

**EXPRESSION OF INTEREST (EOI)**

**FOR**

**MANAGEMENT CONSULTANCY FRAMEWORK TWO (RM6008)**

**FOR**

**[INSERT AUTHORITY NAME]**

1. **EXPRESSION OF INTEREST (EOI) SCOPE** 
   1. The Authority requires information on your capability and capacity to provide the services detailed below.
   2. Any supplier which does not respond to this EOI within the stipulated timescales (section 2) will exclude themselves from the bidding process for this project.
   3. Please advise if you are interested in bidding for this opportunity.
   4. If you are not interested in bidding please provide reason(s) as this is will be valuable feedback for the Authority.
2. **PROCUREMENT TIMETABLE**

|  |  |
| --- | --- |
| DATE | ACTIVITY |
| [Insert DD/MM/YY] | Publication of this EOI |
| [Insert DD/MM/YY and Time] | Supplier engagement call, we recommend that you insert joining instructions for any tele conference [delete this row if you are not having a supplier engagement call] |
| [Insert DD/MM/YY and Time] | Return date for this EOI.  Any supplier which does not respond to this EOI within the stipulated timescales (section) will exclude themselves from the bidding process for this project. |
| [Insert DD/MM/YY and Time] | [Confirm the next steps of this EOI] |
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|  |  |
|  |  |

1. **BACKGROUND TO THE REQUIREMENT**

## This is being conducted via MCF2 (RM6008).

## [Indicate which framework lot you are running this EOI against]

* 1. [Base location of where the service will be delivered]

## [Please provide an overview of any key information needed to respond to this EOI. This can include relevant information about your organisation, why the requirement is needed, the aims and objectives and other high level information regarding the requirement.]

* 1. [Security and vetting requirements]

## [Is there an incumbent supplier? If yes, include their company name if appropriate]

* 1. [Please provide a range of your budget]. [Please note that this should be carefully considered, we recommend you do not share your exact budget]

1. **INDICATIVE EVALUATION CRITERIA**
   1. [Please provide an indication of the tender evaluation criteria to be used if known at this stage] [Please see page 10 of the customer guidance document for further information].
   2. Please note that the above criteria is subject to change during the development of the Invitation to Tender.
2. **RIGHT TO CANCEL OR VARY THIS EXPRESSION OF INTEREST**
   1. The Authority reserves the right to:
      1. Cancel all or part of this EOI at any stage and at any time;
      2. Amend, clarify, add to or withdraw all or any part of the EOI at any time.
3. **EOI CUSTOMER CONTACT**

|  |  |
| --- | --- |
| Name: | [Insert name] |
| Telephone Number: | [Insert phone number] |
| Email Address: | [Insert generic team mailbox address] |

1. **CONFIDENTIALITY**
   1. [Enter any confidentiality requirements relevant to this EOI]