**Open Procedure for the Supply of On-Site and Overnight Support Services, of Systems Maintenance and Development, of Centralized Software Management and Office 365 support for the European University Institute**

**TECHNICAL OFFER SUMMARY**

|  |  |
| --- | --- |
| The undersigned | Click or tap here to enter text. |
| born on (date) | Click or tap here to enter text. |
| at (place) | Click or tap here to enter text. |
| Province | Click or tap here to enter text. |
| Country | Click or tap here to enter text. |
| Tax identification code | Click or tap here to enter text. |
| in her/his function as | Click or tap here to enter text. |
| for the Company | Click or tap here to enter text. |
| with administrative offices in | Click or tap here to enter text. |

**Hereby submits the following Summary of its TECHNICAL OFFER**

|  |  |  |
| --- | --- | --- |
|  | **DESCRIPTION** | **Pages** |
| A1.1 | DEFINITION OF THE SUPPORT, OVERNIGHT AND STAFF TRAINING PLAN |  |
| A1.2 | ASSESSMENT OF THE PROPOSED TECHNICAL STAFF |  |

Tenderer is required to fill in the table above: in the spaces provided he must give the page numbers of the sections in the Tenderer’s Technical Report where the specific issue is addressed in depth.

DEFINITION OF THE SUPPORT, OVERNIGHT AND STAFF TRAINING PLAN

* *Insert the proposed support plan for the on-site daily service.*
* *Provide a detailed plan concerning how the overnight service will be organized and managed.*
* *Clearly indicate the annual plan that will be implemented to ensure that involved staff will be properly and constantly trained and always kept up to date with the technologies and solutions being utilized in the execution of the Service.*

CURRICULUM VITAE OF THE PROPOSED TECHNICAL STAFF

*Fill in the fields below following the proposed scheme.*

*Repeat the same scheme for each candidate proposed for the evaluation*

Name and surname of the proposed staff:

Nationality:

Date of birth:

**A1.2.1 Knowledge of SCCM and Intune**

|  |  |  |  |
| --- | --- | --- | --- |
| Total months or years of experience in this area: | |  | |
| **Description of the activities carried out in this area (from the most recent)** | | | |
| Start of the activity: |  | |
| End of the activity: |  | |
| Description of the activity |  | |
| Reference contact details (for possible verification): |  | |
|  | | | |
| Start of the activity: |  | |
| End of the activity: |  | |
| Description of the activity |  | |
| Reference contact details (for possible verification): |  | |
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| Start of the activity: |  | |
| End of the activity: |  | |
| Description of the activity |  | |
| Reference contact details (for possible verification): |  | |
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| Start of the activity: |  | |
| End of the activity: |  | |
| Description of the activity |  | |
| Reference contact details (for possible verification): |  | |

**A1.2.2 Knowledge of Azure and Active Directory**

|  |  |  |
| --- | --- | --- |
| Total months or years of experience in this area: | |  |
| **Description of the activities carried out in this area (from the most recent)** | | |
| Start of the activity: |  | |
| End of the activity: |  | |
| Description of the activity |  | |
| Reference contact details (for possible verification): |  | |
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| Start of the activity: |  | |
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| Description of the activity |  | |
| Reference contact details (for possible verification): |  | |
|  | | |
| Start of the activity: |  | |
| End of the activity: |  | |
| Description of the activity |  | |
| Reference contact details (for possible verification): |  | |

**A1.2.3 Knowledge of Exchange Services**

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| --- | --- | --- |
| Total months or years of experience in this area: | |  |
| **Description of the activities carried out in this area (from the most recent)** | | |
| Start of the activity: |  | |
| End of the activity: |  | |
| Description of the activity |  | |
| Reference contact details (for possible verification): |  | |
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| End of the activity: |  | |
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| Description of the activity |  | |
| Reference contact details (for possible verification): |  | |
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| Start of the activity: |  | |
| End of the activity: |  | |
| Description of the activity |  | |
| Reference contact details (for possible verification): |  | |

**A1.2.4 Knowledge of the English Language**

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| --- | --- | --- | --- | --- | --- |
| **Written:** | elementary | intermediate | | advanced | mother tongue |
| **Spoken:** | elementary | intermediate | | advanced | mother tongue |
| **Language Certification and level obtained (if any)** | | |  | | |

**A1.2.5 Previous experience in similar roles**

|  |  |  |
| --- | --- | --- |
| Total months or years of experience in this area: | |  |
| **Description of the activities carried out in this area (from the most recent)** | | |
| Start of the activity: |  | |
| End of the activity: |  | |
| Description of the activity |  | |
| Reference contact details (for possible verification): |  | |
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| Start of the activity: |  | |
| End of the activity: |  | |
| Description of the activity |  | |
| Reference contact details (for possible verification): |  | |

**Relevant certifications for the requested Service**

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| --- | --- |
| **Certification name:** |  |
| Date of certification: |  |
|  | |
| **Certification name:** |  |
| Date of certification: |  |
|  | |
| **Certification name:** |  |
| Date of certification: |  |
|  | |
| **Certification name:** |  |
| Date of certification: |  |
|  | |

Place Click or tap here to enter text.

Date Click or tap to enter a date.

Signature of Legal Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A non-authenticated photocopy of the valid ID document of the signatory is enclosed.**