IOM Mission – Sudan

IOM Call for Expression of Interest ID#: **SDN/KRT/JUN/CEI020**

**ANNEX E**

**IMPLEMENTING PARTNER REFERENCES CHECKLIST**

The below information is requested to be include in the response to the CEI issued by IOM:

**Table 1: Main implementing partners experience in last three years**

|  |
| --- |
| **Main implementing partners experience in last three years**  |
| Starting Month/ Year | Ending Month / Year | Donor / Lead partner | Description of projects (activities, locations, etc.)  | Contract Amount  |
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| **Similar experiences (Health) in last three years**  |
| Starting Month/ Year | Ending Month / Year | Donor / Lead partner | Description of projects (activities, locations, etc.)  | Contract Amount |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Table 2: List of key staff members**

**NOTE: Please provide an organizational chart and detailed CVs for key management and personnel in the Organization**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and positions | Designation Qualification | No. of Years of Experience | Responsibility  |
|  |  |  |  |
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