**EXPRESSION OF INTEREST**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby express our interest to participate in the Modernizing Government Regulations Program as a beneficiary agency for the Capability Development Assistance on Regulatory Impact Analysis. We hereby present the agency profile and other pertinent information:

(Agency)

(Name)

(Position)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Agency Profile | | | | | |
| Complete Name of Agency |  | | | | |
| Complete Address of Agency |  | | | | |
| Reasons for participating in the project |  | | | | |
| Other Information | | | | | |
| Contact Person  *Name* |  | | | | |
| Title Surname First Name Middle Name Suffix | | | | |
| Contact Number  *Landline* |  | Contact number  *(Mobile)* |  | E-mail address |  |
| Head of Agency  *Name* |  | | | | |
| Title Surname First Name Middle Name Suffix | | | | |
| Position/ Designation |  | | | | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature