

GOVERNMENT OF NEPAL

MINISTRY OF FEDERAL AFFAIRS AND LOCAL DEVELOPMENT

**LOCAL GOVERNANCE AND COMMUNITY DEVELOPMENT PROGRAMME
(LGCDP II)**

Standard Format for Expression of Interest (Eol)

Component applied for : PROCUREMENT OF LOCAL SERVICE PROVIDER

Item Code in Call for Eols. MoFALD/LGCDP/S/FC-1

Eligibility and Minimum Qualification Requirements

SN	Documents and Letter of Declaration Required	YES/NO
1	Firms Registration and Renewal in the same district	
2	VAT/PAN Registration(VAT is Mandatory)	
3	Evidence of Tax Clearance previous years	
4	Audit report of the last fiscal year	
5	Declaration that firm is not blacklisted	
6	Working experience in the local governance and community development, Social Mobilization	
7	Whether LSPs have their own building or rented building with adequate furniture, computer, telephone, email, internet with human resources.	
8	At least three-year of experiences on local governance and social mobilization	
9	Average turnover during the last three fiscal years 5 Lakhs	

Please enter the information requested in the spaces provided. Organizations can include companies, firms, joint ventures, universities, research institutions, regulatory bodies, NGOs and INGOs.

1. APPLICANT DETAILS

1a. Name and Associations

Name(s) of Company(ies), NGOs or Individuals making this application	Parent Company (if applicable)	Vat and PAN Numbers
Firm		



1b. CONTACT PERSON (for this application)

Name	
Organization	
Address	
Telephone	
Fax	
e-mail	

1c. REGISTERED ADDRESS FOR ORGANIZATIONS

Firm	
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1d. YEARS IN BUSINESS AND PLACE OF REGISTRATON FOR ORGANIZATIONS

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

	Year of Registration	District of Registration
Firm		

Please supply copies of Incorporation Documents with registration and renewal

2. FINANCIAL DATA FOR ORGANIZATIONS

TOTAL TURNOVER

What was your organization's total annual turnover for the last three years?

	One year ago	Two years ago	Three years ago
Firm			

* For academic institutions, you may reflect your turnover relating to consultancy, training, education, research etc.



3. EXPERIENCE OF ORGANIZATIONS

3a. Experience of working in Similar Assignments

Please provide project sheets of relevant projects carried out by your organization only within the last 10 years. Each project sheet should demonstrate experience of work in the sector and component applied for.

Sheets should be in the format below and each sheet should be no more than one page.

Assignment name:	Approx. value of the contract: (State Currency)
Country: Location within country:	Duration of assignment (months):
Name of Client:	Total No of staff-months of the assignment: Number of Staff: Number of Person Months:
Address:	Approx. value of the services provided by your firm under the contract:
Start date: Completion date:	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:
Narrative description of Project:	
Description of actual services provided by your staff within the assignment:	



4. STAFF RESOURCES AND PERSONNEL

4a. Staffing

Please provide the following personnel statistics* for the organization.

Human Resources	Name	Education Qualifications	Years of Experience
Total permanent staff (Including Professional)			
Total Regular supporting Professional staff			

5 ORGANISATIONS OTHER RESOURCES

Particulars	Own	Rented
Building (Office Rooms)		
Computers(Include numbers)		
Printers(Include numbers)		
Photocopier(Include numbers)		
Printers (Include numbers)		
Fax-Machine (Include numbers)		
Include if any others		

The Above Information is true. Any mis represented information would lead to my dismissal and I agree to accept any legal actions taken from the authority against the information provided in this sheet if found wrong.

Name of the authorized person:

Signature:

Seal:

Note: The NGOs/Firms are needed to submit the certified documents to every competencies mentioned in this format.

