SSBtxt

**Expression of Interest Response Form**

# Expression of Interest

This form is designed to capture relevant information regarding the expression of interest from parties who would like to participate in the bidding process for Social Security Board’s (SSB) Peransa project. The information submitted will be used as part of the pre-qualification process.

This form must be completed and submitted to SSB no later than 5:00 PM GMT -06:00 on March 30, 2017. Submissions can be made via email at ***PeransaProject@SocialSecurity.org.bz***

# Questions and Responses

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| 1 | **Question:** | *Please designate who you believe is the best choice as the primary point of contact within your organization to receive the RFP and any related correspondence regarding this project.* | |
| **Response:** | *Company:* |  |
| *Name:* |  |
| *Email:* |  |
| *Telephone:* |  |
| *Address:* |  |
| *Fax:* |  |

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| --- | --- | --- |
| 2 | **Question:** | *How many years has your organization been in business?* |
| **Response:** |  |

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| --- | --- | --- |
| 3 | **Question:** | *Is your organization a subsidiary of another entity? If yes, please include the parent corporation's name and the details of this relationship. Please attach a corporate organizational chart to help explain your positioning in the larger corporation.* |
| **Response:** |  |

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| 4 | **Question:** | *Please indicate the ownership structure that best represents your organization.* |
| **Response:** | Private / Public Corporation  Sole Proprietorship  Partnership |

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| --- | --- | --- |
| 5 | **Question:** | *Please provide contact information and summary information on three (3) references whom SSB may contact.*  *References from the social insurance, insurance or government sector is preferable.* |
| **Response:** |  |

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| --- | --- | --- |
| 6 | **Question:** | *Please describe your experience implementing systems that utilize a customer relationship management (CRM) system as part of a larger solution. Please include a brief description of select projects and their time periods.* |
| **Response:** |  |