**Consultancy Firm for the Establishing the Scientific Basis for Enhanced MPA and MPA Network Management**

**CONSULTANT’S PRE-QUALIFICATION FORM**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Consultant | Year Established | Country | Type of Organization | | | |
| Indiv. | Part. | Corp. | Other |
| 1. Name 2. Affiliated Firms |  |  |  |  |  |  |

1. Home Office/Business Address/Tel. & Fax Nos./Email Address
2. Narrative Description of Firm (Use another sheet if necessary)
3. Key Officials of the Firm

|  |  |  |
| --- | --- | --- |
| Name & Title | Degree(s) | Years with Firm |
| (Add curriculum vitae of top five key personnel/officials showing experience, professional affiliation and language capability, include also employment contracts, payrolls and either relevant/related proofs of employment) |  |  |

1. Names of not more than two (2) principals to contact, title, and telephone number.
2. Number of personnel in present organization (should only include the full-time personnel of the firm)

|  |  |  |
| --- | --- | --- |
| Discipline/Expertise | Number | Status of Employment (casual/contractual/regular) |
| Principal Key Technical (e.g.)  (List down positions relevant/related to the services being procured)  Technical Support (indicate as in above)  Administrative Staff (indicate, e.g. typist) |  |  |

1. Fees

|  |
| --- |
| 8a) Annual Volume of Gross Fees  (last 5 years) |
| 8b) Ranges of Professional Fees Index |
| 1. Less than $10,000 2. $10,000 to $25,000 3. $25,001 to $50,000 4. $50,001 to $75,000 5. $75,001 to $100,00 6. $100,001 to $200,000 7. $200,001 to $250,000 8. $250,001 to $300,000 9. Above $300,000 |

9) Fields of Specialization and Types of Services

|  |  |
| --- | --- |
| Fields of Specialization | Types of Services  A B C D E |
| 1. Internal Audit  2. Performance Audit   1. Management 2. Policy and Institutional Development 3. Legal 4. Planning 5. Budgeting 6. Others   A - Advisory and Review Services  B - Pre-Investment or Feasibility Study  C - Design  D - Construction Supervision  E - Other Technical Services or Special  Studies |  |

1. Projects for which consulting services have been provided for the last five (5) years and which best illustrates firm’s experience in similar and related projects (maximum of 20). (For completed projects, attach certification of Performance Rating. For on-going projects, attach Certification that such project is on-going.)

|  |
| --- |
| Name of Overall Project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location of Project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Consultant’s Level of Effort \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cost of Services Rendered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Client’s Name and Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Year Services was Started & Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Associated Firms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Description of Project  Description of Services Firm Provided  List types of Services for Associated Aspects of Overall Project |

11) List of Equipment, Instruments and Vehicles of Consultant (Owned and Leased)

|  |  |  |
| --- | --- | --- |
| Name | Cost | Date Purchased  or Leased |
|  |  |  |

12) Additional Documentary Requirements

a) Any appropriate proof of Firm registration (or equivalent document)

b) Audited Financial Statement to validate information on No. 8b

c) Letter/s of association indicating lead firm and associated firms

I certify that the information in the above Prequalification Forms are true to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 2025 at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, affiant having exhibited to me \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ issued at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2025.

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