

EXPRESSION OF INTEREST (CONSULTING SERVICES – <u>FIRMS SELECTION</u>)

Assignment Title:

Procurement Reference No.:

1. SUBMITTED by (i.e. the identity of the candidate)

| | Name(s) of legal entity or entities making this application | Nationality ¹ |
|---------------------|---|--------------------------|
| Leader ² | | |
| Member ³ | | |
| Etc | | |

2. DESCRIPTION OF THE LEAD APPLICANT and JOINT VENTURE PARTNERS⁴

| Name of the | |
|---------------|--|
| Organization: | |
| Address: | |
| Contact No. : | |
| Email ID: | |

¹ Country in which the legal entity is registered.

² Add / delete additional lines for consortium members as appropriate. Any change in the identity of the leader and/or any consortium members between the deadline for receipt of applications indicated in the Request for Expressions of Interest and the award of the contract is not permitted without the prior written consent of the Planning Institute of Jamaica.

³ State whether Joint Venture (JV) Partner or Sub-Consultant. NB. JV Partners are jointly and severally liable for eventual contractual obligations.

⁴ Complete a separate table for each Joint Venture Partner

| Website | | |
|----------------------------|-------------------------------|---------------------------------------|
| Main Areas of Business: | | |
| No. of Employees: | PERMANENT: | OTHER: |
| | | |
| No. of Employees in fields | PERMANENT: | OTHER: |
| relevant to the | | |
| assignment: | (please indicate relevant fie | lds e.g. engineer, statistician etc.) |
| Head of the Organization: | | |
| Name: | | |
| Contact No: | | |
| Email ID: | | |
| Branch Offices/ | | |
| Headquarters and their | | |
| Address (Please list): | | |

3. CONTACT PERSON (for this application)

| Name: | |
|---------------|--|
| Organisation: | |
| Address: | |
| Telephone #: | |
| E-mail: | |

4. EXPERIENCE

Provide information on each project/service, including similar or comparable services for which your firm or each associate (in the case of a JV), was legally contracted either individually as a corporate entity or as one of the major companies within an association, for providing services to demonstrate experience for each of the shortlisting criteria. **NB. Sub-consultant experience should not be included.**

| Criterion to be Assessed: | | | | |
|--|-----------------------|---------------------|----------------------------------|--|
| 1. Name of Firm (Joint Venture Po | artner or Associate) | : | | |
| 2. Name of Project: | | | | |
| 3. Country: | | 4. | Value of Projec | t (US\$): |
| | | 5. | Value of Service Firm (US\$): | Undertaken by |
| 6. Name of Employer/Client: | | 7. | Contact Name: | |
| 8. Address of Employer/Client: | | 9. | Tel No.: | |
| | | 10. | Email: | |
| 11. Nature of services/works and s | pecial features relev | vant | to the Project: | |
| 12. Description of services underta | ken by your firm ir | n thi | is Project: | |
| 13. Duration of Project (Months): | 14. Dates (month & | k ye _ to | | 15. Input time by Firm (man- months): |

5. STUDIES CONDUCTED FOR SKILLS GAP ASSESSMENT OR PROJECT (S) OF SIMILAR NATURE

| No. | Name of the studies along with details (Work order and completion copy to be attached | Organization | Year | Value of Project |
|-----|---|--------------|------|---------------------|
| | | | | |
| | | | | |
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6. QUALIFICATION OF STAFF AND TECHNICAL SUPPORT TEAM

| No. | Name of Staff/Expert/Technical Support | Higher Education qualification (specify the degree and attach as supporting document) | Exam Board/University/Institution |
|-----|--|--|--------------------------------------|
| | | | |
| | | | |
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| | | | |
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7. EVALUATION OF BIDS

| Evaluation Criteria | Maximum Marks | Criteria | Documentation/evidence to be submitted |
|--|------------------|---|--|
| Technical Capabilit | ies of Bidder | | |
| | | | |
| Demonstrable, relevant experience with undertaking research, particularly skills gap assessment. | 30 | Evidenced by the successful completion of at least three (3) projects of a similar nature | Copy of Work Order/Work Completion certificate of the project from the client depicting the scope of work, contract period and project value or other suitable documents. |
| Demonstrable experience in conducting analysis for the design/development of MIS, or database management | 20 | Evidenced by the successful completion of at least three (3) projects of a similar nature | Copy of Work Order/Work Completion certificate of the project from the client depicting the scope of work, contract period and project value or other suitable documents. |
| Knowledge of team/ | Manpower | | |
| Demonstrable expert team and resources | 20 | Competent and experienced to undertake skills gap assessment, with full time employees including technical experts, researchers, MIS and support staff. | CV's of the core team member along with expertise and years of experience with list of studies conducted. |
| Approach and Meth | odology | | 1 |
| | | | |

| Outline clear, suggested approach to undertake research to include proposed plan, research methodology, sectors (core and emerging), | 30 | Sample selection, sample size, proposal for conducting assessment, data management capability and proposed value additions and outline any limitations to study. | Approach document/presentation/proposal submitted |
|--|----|---|---|
|--|----|---|---|

8. ANY OTHER INFORMATION

9. SIGNATURE (s)

| Name: | |
|------------|--|
| Signature: | |
| Title: | |
| Date: | |

| Name: | |
|------------|--|
| Signature: | |
| Titla: | |
| Date: | |