Common Unit to Manage GFATM Grant for HIV, T.B and Malaria

Office of the Principal Recipient – The Global Fund (NFR Grant)

Ministry of National Health Services Regulation & Coordination; Islamabad

**Expression of Interest (EOI) application form**

**EOI No(s). 1, 2 & 3- 01/2020**

The Common Management Unit (CMU) to manage the Global Fund grants for AIDS, Tuberculosis and Malaria intends to hire the services consultancy firm(s) for the development of following manual(s).

|  |  |  |
| --- | --- | --- |
| **S.#** | **EOI #** | **Description** |
| i. | 1-01/2020 | Development of Procurement, Supply Chain, warehousing and inventory Management Manual |
| ii. | 2-01/2020 | Development of Internal Audit Manual  |
| iii. | 3-01/2020 | Development of Human Resource, Finance & Accounting Policy/procedure Manual  |

**Key requirements:**

* Complete EOIs must be submitted through courier by/before11:00 am on January 31, 2020.
* Applicant(s) should use Arial/Calibri font, 12 pt, in single spacing for the filling of application form.
* Applicant(s) should observe the word limit; additional words outside the limit will be disregarded.
* If Applicant(s) want to apply for more than one consultancy please submit EOIs form for each consultancy separately.
* Applicant(s) must submit all required documents mentioned at S.No. 06 of application form.

EOIs/Application(s) review schedule:

|  |  |
| --- | --- |
| **Stage** | **Date** |
| **EOIs to be received by/before** | Monday February 03, 2020 |
| **Tentative date for evaluation of EOIs**  | February 13, 2020 |
| **Tentative date for Issuance of RFP to shortlisted applicants (After the approval of competent authority)** | February 18, 2020 |

# Information about the applicant:

|  |  |
| --- | --- |
| Name of Organization: |  |
| Full postal address, including country: |  |
| Overall Relevant Experience in Years |  |
| Website (if any): |  |
| Email: |  |
| Phone: |  |

# Information about key staff in case of more than one person please add extra tables:

|  |  |
| --- | --- |
| Name of Applicant: |  |
| Qualification |  |
| Total Experience in years |  |
| Area of ExperienceMention nature of experience and total year |  |
| Full postal address, including country: |  |
| Website (if any): |  |
| Email: |  |
| Phone: |  |

**3- Please provide detail of each consultancy (completed) as per following table. Please use one table for each project. You can add more table as per need:**

|  |  |
| --- | --- |
| Consultancy name: |  |
| Duration: |  |
| Geographical location / country of the project/consultancy: |  |
| Funding organisation and client: |  |
| Contact details of a reference at the funding organisation: |  |
| Relevance to this consultancy in terms of technical area with this EOI | 300 words max |

**4- Please provide detail of related projects(completed). Please use one tablet for each project. You can add more table as per need:**

|  |  |
| --- | --- |
| Consultancy/Project name: |  |
| Duration: |  |
| Geographical location / country of the project/consultancy: |  |
| Funding organisation and client: |  |
| Total Cost of the assignment: |  |
| Contact details of a reference at the funding organisation: |  |
| Relevance to this consultancy in terms of technical area with this EOI | 300 words max |

**5- Additional capacity statement:**

#### Please include additional information to highlight your capacity to deliver NACP CMU PR-GFATM in this consultancy:

Maximum words: 1000 words

1. **Required mandatory documents:**

|  |  |  |
| --- | --- | --- |
| **S#** | **Particular** | **Max. Points** |
| i. | Filled Signed and Stamped EOI Form | Please submit duly filled form |
| ii. | Legal Status of the organization  | Please attach attested copy |
| iii. | Certificate of NTN  | Attach attested copy |
| iv. | Proof of active tax payer  | Attach attested copy of proof |
| v. | Profile of the firm/organization/company  | Please attach a copy |
| vi. | List of work completed in last five years. | Please attach a copy |
| vii. | Please submit organizational organogram | Please attach a copy |
| vii. | Please submit brief profile of key staff with qualification, total experience in current organization, total relevant experience and individual’s skills etc.  | Please submit list on company/firm’s letter head |

Note: Two set of above documents must be sealed in envelope, clearly mentioning “EOI Number and title of the consultancy.

1. **Evaluation Criteria:**

Evaluation criteria for each consultancy is attached as Annexure I , II & III.

1. **Method of procurement:**

The Quality and Cost Based method will be applied for the selection of consultant(s) / consulting firm. Only shortlisted applicants will be requested for the submission of technical and financial proposals at later stage.

1. **Annexure:**
2. Evaluation Criteria for firm/org to Develop PSCM Manual.
3. Evaluation Criteria for firm/org to Develop IA Manual.
4. Evaluation Criteria for firm/org to Develop HR, Finance and Accounting Manual.
5. TORs for Development of Procurement and Supply Chain Management Manual.
6. TORs for Development of Internal Audit Manual.
7. TORs for Development of Human Resource, Finance & Accounting Policy Manual

Above TORs are uploaded separately at [www.nacp.gov.pk](http://www.nacp.gov.pk) , [www.ntp.gov.pk](http://www.ntp.gov.pk) , [www.dmc.gov.pk](http://www.dmc.gov.pk) as part of this document.

|  |  |
| --- | --- |
| **Application Submitted by:(Name)** |  |
| **Designation:** |  |
| **Signature & Stamp** |  |