

SRI LANKA STATE TRADING (GENERAL) CORPORATION
EXPRESSIONS OF INTEREST (EOI) FOR OBTAINING CONSULTANCY
SERVICES FOR SETTING UP OF A KPI BASED
PERFORMANCE APPRAISAL SYSTEM

EOI Number : STC/Admin/25/PerformApp

SECTION A. Consultant Details .

1. Name of the Company:
2. Business registered address:
3. Business registration Number:..... Date of Registration :

 └ Type of Registration

Proprietor Partnership Limited Liability Company

(Copy of Certificate of Incorporation should be attached) – (A 01)

4. Company Postal Address:
5. Contact Person (Name)
6. Contact Person (Designation)
7. Contact Number (Corporate) Mobile Number
- Fax Number : Web Site:
8. Email Address: (Mobile Whatsapp enabled) – (Y/ N)

A02 Directros of the Firm (As in the Form (1/20/40) as applicable /
Attach Copies of Directors Consent) (Required – certified ID Copies of Directors)

Details of the Executive Board: Chairman, Directors and Chief Executive Officer.-(A 02)

1(Name)	2(Name)
(Position)	(Position)
(Address)	(Address)
Contact No :	Contact No :
3(Name)	4(Name)
(Position)	(Position)
(Address)	(Address)
Contact No :	Contact No :

SECTION B - QUALIFICATIONS AND EXPERIENCE**B01. CONSULTATIONS COMPLETED SETTING UP OF A KPI BASED PERFORMANCE APPRAISAL SYSTEMS FOR LAST 5 YEARS**

Se.No	Name of the organization & address	Contact person (Designation, Name & Contact Number)	Related work done and Period of Consultancy
01			
02			
03			
04			
05			
06			
07			
08			
09.			
10.			

- Attach copies of Proof documents.

SECTION C - REQUIREMENT IN DETAIL**C01. SERVICES EXPECTED FROM THE CONSULTANT**

	Details of Services Required	STC Requirement	Consultants Response
01	Analysis of overall goals, objectives, and strategies of the organization for the upcoming 03 years.	Yes	
02	Fact find and detailed analysis of the current JDs for any improvement or amendments	Yes	
03	Objective KPI setting for approximately 63 job categories	Yes	
04	Designing and developing a 05 rating scale performance appraisal format (initially manually) that could be converted to an online system in the next phase	Yes	
05	Aligning compensation and benefits schemes to the overall performance management system	Yes	
06	Comprehensive training for all line managers on the performance management and appraisal system	Yes	
07	Ongoing (remote) assistance for the initial implementation of the system	Yes	

C02. DETAILED PLAN

Project Stage	STC Requirements	Methodology & Time Period	Consultants Response
Stage 01	<ul style="list-style-type: none"> ♣ Analysis of overall goals, objectives, and strategies of the organization for the upcoming 03 years ♣ Relook at business processes and organizational capability and resources ♣ Deciding and finalizing Corporate Values 	<ul style="list-style-type: none"> ♣ Brainstorming workshop with the senior management team - Half Day 	
Stage 02	<ul style="list-style-type: none"> ♣ Fact find and detailed analysis of the current JDs for any improvements or amendments ♣ Objective KPI setting for approximately 68 job categories 	<ul style="list-style-type: none"> ♣ One-on-One individual sessions with the respective department heads and the consultant - 05 Working Days 	
Stage 03	<ul style="list-style-type: none"> ♣ Designing and development of a 05 Rating Scale performance appraisal format with proper definitions for rating ♣ Inserting KPIs of 63 job categories into the performance appraisal format ♣ Inserting Corporate Values and rating scale to the performance appraisal format 	<ul style="list-style-type: none"> ♣ Remote work by the consultant. Department Heads will be contacted by the consultant as an when required for any clarification - 02 Working Days 	
Stage 04	<ul style="list-style-type: none"> ♣ Finalization of the KPIs and the performance appraisal format and rating criteria 	<ul style="list-style-type: none"> ♣ One-on-One individual sessions with the respective department heads and the consultant (Individual Basis) - Half Day 	
Stage 05	<ul style="list-style-type: none"> ♣ Comprehensive training for all line managers on the performance management and appraisal system 	<ul style="list-style-type: none"> ♣ Training Workshop for all line managers - 01 Day 	
		Total Price	

*** Attach Detail plan according to above requirements.**

I, the undersigned hereby certify that information provide in this form is correct and true according to my knowledge and i undestand that in an event of providing false information may result in blacklisting of myself/my company.

Name: Title:

Signature: Date:

(Place Official Stamp Here)