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). 05- 03/2020 [Re-advertisement].**

The Common Management Unit (CMU) to manage the Global Fund grants for AIDS, Tuberculosis and Malaria intends to hire the services individual consultant (s) for the development of following software solution.

|  |  |  |
| --- | --- | --- |
| **S.#** | **EOI #** | **Description** |
| i. | 05-03/2020 | Development of Software for Internal Audit & Risk Tracking Solution |

**Key requirements:**

* Complete EOIs must be submitted through courier by/before12:00 am on May 18, 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.
* 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 May 18, 2020 |
| **Tentative date for evaluation of EOIs** | May 22, 2020 |
| **Tentative date for Issuance of RFP to shortlisted applicants (After the approval of competent authority)** | June 05, 2020 |

# Information about the applicant:

|  |  |
| --- | --- |
| Name of Consultant: |  |
| 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 Experience  Mention 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 |

1. **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 (if applicable) | 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 Applicant | Please attach a copy |
| vi. | Degree, Certificates | Please attach attested copies |
| vii. | List of work completed in last five years. | Please attach a copy |

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 consultant is available in TORs.

1. **Method of procurement:**

The fixed budget method as per PPRA consultancy rules 2010 will be applied for the selection of consultant(s). Only shortlisted applicant(s) will be requested for the submission of technical and financial proposals at later stage.

1. **Annexure:**
2. TORs for Development of Internal Audit & Risk Tracking Solution.

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.

Please also upload filled signed application form and scan copies of required documents at website link <http://pscm.ntp.gov.pk/apply-online> before closing date and time May 18, 2020 by/before 12:00 noon.

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