Executing Agency Consulting Recruitment
Submission 1: Request for Proposal (RFP)
(SSS)

Part A [To be completed by the Executing Agency]

This is the: [indicate whether 1st, 2nd, 3rd, etc., request for review]

Loan/Grant (Country) (No.): Title
Package/Component: ___________

Name of Executing Agency (EA): ______________________________________________________
_______________________________________________________

Report Submitted by:
Name: ________________________________________________
Signature: _____________________________________________
Designation: ___________________________________________

Date Submitted: __________________________
Date of EA Consultant Selection Committee (CSC) Meeting: _________________

Checklist of Attached Documents (For 1st Review): In case of succeeding reviews, please attach only the information or documents requested in the latest review.

Attachment 1: Latest Uploaded Procurement Plan
[Procurement plan must be within a year and for each loan, not MFF. Attach approval memo for individual changes in the procurement plan]

Attachment 2: Budget for consulting services including details of provisional sums and contingency

Attachment 3: Narrative Evaluation Criteria (NEC)
[EA to prepare the NEC. Provide weights for each criterion in the summary evaluation sheet and detailed information on how to apply these weights and, if necessary, to distribute them to sub-criteria in NEC.]

Attachment 4: Draft Request for Proposals (RFP) with Terms of Reference (TOR), Data Sheet, Summary and Personnel Evaluation Sheets1 and Draft Contract

Attachment 5: Copy of approval for SSS selection method if not stated in the RRP/Procurement Plan

Attachment 6: Copy of Previous Communications with OSFMD Procurement Specialist related to items covered by this Submission Document (if any)

Attachment 7: Minutes of EA CSC Meeting

________________________

1 The appropriate templates can be downloaded from the ADB website in the following link: http://www.adb.org/site/business-opportunities/operational-procurement/consulting/documents. Include the Attachment: Grounds for Disqualification of an Expert.
Names of EA CSC Members*: [List the names of members according to ministry/department/agency and designation in a table format. Please provide additional rows in the table below, if required.]

<table>
<thead>
<tr>
<th>Name</th>
<th>Ministry/Department/Agency</th>
<th>Designation</th>
</tr>
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* Is there any consultant in the EA’s CSC Meeting?  [Yes] [No]

If Yes, please state whether potential or actual conflict of interest exists.1 ________________

1. Advance Action?  [Yes] [No]
2. Retroactive Financing?  [Yes] [No]
   *(If yes, please attach the document approving retroactive financing)*
3. Loan Approval Date: ________________
4. Loan Effective Date: ________________
5. Loan Closing Date: ________________
6. Estimated Contract Duration (in months): ______
7. Budget for this consulting services: US$ ____________  [Estimated] [Maximum]
8. Selection criteria: [Apply the following criteria for the selection of the consulting firm for the loan/grant project]:
   (I) Eligibility
   (ii) Experience of the firm with projects of similar nature: (Insert further appropriate details)
   (iii) Experience of the firm in the project country or in the region: (Insert further appropriate details)
   (iv) Management competence criterion which includes nomination and a brief background & experience of firm’s director responsible for this assignment.
   a) ___________________________________________________________________
   b) ___________________________________________________________________
   c) ___________________________________________________________________
   ___________________________________________________________
9. Name of the Consulting Firm (Full Name not Acronym)/Country of Incorporation: 2

1 The EA should confirm that the consultant in the EA’s CSC Meeting does not have any ongoing business associations (whether direct or indirect) with the selected firm and its experts.
2 Corporations or companies must be incorporated in an ADB Member Country. Partnerships or non-corporations must be duly registered or legally established in an ADB Member Country. These include universities, institutions, public sector organizations, and NGOs.
a) Checking of Conflict of Interest [in accordance with the *Guidelines on the Use of Consultants by ADB and Its Borrowers (CG)*]:

i) Conflict between consulting activities [CG 1.11(a)]

   □ Yes □ No

ii) Conflict among consulting assignments [CG 1.11(b)]

   □ Yes □ No

iii) Relationship with borrower’s staff [CG 1.11(c)]

   □ Yes □ No

If Yes, state relationship & whether potential or actual conflict of interest exists. ________________

b) Did the consulting firm participate in upstream assignment such as PPTA or other assignment regardless of financing source from which the firm may derive an unfair competitive advantage to this assignment? [RFP Section 2 (ITC), para. 4, Data Sheet 4.1, and CG 1.12]

   □ Yes □ No

If Yes, EA to complete RFP Data Sheet 4.1.

