



Government of Nepal
Ministry of Health
National Centre for AIDS and STD Control (NCASC)
Teku, Kathmandu

2016 Integrated Biological and Behavioural Surveillance (IBBS) Surveys among Key Populations at Higher Risk to HIV

APPLICATION FORM (for EOI)

Name of applicant/research organization:

EOI is applied for:
[mention the name of specific IBBS Survey(s) you are applying]
.....

Date of EOI submitted:/...../..... (Day/month/year)

Notes:

1. This application form for EOI has two major sections: (a) administrative requirements and, (b) technical requirements. All specific administrative and technical requirements for each IBBS survey are to be provided with evidence on each relevant section mentioned below.
2. All the evidences as requirements demanded by the defined Terms of References (TOR) are required to be attached along with the application. All the attached evidences are required to be certified by notary.
3. Applications are required to be submitted no later by due dates and times as mentioned in the advertisement (submission of Expression of Interest by **Friday 19 August 2016, 12:00 PM NST**).
4. Applications are required to submit with one pager cover letter.

APPLICATION FORM

A. SECTION: ADMINISTRATIVE PLAN:

1. Name of research organization:	
2. Office Address :	
3. Name of Team Leader:	Email:
4. Name of Contact person:	
Contact number:	Office:
	Mobile:
	Fax:
	Email:
5. Administrative/legal documents attached (<i>Attach the notary attested copies of the following documents</i>)	
6.1. Registration letter	Attached: <input type="checkbox"/> yes <input type="checkbox"/> no
6.2. Registration renew letter	Attached: <input type="checkbox"/> yes <input type="checkbox"/> no
6.3. PAN/VAT registration certificate and numbers (if relevant)	Attached: <input type="checkbox"/> yes <input type="checkbox"/> no
6.4. Audit report	Attached: <input type="checkbox"/> yes <input type="checkbox"/> no
6.5. Tax clearance certificate (if applicable)	Attached: <input type="checkbox"/> yes <input type="checkbox"/> no
6.6. Annual report	Attached: <input type="checkbox"/> yes <input type="checkbox"/> no

B. TECHNICAL PLAN:1. **Survey Team** (updated brief CV within 2 pages for each)

Staff position	Name	Academic qualification and professional training	Key areas of expertise
1.1. Survey team leader - 1			
1.2. Research officer - 1			
1.3. Data analyst - 1			
1.4. Survey field coordinator - 1			
1.5. Counselor - 1			
1.6. Clinician - 1			
1.7. Lab technician - 1			
1.8. Report writer - 1			
1.9. Other staff (if any)			

Note:

- a) Please provide the updated CV of each proposed staff – maximum 2 pages for each with relevant information mentioned in the TOR.
- b) The proposed staff must be the same that will be presented in the final contractual agreement, in the case of successful bidder. In otherwise, it will be invalidated.

2. Please attach a **summary of job descriptions of each survey team member proposed in the specific proposed survey** (in a summary table only).

Staff positions proposed	Job roles for each in the specific survey (2-4 key roles only)
2.1. Survey team leader – 1	
2.2. Research officer – 1	
2.3. Data analyst – 1	
2.4. Survey field coordinator - 1	
2.5. Counselor - 1	
2.6. Clinician - 1	
2.7. Lab technician - 1	
2.8. Report writer -1	
2.9. Other staff (if any)	

3. Experience of Survey Team Leader in:

3.1. (a) population-based behavioural surveys:

(b) biological surveys in the last five year period in Nepal and/or abroad:

3.2. Please submit the Summary of the relevant experience or published papers, if any (evidences for each behavioural and biological survey experience)

Evidence attached:

(a) In behavioural survey yes no

(b) In biological surveys yes no

4. Experience of the Research Organization in:

4.1. (a) population-based behavioural surveys:

(b) biological surveys in the last five year period in Nepal and/or outside:

(c) laboratory capacity for conducting blood collection and testing of HIV and Syphilis:

4.2. Please submit the Summary of the relevant experience or published papers, if any (two evidences for each behavioural and biological survey experience)

Evidence attached:

- | | | |
|----------------------------|------------------------------|-----------------------------|
| (a) In behavioural surveys | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| (b) In biological surveys | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| (c) In laboratory capacity | <input type="checkbox"/> yes | <input type="checkbox"/> no |

5. **Experience of research organization and/or survey team leader in doing similar IBBS surveys in last five years** (*relevant summary reports must be submitted*). Please do mention – the population groups, survey areas and year of survey conducted.

Report 1:

Attached: yes no

Report 2:

Attached: yes no

Report 3:

Attached: yes no

List of documents provided

Requirements with Evidence/Documents	Submission Status	
1. Cover letter	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Registration letter and renew status	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. PAN/VAT Number (if relevant)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Audit report	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Tax clearance report if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Annual Report of the agency	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Brief CVs of the proposed survey team	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Proposed job description of each member of survey team (one page summary in a Table)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Evidence of doing population-based behavioural surveys conducted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Evidence of doing biological surveys conducted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Evidence of doing IBBS in the past (if any)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Other (if any) specify, ...	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Notes:

1. Submit your final EOI Application in the following address:

The Director
National Centre for AIDS and STD Control, Teku, Kathmandu

2. **Make sure that all copies of administrative and legal documents are attested by notary and attached.**