

**REQUEST FOR EXPRESSION OF INTEREST (REOI)**

REOI Reference: Ref No: SOM-2024-011	Date: 25 October 2024
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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>	NFI, Food Kits, Hygiene Kits etc
<b>UNSPSC code(s)</b>	57060000
<b>Deadline for the Submission of EOI</b>	18 November 2024 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>	The EOI should include the following information: <ul style="list-style-type: none"> <li>• Brief presentation of company including number of staff, turnover, years in business</li> <li>• Reference list demonstrating qualifications for participating in this upcoming bidding process</li> <li>• Contact information: full name and address, country, telephone number, e-mail address, website and contact person.</li> </ul> <p><b>Note:</b> Prices are not required at this stage.</p>
<b>Method of Submission</b>	Expressions of interest shall be sent by email as follows: Email address: <a href="mailto:procurement-tenderonly@iom.int">procurement-tenderonly@iom.int</a> <ul style="list-style-type: none"> <li>▪ File Format: PDF</li> <li>▪ File names must be maximum 50 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: 25MB</li> <li>▪ Mandatory subject of email: <b>EOI-SOM “Bidder name “_NFI, Food Kits, Hygiene Kits, Etc.</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>	IOM Somalia Supply Chain Unit E-mail address: <a href="mailto:iomsomprocurement@iom.int">iomsomprocurement@iom.int</a>
<b>REOI Conditions</b>	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. Invitations to bid or requests for proposals and any subsequent purchase order or contract will be issued in

	<p>accordance with the rules and procedures of IOM. 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.</p>
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## Terms of Reference

### 1. Introduction

This Scope of Work (SoW) outlines the requirements for the procurement, delivery, and distribution of Non-Food Items (NFIs), food kits, and hygiene kits for the International Organization for Migration (IOM) in Somalia.

### 2. Project Description

IOM Somalia is seeking a qualified vendor to supply the following items:

- **Non-Food Items (NFIs):** A detailed list of specific NFI items, quantities, and required specifications will be provided in the ITB documents. Examples of NFIs are detailed as per below tables.
- **Food Kits:** A detailed list of food items, quantities, and nutritional requirements will be provided in the bidding documents. The focus will be on culturally appropriate, shelf-stable, and nutritious food items.
- **Hygiene Kits:** A detailed list of hygiene products, quantities, and quality standards will be provided in the bidding documents.

### 3. Scope of Work

The potential supplier shall be responsible for the following:

- **Procurement:** Procure all NFI, food kit, and hygiene kit items according to the specifications provided in the bidding documents.
- **Quality Assurance:** Ensure all procured items meet the required quality standards and specifications.
- **Packaging and Labeling:** Package the items appropriately for safe and efficient transportation and distribution.
- **Delivery:** Deliver the items to the designated locations in Somalia as specified in the bidding documents.
- **Distribution:** (Optional) If required by the bidding documents, the supplier may be responsible for the distribution of the items to the intended beneficiaries.
- **Documentation:** Provide all necessary documentation, including packing lists, certificates of origin, and quality control certificates.

### 4. Deliverables

The Contractor shall provide the following deliverables:

- Complete deliveries of NFI, food kits, and hygiene kits to designated locations.
- All necessary documentation, including packing lists, certificates of origin, and quality control certificates.

### 5. Timelines

- The specific timelines for procurement, delivery, and (if applicable) distribution will be defined in the bidding documents.

### 6. Insurance

- The supplier shall maintain all necessary insurance coverage throughout the project duration. The specific insurance requirements will be outlined in the bidding documents.

### 7. Health, Safety, and Environment (HSE)

- The Contractor shall comply with all applicable health, safety, and environmental regulations during the project execution.

Anticipated Kits to be supplied (details in below with potential delivery locations)

Bucket

Jerry Can

Soap (Bathing)

Soap (for Laundry)

Aqua tabs (67 mg)

Sanitary pads

No	Item description	Delivery Location
1-A	Bucket	Banadir region (Mogadishu)
1-B	Bucket	Gedo
1-C	Bucket	South west state
1-D	Bucket	Lower Juba
1-E	Bucket	Hirshabelle State
1-F	Bucket	Galmudug State

No	Item description	Delivery Location
2-A	Jerry Can	Banadir region (Mogadishu)
2-B	Jerry Can	Gedo
2-C	Jerry Can	South west state
2-D	Jerry Can	Lower Juba
2-E	Jerry Can	Hirshabelle State
2-F	Jerry Can	Galmudug State

No	Item description	Delivery Location
3-A	Soap (Bathing)	Banadir region (Mogadishu)
3-B	Soap (Bathing)	Gedo

3-C	Soap (Bathing)	South west state
3-D	Soap (Bathing)	Lower Juba
3-E	Soap (Bathing)	Hirshabelle State
3-F	Soap (Bathing)	Galmudug State

