



## Expression of Interest

PARSA is requesting Expression of Interest from Afghan agencies who specialize in Monitoring and Evaluation of programs for social protection programs in Afghanistan.

### Requirements:

- I. Prior experience with social protection programs
- II. The capacity to have interviewers conduct interviews in Dari and Pashtu
- III. Services must be available and provided over a two year period of time in all 5 regions.

ONLY Businesses that meet these requirements and are able to provide these services should confirm Expressions of Interest by proving the information outlined below and emailing to [hr@afghanistan-parsa.org](mailto:hr@afghanistan-parsa.org).

Please provide all information below (only reply to EOI if all answers are YES)

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| I. Prior experience with social protection programs                         | Yes <input type="checkbox"/> | NO <input type="checkbox"/> |
| II. The capacity to have interviewers conduct interviews in Dari and Pashtu | Yes <input type="checkbox"/> | NO <input type="checkbox"/> |
| III. Services must be available & provided over a two year period of time   | Yes <input type="checkbox"/> | NO <input type="checkbox"/> |
| IV. Services must be able to be conducted in all 5 regions.                 | Yes <input type="checkbox"/> | NO <input type="checkbox"/> |

- a. Company name, address and telephone number;
- b. Business Structure (including names of President, Vice President and any shareholders);
- c. Number of years in business and company history;
- d. Number of employees (full and part time);
- e. Details of services able to be provided
- f. What provinces is the business able to operate in
- g. Describe your technical, managerial and financial capacity to implement the proposed activity.
- h. List previously completed similar work with social protection programs
- i. References of Previous employers/donors/organizations
- j. Name, position, address, email and cell number of contact person;

Please provide a copy of your MOIC license with your submission.