**Appendix I**

**EXPRESSION OF INTEREST**

***The Accreditation Council of Trinidad and Tobago***

***Level 1, Maritime Centre***

***29 Tenth Avenue, Barataria***

***SAN JUAN, 250606***

**ATTENTION: Accounting Officer**

Dear Sir/Madam,

**Subject: RFP #EDFEMP001 Request for Proposal to research and develop an Occupational Outlook Handbook for Trinidad and Tobago 2024**

I reference the Request for Proposal (RFP) and “will/will not” be submitting a Proposal by the due date.

I confirm that the Proposal that we will submit shall be valid for a period of **two hundred and forty (240) days** from the closing date for the submission of the RFP.

Yours faithfully

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All communications regarding this Request for Proposal should be sent to the undersigned who is responsible for our Tender.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Direct Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Co. Tel. No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Reference Form

|  |
| --- |
| PART A *(To be completed by the Proposer)* |
| Proposer’s Name |  |
| Project Location |  |
| Project Description  |  |
| Reference Company |  |
| Reference Name/Designation |  |
| Reference Direct Contact Phone |  |
| Reference Direct Contact Email Address |  |

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| --- |
| PART B *(To be completed by the Proposer)* |
| Project Contract Scope |  |
| Assignment Start Date |  |
| Assignment Completion Date |  |
| Reasons for Delays (project start and/or finish) |  |
| Reasons for Variations (contractual changes) |  |

Signature (Proposer):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| PART C *(To be completed by the Public Body)* |
| --- |
| **Performance Indicators (Please tick appropriate box)** | **Poor** | **Fair** | **Satisfactory** | **Very Good** | **Excellent** |
| How would you rate the quality of the services provided? |   |  |  |  |  |
| How would you rate the quality of the finished product? |   |  |  |  |  |
| How would you rate the provider’s response time in addressing your requests or queries? |  |  |  |  |  |
| How would you rate the provider’s professional interaction with representatives of your organisation? |   |  |  |  |  |
| How would you rate the overall performance of the service provided? |  |  |  |  |  |

General comments:

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Signature (Evaluation Committee Member(s)):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_