**IMPLEMENTING PARTNER REFERENCES CHECKLIST**

The below information is requested to be include in the response to the CEI issued by IOM:

**TABLE 1 – MAIN IMPLEMENTING PARTNER EXPERIENCE IN LAST THREE YEARS (free format)**

• Starting Month/ Year

• Ending Month / Year

• Donor / Lead partner

• Description of projects

• Contract Amount

Remarks ( Provide documentary evidence)

**TABLE 2 – SIMILAR EXPERIENCE IN LAST THREE YEARS (free format)**

• Year

• Donor / Lead partner

• Description of projects

• Contract Amount

• Remarks (Provide documentary evidence (\*))

**TABLE 3 – LIST OF KEY STAFF MEMBERS (free format)**

• Name

• Designation Qualification

• No. of Years of Experience

Provide an organizational chart and detailed CVs for key management and personnel in the Organization

**TABLE 4 – ANY OTHER INFORMATION (free format)**

In addition to the required information, Implementing Partners may provide any other related documents