**SRI LANKA STATE TRADING (GENERAL) CORPORATION**

Registration of Consultants for UP OF A KPI BASED PERFORMANCE APPRAISAL SYSTEM

**Registration 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)**

1. Company Postal Address: ………………………………………………………………………………………………………
2. Contact Person ( Name ) ..................................................................................................................
3. Contact Person ( Designation) ......................................................
4. 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 | * 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
 | * Brainstorming workshop with the senior management team

- **Half Day** |  |
| Stage 02 | * Fact find and detailed analysis of the current JDs for any improvements or amendments
* Objective KPI setting for approximately 68 job categories
 | * One-on-One individual sessions with the respective department heads and the consultant

**- 05 Working Days** |  |
| Stage 03 | * 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
 | * 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 | * Finalization of the KPIs and the performance appraisal format and rating criteria
 | * One-on-One individual sessions with the respective department heads and the consultant (Individual Basis)

**- Half Day** |  |
| Stage 05 | * Comprehensive training for all line managers on the performance management and appraisal system
 | * 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 for Sri Lanka Government Tenders. **Copy of Registration Fee Rs.2000 payment has to attach to the application.**

Name: Title:

Signature: Date:

(Place Official Stamp Here)