

## REQUEST FOR EXPRESSION OF INTEREST (REOI)

Ref# SOM-REOI-002

Date: 6 December 2023

The International Organization for Migration (IOM) invites interested and eligible vendors to submit Expressions of Interest (EOIs) in respect of provision of the requirements described below. The purpose of the REOI is to identify vendors that wish to participate in a forthcoming solicitation process.

<b>Description</b>	Construction Works of MHAC and Accommodation for IOM Somalia
<b>UNSPSC code</b>	95000000
<b>Deadline for the Submission of EOI</b>	Sunday 10 December 2023 at 11 AM If any doubt exists as to the time zone, refer to <a href="http://www.timeanddate.com/worldclock/">http://www.timeanddate.com/worldclock/</a> .
<b>Content of EOI</b>	<p>The EOI should include the following information:</p> <ul style="list-style-type: none"> <li>• Brief presentation of company including number of staff, structuring, turnover, years in business.</li> <li>• Reference list demonstrating qualifications for participating in this upcoming bidding process including evidence of at least 3 construction projects of concrete structures the company has executed with an amount of USD 400,000 and above.</li> <li>• Complete set of the company official registration documents including Certificate of Registration from the Federal Government of Somalia and Certificate of Registration in Banadir Region.</li> <li>• Contact information: Fill, sign and stamp the attached “Vendor Information Sheet”.</li> </ul> <p><b>Note:</b> Prices are not required at this stage.</p>
<b>Method of Submission</b>	<p>Expressions of interest shall be sent by email as follows: Email address: <a href="mailto:procurement-tenderonly@iom.int">procurement-tenderonly@iom.int</a></p> <ul style="list-style-type: none"> <li>▪ File Format: PDF and ZIP.</li> <li>▪ File names must be maximum 60 characters long and must not contain any letter or special character other than from Latin alphabet/keyboard.</li> <li>▪ All files must be free of viruses and not corrupted.</li> <li>▪ Max. File Size per transmission: 25 MB.</li> <li>▪ Mandatory subject of email: <b>SOM-REOI-002 - Construction Works of MHAC and Accommodation “Company Name”</b></li> <li>▪ Multiple emails must be clearly identified by indicating in the subject line “email no. X of Y”, and the final “email no. Y of Y”.</li> <li>▪ You should receive an email acknowledging receipt.</li> </ul>
<b>Contact Person for correspondence and clarifications</b>	<p>Idris Rashid HAJI E-mail address: <a href="mailto:idadhir@iom.int">idadhir@iom.int</a></p>
<b>REOI Conditions</b>	<p>This Request for Expression of Interest does not constitute a solicitation. IOM Somalia reserves the right to change or cancel the requirement at any time during the EOI and/or subsequent solicitation process. IOM Somalia also reserves the right to require compliance with additional conditions as and when issuing the final solicitation documents. Submitting an EOI does not automatically guarantee receipt of the solicitation documents when issued. Only companies that will pass the pre-qualification will be invited to submit their proposals for the ITB that will be issued. Invitations to bid or requests for proposals and any subsequent purchase order or contract will be issued in accordance with the rules and procedures of IOM Somalia. The total area of land where the construction will take place is approximately 1900 m<sup>2</sup>. The scope of work is building a Migration Health Assessment Centre and a 2 Blocks of Accommodation units of 12 rooms each.</p>

**VENDOR INFORMATION SHEET**

**Vendor No.** \_\_\_\_\_  
Internal to IOM

**Registered Vendor Name\*:** \_\_\_\_\_

**Other Names/Acronyms** \_\_\_\_\_

**Address\*** \_\_\_\_\_

House No \_\_\_\_\_

Street Name \_\_\_\_\_

ZIP/Postal Code\* \_\_\_\_\_

City\* \_\_\_\_\_

Region\* \_\_\_\_\_

Country\* \_\_\_\_\_

**Contact Information**

Company Tel/Mobile: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Company Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Company Website: \_\_\_\_\_

