Annex B (EXPRESSION OF INTEREST)

*(Complete or delete the parts in grey italics in parenthese)* [Choose options for parts in grey between square brackets]

Ref: (EXTERNAL EVALUATION OF THE PROJECT “SUSTAINABLE AGRICULTURAL MECHANIZATION SYSTEM IMPROVEMENT IN MINYA AND FAYOUM GOVERNORATES”)

**1 CONTACT PERSON**

|  |  |
| --- | --- |
| **Name of the expert** |  |
| **Company (only for legal persons)** |  |
| **VAT number** |  |
| **Address** |  |
| **Telephone** |  |
| **Fax** |  |
| **e-mail** |  |

**2 ECONOMIC AND FINANCIAL CAPACITY**

Please complete the following table of financial data based on your annual accounts and your latest projections. If annual accounts are not yet available for this year or last year, please provide your latest estimates, clearly identifying estimated figures in italics. Figures in all columns must be calculated on the same basis to allow a direct, year-on-year comparison to be made (or, if the basis has changed, please provide an explanation of the change as a footnote to the table). Any other clarification or explanation which is judged necessary may also be provided.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Financial data** | **2019[[1]](#endnote-1)****EUR** | **2020EUR** | **2021****EUR** | **Average [[2]](#endnote-2)****EUR** | **2022****EUR** |
| Annual turnover[[3]](#endnote-3) |  |  |  |  |  |

**3 AREAS OF SPECIALISATION**

Please fill in the table below to indicate any areas of specialist knowledge related to this expression of interest. **Maximum 10 specialisations**.

|  |  |  |
| --- | --- | --- |
|  | Area | Additional details |
| Relevant specialisation 1 |  |  |
| Relevant specialisation 2 |  |  |
| Etc … |  |  |

**4 EXPERIENCE**

Please fill in the table below to summarise the main projects related to this expression of interest carried out over the past 5 years.

|  |  |
| --- | --- |
| **Project title** |  |
| **Country** | **Overall contract value (EUR)** | **Proportion directed or implemented by the consultant (%)** | **No of staff directed or provided** | **Name of client** | **Origin of funding** | **Dates (start/end)** | **Name of consortium members, if any** |
| … | … | … | … | … | … | … | … |
| **Detailed description of project** | **Type and scope of services provided** |
|  | … |

|  |  |
| --- | --- |
| **Project title** |  |
| **Country** | **Overall contract value (EUR)** | **Proportion directed or implemented by the consultant (%)** | **No of staff directed or provided** | **Name of client** | **Origin of funding** | **Dates (start/end)** | **Name of consortium members, if any** |
| … | … | … | … | … | … | … | … |
| **Detailed description of project** | **Type and scope of services provided** |
|  | … |

|  |  |
| --- | --- |
| **Project title** |  |
| **Country** | **Overall contract value (EUR)** | **Proportion directed or implemented by the consultant (%)** | **No of staff directed or provided** | **Name of client** | **Origin of funding** | **Dates (start/end)** | **Name of consortium members, if any** |
| … | … | … | … | … | … | … | … |
| **Detailed description of project** | **Type and scope of services provided** |
|  | … |

|  |  |
| --- | --- |
| **Project title** |  |
| **Country** | **Overall contract value (EUR)** | **Proportion directed or implemented by the consultant (%)** | **No of staff directed or provided** | **Name of client** | **Origin of funding** | **Dates (start/end)** | **Name of consortium members, if any** |
| … | … | … | … | … | … | … | … |
| **Detailed description of project** | **Type and scope of services provided** |
|  | … |

|  |  |
| --- | --- |
| **Project title** |  |
| **Country** | **Overall contract value (EUR)** | **Proportion directed or implemented by the consultant (%)** | **No of staff directed or provided** | **Name of client** | **Origin of funding** | **Dates (start/end)** | **Name of consortium members, if any** |
| … | … | … | … | … | … | … | … |
| **Detailed description of project** | **Type and scope of services provided** |
|  | … |

I hereby acknowledge that [the above-mentioned legal person][he][she] may be subject to criminal, administrative and financial penalties (as per Article 76 of the Italian Presidential Decree no. 445/2000) if any of the declarations or information provided prove to be false.

Full name Date Signature

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Last year = last accounting year for entity. [↑](#endnote-ref-1)
2. Amounts entered in the ‘Average’ column must be the mathematical average of the amounts entered in the three preceding columns of the same row. [↑](#endnote-ref-2)
3. The gross inflow of economic benefits generated from the operating activities of the consultant during the year. [↑](#endnote-ref-3)