**GOVERNMENT OF NEPAL**

**MINISTRY OF LABOUR, EMPLOYMENT AND SOCIAL SECURITY**

**PRIMINISTERS EMPLOYMENT PROGRAM( YOUTH EMPLOYMENT TRANSFORMATION INITIATIVE PROJECT)**

# Expression of Interest (EoI)

First Date of Publication 24December 2021

**Component applied for: Consultancy Services for Local Employment Strategy Development**

**Item Code in Call for EoIs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contract No: NP-MOLESS-251613-CS-CQS-LOCAL MKT STRTGY**

Please enter the information requested in the spaces provided. Applications from organizations are only acceptable that include companies, firms, joint ventures, universities, research institutions, regulatory bodies, NGOs and INGOs.

**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 Certificate till FY 2076/77 |  |  |
| 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 not any conflict of interest |  |  |
| 6 | Joint Venture Agreement in case of applying in joint venture |  |  |

**1. APPLICANT DETAILS**

**1a. Name and Associations**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name(s) of Company(ies), NGOs or Individuals making this application** | | **Parent Company (if applicable)** | **PAN Numbers with VAT** |
| **Lead Firm** |  |  |  |
| **J/V Partner** |  |  |  |

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

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Telephone** |  |
| **Fax** |  |
| **e-mail** |  |

**1c. REGISTERED ADDRESSFOR ORGANIZATIONS**

|  |  |
| --- | --- |
| **Lead Firm** |  |
| **J/V Partner** |  |

**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** |  |  |

Please supply copies of Incorporation Documents with registration and renewal

**2. FINANCIAL DATA FOR ORGANIZATIONS**

**TOTAL TURNOVER**

a) Annual turnover with audited balance sheet/ financial statement for the past 3 years

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Firm | Fiscal year | | | Annual Turn Over (in NRs.) |
| **2074/75** | **2075/76** | **2076/77** |
| **Lead Firm** |  |  |  |  |
| **J/V Partner** |  |  |  |  |

**3. EXPERIENCE OF ORGANIZATIONS**

**General Experience of the consulting services**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.N.** | **Name of the project/Consulting services** | **Name of the client** | **Contract Amount** | **Year of Completion** |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

**4. Specific Experience related with the proposed consulting services: ( Please provided the information as per attached Project Sheet- Appendix-1)**

**5. 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 | Qualification | General Experience | Experience in relevant field | Task | 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..*

*(***CVs of Experts)**

**b)CVs of Key Personnel for** these assignments (Please propose as per ToR requirements of the experts only)

|  |  |  |
| --- | --- | --- |
| Proposed Position: | | |
| Name of Consultant: | | |
| Name of Staff: | | **Nationality** |
| Profession: |  | |
| Date of Birth:  Years with Consultant/Entity: Nationality:  Membership in Professional Societies:    Detailed Tasks Assigned:    **Key Qualifications:**  [*Give an outline of staff member’s experience and training most pertinent to tasks on assignment. Describe degree of responsibility held by staff member on relevant previous assignments and give dates and locations. Use about half a page.*]  **Education:**  [*Summarize college/university and other specialized education of staff member, giving names of schools, dates attended, and degrees obtained. Use about one quarter of a page.*]  **Employment Record:**  [*Starting with present position, list in reverse order every employment held. List all positions held by staff member since graduation, giving dates, names of employing organizations, titles of positions held, and locations of assignments. For experience in last ten years, also give types of activities performed and client references, where appropriate. Use about two pages.*]  **Languages:**  [*For each language indicate proficiency: excellent, good, fair, or poor in speaking, reading, and writing.*]  **Certification:**  I, the undersigned, certify that to the best of my knowledge and belief, these data correctly describe me, my qualifications, and my experience.  Date:  *[Signature of staff member and authorized representative of the consultant]Day/Month/Year* |  | |

**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 |  | | | (US$) | | |
| * Source of Financing |  | | | | | |
| * Consultancy Services | | | | | | |
| (i) No. of 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:***

***a) All above mentioned competencies will be evaluated on the basis of equal weight age to lead firm and associates if the EOI is submitted in joint venture (JV) or association.***

***b) Attachments of the reliable supporting documents like certificates, experiences of the firms and individuals and testimonials are most important for every competence and shall be the basis for the evaluation.***

**All supporting documents should be provided. Failure to submit the supporting documents will disqualify the consultants from short listing.**