10. **Proposed Modifications on Contract Forms:**

    [Revision/s for additional provision/s or deletion of certain provision/s in the General Conditions of the Contract (GCC) is **not** permissible. Instead, the Project Unit should advise the EA to incorporate revision/s through the Special Conditions of Contract (SCC) and changes should be reviewed by the Office of the General Counsel (OGC) prior to Submission 1.]

    State proposed revision/s and attach OGC’s review in this Submission 1 document.

11. **Type of Contract to be used:** □ Time-Based □ Lump-Sum
Part B [ADB Comments on EA's Submission]

1. Comments on Part A:
   a)________________________________________________________________________
   b)________________________________________________________________________
   c)________________________________________________________________________

2. Selection Criteria:
   a)________________________________________________________________________
   b)________________________________________________________________________
   c)________________________________________________________________________

3. Selected Consulting Firm:
   a)________________________________________________________________________
   b)________________________________________________________________________
   c)________________________________________________________________________

   a)________________________________________________________________________
   b)________________________________________________________________________
   c)________________________________________________________________________

5. Request for Proposals (RFP):
   a) Section 1: Letter of Invitation (LOI):
      i)_____________________________________________________________________
      ii)___________________________________________________________________
      iii)_________________________________________________________________
   b) Section 2: Data Sheet:
      i)____________________________________________________________________
      ii)___________________________________________________________________
      iii)_________________________________________________________________
   c) Summary and Personnel Evaluation Sheets (SES and PES):
      i)____________________________________________________________________
      ii)___________________________________________________________________
      iii)_________________________________________________________________
   d) Section 7: Terms of Reference (TOR):
      i)____________________________________________________________________
      ii)___________________________________________________________________
      iii)_________________________________________________________________
e) **Special Conditions of Contract (SCC):**

   i) _______________________________________________________________________
   
   ii) _______________________________________________________________________
   
   iii) _______________________________________________________________________

6. **Other Issues:**

   a) __________________________________________________________________________
   
   b) __________________________________________________________________________
   
   c) __________________________________________________________________________


8. **Anticorruption Sanction/Terrorism Lists and Performance Evaluation Report (PER) Checking:**

   a) Is the consulting firm (including its Joint Venture Partner/s or Sub-consultant/s) in ADB Anticorruption Sanction Lists and Terrorism Lists?  
   [ ] Yes  [ ] No

   b) PER of the consulting firm (including its Joint Venture Partner/s or Sub-consultant/s) checked? (Attached as **Appendix 1**)
   [Note: Results of PER Checking (Appendix 1) should be retained with the Project Unit]
   [ ] Yes  [ ] No

   c) Is the consulting firm an external ADB auditor?
   If Yes, please obtain clearance from OAI before proceeding.  
   [ ] Yes  [ ] No

9. **Checking of Conflict of Interest [in accordance with the Guidelines on the Use of Consultants by ADB and Its Borrowers CG]:**

   a) Conflict between consulting activities [CG 1.11(a)]:  
   [ ] Yes  [ ] No

   b) Conflict among consulting assignments [CG 1.11(b)]:  
   [ ] Yes  [ ] No

   c) Conflict with concerned OSFMD/Project Unit Specialists [CG 1.11(c)]:  
   [ ] Yes  [ ] No

   If yes, state relationship & whether potential or actual conflict of interest exists: __________________

**Reminders for the Project Unit**

1. Subject to Section F of PAI 2.05, upon receipt of the EA’s Submission 1, the project unit ensures that the EA completed all documents required in the submission form before immediately forwarding an electronic copy of the submission to OSFMD-LCU (see PAI 2.05, paragraph 14).

2. The Project Unit should assist the EA to obtain and use the latest version of the RFP without modification or omission of the standard provisions.

3. The Project Unit should ensure that the submission is consistent with the latest procurement plan.

4. The Project Unit will convey the above decisions and recommendations to the EA.
Prepared by:

__________________________________  ___________________________________
Signature above Printed Name  Signature above Printed Name
OSFMD (If applicable )  Project Unit
Date
Approved:  [ ] Yes  [ ] No

Note: When OSFMD review is required, the Project Unit Officer signs the review document after the OSFMD Officer signs it.

Date
Approved by:

_________________________________
Signature above Printed Name
Director, Project Unit / Country Director, Resident Mission
(Please sign as applicable)
Date

Disclaimer: The review and approval of this submission document is conducted independently and must not serve as a precedent for future reviews.

Distribution:
Country Director / Director (Project Unit) / (Project Unit Specialist)
OSFMD-LCU