# Expression of Interest (EOI) reply form

**Project Title: Support for Victims of Modern Slavery (SVMS)**

**General Information**

|  |  |
| --- | --- |
| 1. Name of organisation |  |
| 2. Address for correspondence |  |
| 3. Name of contact person  |  |
| 4. Email address  |  |
| 5. Phone number |  |
| 6. Registered Company Number / Registered Charity Number  |  |

Please complete the following entering ‘Yes’ or ‘No’ against each criterion. For any against which you enter “No” please provide an explanation of why or provide the required information.

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Yes / No** | **Comments**Please provide any comments in the respective box below. |
| 1. Please confirm that your organisation would be interested in working as a sub-contractor to the Salvation Army as part of SVMS? If you are not interested, please explain your reservation.
 |  |  |
| 1. Does your organisation have the capacity to deliver the proposed services for the Contract’s full potential duration.
 |  |  |
| 1. Please detail & describe the services you wish to provide (including indicative unit numbers):
* Support Work
* Accommodation
* Accommodation, with associated Support Work
* Other Specialist Support
 |  |  |
| 1. Please identify the geographical area/areas in England and Wales in which you wish to deliver support and why?
 |  |  |
| 1. Explain how your organisation has the capacity and experience to ensure the delivery of the works described above?
 |  |  |
| 1. Please state your motivation, experience and expertise in providing accommodation and support services to survivors of modern slavery and/or other vulnerable user groups?
 |  | **Word limit – 500 words. Please attach relevant documents; and state which documents are attached.** |
| 1. Please identify any “added value” offers to support core service delivery and improve outcomes for survivors.
 |  | **Word limit – 500 words. Please attach relevant documents; and state which documents are attached.** |
| 1. Do you have any further comments?
 |  |  |

**Declaration**

I [INSERT NAME] am an authorised representative of [INSERT COMPANY NAME].

To the best of my knowledge, the information provided in this form is correct.

|  |  |
| --- | --- |
| **Signed** |  |
| **Position** |  |
| **Date** |  |

(Electronic signatures are acceptable)