- Industry Category\*:**
- 0100 - Commercial Vendors
  - 0200 - National CSOs
  - 0300 - National Government Entities
  - 0400 - International CSOs

- 0500 - International Organizations - Non-UN
- 0600 - UN entities
- 0005 - Individual Consultant/Non-Staff

- Business Type\*:**
- Direct Producer/Manufacturing
  - Reseller/Distributor/Service Provider

- Provide Services/Goods Internationally\***  Yes  No
- Disability-inclusive\***  Yes  Not applicable
- Women-owned/controlled\***
- At least 51% women-owned/controlled
  - Less than 51% women-owned/controlled
  - Not applicable
- Environmental Statement\***  Yes  No
- Environmental or Energy Management System\***  Yes  No

**Notes**

All fields marked with \* are mandatory. The form may be returned if mandatory fields are missing/incorrect or in the wrong format (esp. Zipcode).

**Vendor Name** - should match IDs or registration documents.

If there is insufficient space, please use the **Other Information** section

**Product Categories (check all applicable)\***

- Agriculture, Livestock and Fisheries
- Chemicals
- Clothing and Luggage
- Construction
- Consultancy and Contracted Services
- Finance and Administration
- Food and Beverage

- Fuels and Derivatives
- Furniture
- Hospitality, Events
- Insurances
- IT and Communications
- Land and Buildings
- Learning, Training and Recreation

- Legal and Investigation
- Logistics and Warehousing
- Media and Printing
- Medical, Drugs and Pharma
- NFIs – Household and Camps
- Office Equipment and Supply
- Personal Care

- Power Supply and Electric
- Quality Control and Environment
- Security
- Social and Humanitarian Services
- Tickets
- Tools and Machinery
- Vehicles and Accessories

**UNGM No.** \_\_\_\_\_

**UN Partner Portal Reference** \_\_\_\_\_

**Registration Date\*** \_\_\_\_\_

**VAT Number** \_\_\_\_\_

<https://www.ungm.org/UNUser/Home>

<https://www.unpartnerportal.org>

Country of Operations (dd-mmm-yyyy)

**Licensing Auth./Type** \_\_\_\_\_ **License No.:** \_\_\_\_\_ **Reg. Date:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

For additional licenses, please use the Other Information Section dd-mmm-yyyy dd-mmm-yyyy

**Partner Entities** (indicate if there are other relevant business partner accounts already registered in IOM. *Format: Account Number-Name*)

Same entity registered in another office \_\_\_\_\_

Parent company \_\_\_\_\_

Subsidiaries/Branches \_\_\_\_\_

**Other Information:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**VENDOR INFORMATION SHEET**

**Section II: Payment and Banking Information**

**Payment Details**

Payment Method\*  Bank Transfer  Check\*\*  Cash\*\*  Others\*\* \_\_\_\_\_

Justification for Non-Bank Payment Method\*\* \_\_\_\_\_

**Notes**

Payment currency of the vendor MUST be clearly marked in order to avoid additional bank charges and/or delay in payments.  
Non-bank payment methods require justification.

**Bank Details (mandatory if Payment Method is via Bank Transfer):**

Bank Name \_\_\_\_\_

Bldg and Street \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Bank Account Name \_\_\_\_\_

Bank Keys \_\_\_\_\_

Account Currency \_\_\_\_\_

Bank Account No. \_\_\_\_\_

\*Depending on the country \_\_\_\_\_

Swift Code/BIC (accounts outside U.S.A.) \_\_\_\_\_

IBAN Number (mandatory for banks in Europe) \_\_\_\_\_

Clearing No. (CHF accounts in Switzerland) \_\_\_\_\_

ABA No. for ACH (USD accounts in U.S.A.) \_\_\_\_\_

Bank Branch Code \_\_\_\_\_

**Notes**

If there are multiple bank accounts, please add an extra sheet, and mark the default bank account.

***If awarded, please submit ID/Registration, signed IOM Supplier Code of Conduct and Proof of Banking Details to IOM***

I hereby certify that the information above are true and correct. I am also authorizing IOM to validate all claims with concerned authorities.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date