**JAMAICA SOCIAL INVESTMENT FUND**

**ISO 14001:2015 CERTIFIED**

**“INVESTING FOR COMMUNITY DEVELOPMENT”**

# Expression of Interest (EOI) Submission- Standard Forms

**FOR**

**REQUEST FOR EXPRESSIONS OF INTEREST**

**BNTF 9 SCHOOL REHABILITATION PROJECTS**

**[INSERT THE NAME OF EACH RESPECTIVE PROJECT/ASSIGNMENT TENDERING ON]**

**[NB:** Separate Expressions of Interest Standard Submission Forms should be submitted for each school.]

1. **TEMPLATE OF EOI Submission Letter**

Location:………………………….

Date: ....................................

To:

The Manager Director

Jamaica Social Investment Fund

1C-1F Pawsey Road,

Kingston 5

Ladies/Gentlemen:

We, the undersigned, offer to provide the consulting services for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in accordance with your Expression of Interest (EOI) notice dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and our EOI. We are hereby submitting our EOI as per the instructions provided.

We understand you are not bound to accept any EOI you receive.

Yours sincerely,

Authorized Signature:

Name and Title of Signatory:

Name of Firm:

Address:

Seal of the Firm:

**Important Notice**

***The documents submitted with the Expression of Interest (EOI) must contain sufficient information to enable a comprehensive assessment of the Firm to be carried out. The information submitted will form the basis on which the scoring will be carried out and will determine the ranking of the Firm, or whether or not the Firm is shortlisted.***

***Additional documents or forms may be submitted in response this Request for Expression of Interest (EOI).***

1. **Description of the Firm**

**1. Information of Firm**

|  |
| --- |
| **FIRM**  |
| Name of the Firm: |
| Address: |
| Telephone No.: |
| Fax No.: |
| Email: |
| Date of Registration: |
| Type of firm: |
| TCC No.: |
| Contact Person: |
| Name:  |
| Designation: |

**2. Legal Documents**

For verification purposes the firm shall submit:

* Copies of company’s registration documents and
* Tax compliance certificate

**NB. Overseas Firms are not required to submit a TCC with the EOI, however, if recommended for award of contract, will be required to submit same.**

**3. Company Profile and Organization Structure**

Provide a brief (two pages) description of the background and organization of your firm/entity and each associate for this assignment. In this section the Firm shall also provide the following information:

* Brief company profile covering its:
	+ Objectives,
	+ Working areas,
	+ General experience
	+ Organization structure.
	+ Include Company profile (if available)
* To be completed using **[Form TECH 2 (a)]**
1. **Human Resources Available with the Firm**
* Provide the Firm’s Organisational Chart. The firm/s shall provide information about professional staff that is available to the firm and who form a part of the organization structure of the firm; **no** CVs are required to be submitted at this stage. Staff **will** **not** be evaluated on an individual key expert basis at this stage.
1. **Experience of the Firm**

**4. Information Regarding Experience of the** **Firm/s**

1. Specific Experience of the Firm: (*To be inserted as outlined in the Terms of Reference*)
2. To be completed using **[Form TECH 2 (b)]**

**Summary**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Project/ Location** | **Client Name and Address** | **Start Date** | **Completion Date** | **Description of work** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Evaluation Criteria & Sub-Criteria**

**6. Evaluation Criteria & Sub-Criteria**

|  |  |
| --- | --- |
| **Criteria, Sub-Criteria** | **Points** |
| 1. **Organizational Capability [Tech Form 2 (a)]**
 | **35** |
| 1. *General organizational technical and administrative capability.*

*(Refer to company profile and organizational structure)*1. *Company registered and established for at least 3 years –* ***15 points***
2. *Organizational capacity reflects a complement of Technical and Administrative staff to support Consultancy Services needed for the assignment -* ***20 points***
 |  |
| 1. **Consultant’s Specific Experience [Tech Form 2 (b)]**
 | **55** |
| 1. *Specific Experience in relevant sector [as per EOI]*
2. *Designed, supervised and managed at least ten (10) infrastructure projects of similar nature in the past three (3) years –* ***55 points***
3. *Designed, supervised and managed at least seven (7) infrastructure projects of similar nature three (3) years –* ***40 points***
4. *Designed, supervised and managed at least four (4) infrastructure projects of similar nature in the past three (3) years –* ***25 points***
 |  |
| 1. **Experience in Region i.e. Jamaica or Similar Communities**
 | **10** |
| 1. *Country/Location experience with similar conditions*
2. *Firm has experience in Jamaica or in similar communities i.e. brown fields –* ***10 points***
3. *Firm has no experience in Jamaica or in similar communities i.e. brown fields –* ***5 points***
 |  |
| **Total Points** | **100** |
| **Minimum Required Points to be Shortlisted** | **75** |

Form TECH-2: Consultant’s Organization and Experience

2A - Consultant’s Organization

[*Provide here a brief (two pages) description of the background and organization of your firm/entity and each associate for this assignment.*]

2B - Consultant’s Experience

[*Using the format below, provide information on each assignment for which your firm, and each associate for this assignment, was legally contracted either individually as a corporate entity or as one of the major companies within an association, for carrying out consulting services similar to the ones requested under this assignment. Use 20 pages.*]

|  |  |
| --- | --- |
| Assignment name: | Approx. value of the contract (in current JA$ or US$): |
| Country:Location within country: | Duration of assignment (months): |
| Name of Client: | Total No of staff-months of the assignment: |
| Address: | Approx. value of the services provided by your firm under the contract (in current JA$ or US$)): |
| Start date (month/year):Completion date (month/year): | No of professional staff-months provided by associated Consultants: |
| Name of associated Consultants, if any: | Name of senior professional staff of your firm involved and functions performed (indicate most significant profiles such as Project Director/Coordinator, Team Leader): |
| Narrative description of Project: |
| Description of actual services provided by your staff within the assignment: |

Firm’s Name: