**Annex 1**

**Expression of interest Form**

**Description**: Creating a model for Early Childhood Care and Development in project site rural area (82603401)

**Closing date for submission of EoIs: 16th April 2018,**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section A. General Information** | | | | | | | | |
| First Name: | | | | | Last Name: | |  | |
| Company Name (if independent write ‘Independent’): | | | | |  | | | |
| Contact Address: | | | | | | | | |
| Country: | | | | | Contact Phone: (+Area Code) | |  | |
| Email address (mandatory): | |  | | | | | | |
| Applicant Status:  (Please tick one) | Private Individual | | Private Company  less than 10 staff | | | Private Company  More than 10 staff | | Other  Please Specify |
| If Private company or Other, Who will be main Lead for this call? | | | |  | | |  | |
| Kindly indicate the source of information for this EoI call: | | | |  | | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section B: State Qualifications & Prior experience** | | | |
| **What are your skills and experience in the proposed area?**  (if proposing working as a team, please clearly state the competencies of each team member to be involved in this research, evaluation or baseline survey) (max. 250 words) | | | |
| Please indicate 5 recent baseline or evaluations studies you have undertaken in the last 3 years, explaining what type of services you provided (submit copies as well). | | | |
| Organisation to which services were provided | Value of programme evaluated in US$ | Year | Services offered e.g. Final Evaluation, Mid-term evaluation etc.. |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Section C : Methodology to Address the Research/Evaluation/Survey Requirement** | | |
| Briefly explain how you will deliver this evaluation design or any design alterations you think would be necessary to address the key questions from the ToR (Maximum 500 words) *(Please make sure that the proposed design addresses the Evaluation Criteria as specified in ToR)* | | |
|  | | |
| **Based on the proposed methodology, kindly indicate the estimated no. of days’ planned for Primary data collection and/or related secondary data from target area mentioned in ToR.** | | |
| Type of Data collection | No of Days Required | Responsibility  PI/ enumerators only/ both |
| i) Primary data collection from target area |  |  |
| ii) Secondary data collection |  |  |
| **Kindly outline the evaluation sample that you are proposing along with a breakdown of the calculations you have used. Please clearly indicate your confidence interval, power, SD you are assuming, and assumed attrition. The population size of this project is 1,110.** | | |
|  | | |
| **Kindly describe your considerations during the analysis and the analysis techniques you will use? (Maximum 150 words)** | | |
|  | | |
| **Please indicate in country support required from Save the Children Country Office to deliver the ToR? (150 words)** | | |
|  | | |

|  |  |
| --- | --- |
| **Section D: Proposed Budget/Costs (with budget justification)** | |
| **What is your Institutional support cost:**  **In US$/Per day** | **What is proposed Total Budget**  **(In US$):** |
| **Kindly describe the breakdown for your proposed budget mapped to the phases and activities outlined in section 5a.** | |
|  | |
| (Please note that Save the Children will only cover the cost of flights (at economy class rate) and in-country standard accommodation (bed and breakfast only) | |

|  |
| --- |
| **Section E: EoI Submission details:** |
| Please mention the name and contact details of the person submitting the proposal  Name : Email Address: |

**附件1**

**投标表格格式**

项目名称:在项目所在地农村地区建立0-3岁儿童早期发展模式（82603401）

提交申请的截止日期:2018年4月16日

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **第一部分. 基本信息** | | | | | | | | |
| 姓: | | | | | 名: | |  | |
| 公司名称 （如为独立个体，则填写“独立个体”） | | | | |  | | | |
| 联系地址： | | | | | | | | |
| 国家： | | | | | 联系电话: （+区号） | |  | |
| 邮件地址 （必填）: | |  | | | | | | |
| 申请人身份:  （请勾选一个） | 私人 | | 私立公司  （少于10名员工） | | | 私立公司  （多于10名员工） | | 其他  请注明 |
| 如果为私立公司或其他，谁将作为该项目的主要领导者？ | | | |  | | |  | |
| 请注明此EoI电话的信息来源: | | | |  | | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **第二部分: 正式资格及先前经验** | | | |
| **你在这个领域的技能和经验是什么?**  **（如果提案作为一个团队工作，请明确说明每一个参与本研究的团队成员评估或基线调查的能力）（不超过250字）** | | | |
| 请说明最近3年您所做的5个基线或评估研究，解释您提供的服务类型（同时提交副本）。 | | | |
| 您所提供服务的机构 | 项目评估的价值（以美元为单位） | 年份 | 所提供的服务，例如终期评估或中期评估等 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **第三部分: 处理研究/评估/调查要求的方法** | | |
| 请简要说明您将如何交付此评估的设计或任何您认为有必要的设计变更，以解决来自ToR的关键问题（不超过500字） *（请确保建议的设计符合ToR中指定的评估标准）* | | |
|  | | |
| **根据所提出的方法，请列举对ToR中提到的目标区域主要数据收集和/或次级数据收集计划估计的天数分配。** | | |
| 数据收集的类型 | 所需天数 | 负责人员  PI/仅有调查员/两者均包括 |
| i） 目标地区的主要数据收集 |  |  |
| ii） 次级数据收集 |  |  |
| **请列出你所建议的评估样本以及你所使用的计算的细目。请明确说明你的置信区间，功率，你说假设的SD，并假设有所消耗。这个项目的人口规模为1110人。** | | |
|  | | |
| **请描述一下您在分析过程中所考虑的因素以及您将使用的分析技巧。（不超过150字）** | | |
|  | | |
| **请指出从救助儿童会国家办公室到交付ToR过程中需要的国家支持。（150字）** | | |
|  | | |

|  |  |
| --- | --- |
| **第四部分: 提议的预算/成本（包含预算理由）** | |
| **你所拥有的机构支持费用是多少？**  **以美元/天为单位** | **提议的总预算是多少？**  **以美元为单位** |
| **请描述你所提议的预算的细目，并将其对应到第5a节所概述的阶段和活动。** | |
|  | |
| 请注意，救助儿童会只会支付航班的费用（经济舱）和国家标准住宿（仅包括床位和早餐） | |

|  |
| --- |
| **第五部分: EoI 提交细节:** |
| 请列出提交提案者的姓名和详细联系方式  姓名 : 邮件地址: |