  |  |
| **J/V Partner, if any** |  |  |

**1b. CONTACT PERSON (for this application)**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |

|  |  |
| --- | --- |
| **Telephone** |  |
| **Fax** |  |
| **e-mail** |  |

**1c. REGISTERED ADDRESS FOR ORGANIZATIONS**

|  |  |
| --- | --- |
| **Lead Firm** |  |
| **J/V Partner, if any** |  |

**1d. YEARS IN BUSINESS AND NATIONALITY FOR ORGANIZATIONS**

How many years has your Company been in business or been providing this type of service?

|  |  |  |
| --- | --- | --- |
|  | **Year of Registration** | **Country of Registration** |
| **Lead Firm\*** |  |  |
| **J/V Partner, if any** |  |  |

Please supply copies of Incorporation Documents with registration and renewal

1. **FINANCIAL DATA FOR ORGANIZATIONS TOTAL TURNOVER**
   1. Annual turnover with audited balance sheet/ financial statement for past 3 years

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Firm | Fiscal year | | | Annual Turn Over (in Birr.) |
|  |  |  |  |  |
| **Lead Firm** |  |  |  |  |
| **J/V Partner, if any** |  |  |  |  |

1. **EXPERIENCE OF ORGANIZATIONS General Experience of the consulting services**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No.** | **Name of the project/Consulting services** | **Name of the client** | **Contract Amount** | **Year of**  **Completion** |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Specific Experience related with the proposed consulting services:** (If any of all please mention)

**-** Specific Experience of the Consulting firm related to the project assignment if any

- General Experience of consulting firm if any

(Please provided the information as per attached Project Sheet for all relevant experience as per ToR- Appendix-1)

1. **HUMAN RESOURCES AND PERSONNEL**

a) Provide Office Organization chart of the firm and list out the name of resource personnel and supporting staff with their present employment status (In-house staff of the firm or external resource person) as indicated below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of staff** | **Areas of expertise** | **Academic Qualification** | **Experience in relevant field** | **In house / resource professional** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

\* *if this application is being submitted by a joint venture or consortium, the data in the table above must be the sum of the staff from all members of the consortia..*

**Appendix 1**

**Project Sheets**

Indicate up to 10 reference projects from the past 5 years that the firm/association/joint venture feels are relevant.

**Project 1 of**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | * Project Name |  | | | | | | | |
|  | * Name of Client |  | | | | | | | |
|  | * Country |  | | | Project location within Country | | |  | |
|  | * Participation |    | As lead firm  As associate firm | | | | | | |
|  | * Value of Services |  | | | | ($) | | | |
|  | * Source of Financing |  | | | | | | | |
|  | * Consultancy Services | | | | | | | | |
|  | (i) No. of key professional staff | | |  | | | | | |
|  | (ii) No. of person months | | |  | | | | | |
|  | * Length of Consultancy Assignment | | | | | | | | |
|  | * Start Date | | |  | | | (dd/mm/yyyy) | | |
|  | * Completion Date | | |  | | | (dd/mm/yyyy) | | |
|  | * 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 | | | | | | | | |
|  |  | | | | | | | | |
|  | * Detailed Description of the Actual Services Provided by your Firm | | | | | | | | |
|  |  | | | | | | | | |
| ***Note:***   1. ***All above mentioned competencies will be evaluated on the basis of weight age to lead firm and associates if the EOI is submitted in joint venture (JV) or association( The weightage for Lead Firm is 70% and JV is 30%)*** 2. ***Attachments of the reliable supporting documents like certificates, experiences of the firms and testimonials are most important for every***   ***Competence and shall be the basis for the evaluation.*** | | | | | | | | |  |