No	Item description	Delivery Location
4-A	Soap (for Laundry)	Banadir region (Mogadishu)
4-B	Soap (for Laundry)	Gedo
4-C	Soap (for Laundry)	South west state
4-D	Soap (for Laundry)	Lower Juba
4-E	Soap (for Laundry)	Hirshabelle State
4-F	Soap (for Laundry)	Galmudug State

No	Item description	Delivery Location
5-A	Aqua tabs (67mg tablet)	Banadir region (Mogadishu)
5-B	Aqua tabs (67mg tablet)	Gedo
5-C	Aqua tabs (67mg tablet)	South west state
5-D	Aqua tabs (67mg tablet)	Lower Juba
5-E	Aqua tabs (67mg tablet)	Hirshabelle State
5-F	Aqua tabs (67mg tablet)	Galmudug State

No	Item description	Delivery Location
6-A	Sanitary pads	Banadir region (Mogadishu)
6-B	Sanitary pads	Gedo
6-C	Sanitary pads	South west state
6-D	Sanitary pads	Lower Juba
6-E	Sanitary pads	Hirshabelle State
6-F	Sanitary pads	Galmudug State

**\*\*Any other location within Somalia can be added**

Anticipated Food Kits to be supplied.

White sugar- 50kgs sack

wheat flour- 50kgs sack

Rice- basmati- 50kgs sacks

Milk powder- 5 cartons - Fresh

cooking oil 20 lts

Pasta- spaghetti (500g)
Pasta (Macaroni) 500g
Fish canned (Omaar)
Salt (per grms/Kgs)
Vimto drink
Tomato paste
Tea Leaves (per grms/Kgs/Bucket)

**Prequalification Requirements:**

Brief presentation of company including number of staff, structuring, turnover, years in business.

Reference list demonstrating qualifications for participating in this upcoming bidding process including evidence of at least 3 three previous similar projects the company has executed.

Complete set of the company official registration documents including Certificate of Registration from the Federal Government of Somalia and Certificate of Regional States.

Contact information: Fill, sign and stamp the attached "Vendor Information Sheet".

**BIDDER'S DECLARATION OF CONFORMITY**

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I hereby represent and warrant that neither the vendor, nor any person having powers of representation, decision-making or control over it or any member of its administrative, management or supervisory body, has been the subject of a final judgement or final administrative decision for one of the following reasons: bankruptcy, insolvency or winding-up procedures; breach of obligations relating to the payment of taxes or social security contributions; grave professional misconduct, including misrepresentation, fraud; corruption; conduct related to a criminal organisation; money laundering or terrorist financing; terrorist offences or offences linked to terrorist activities; child labour and other trafficking in human beings, any discriminatory or exploitative practice, or any practice that is inconsistent with the rights set forth in the Convention on the Rights of the Child or other prohibited practices; irregularity; creating or being a shell company.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor is financially sound and duly licensed.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor has adequate human resources, equipment, competence, expertise and skills necessary to complete the contract fully and satisfactorily, within the stipulated completion period and in accordance with the relevant terms and conditions.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor complies with all applicable laws, ordinances, rules and regulations.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor will in all circumstances act in the best interests of IOM.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that no official of IOM or any third party has received from, will be offered by, or will receive from the vendor any direct or indirect benefit arising from the contract.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor has not misrepresented or concealed any material facts during the contracting process.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor will respect the legal status, privileges and immunities of IOM as an intergovernmental organization.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that neither the vendor nor any persons having powers of representation, decision-making or control over the vendor or any member of its administrative, management or supervisory body are included in the most recent Consolidated United Nations Security Council Sanctions List (the "UN Sanctions List") or are the subject of any sanctions or other temporary suspension. The vendor will immediately disclose to IOM if it or they become subject to any sanction or temporary suspension.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor does not employ, provide resources to, support, contract or otherwise deal with any person, entity or other group associated with terrorism as per the UN Sanctions List and any other applicable anti-terrorism legislation.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that, the vendor will apply the highest ethical standards, the principles of efficiency and economy, equal opportunity, open competition and transparency, and will avoid any conflict of interest.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor undertakes to comply with the Code of Conduct, available at <a href="https://www.unhcr.org/Public/CodeOfConduct">https://www.unhcr.org/Public/CodeOfConduct</a> .
<input checked="" type="checkbox"/>	<input type="checkbox"/>	It is the responsibility of the vendor to inform IOM immediately of any change to the information provided in this Declaration.

**PROSPECTIVE VENDOR INFORMATION SHEET**

**Vendor No.:** \_\_\_\_\_  
(IOM Internal Use)

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I certify that I am duly authorized to sign this Declaration and on behalf of the vendor I agree to abide by the terms of this Declaration for the duration of any contract entered into between the vendor and IOM.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	IOM reserves the right to terminate any contract between IOM and the vendor, with immediate effect and without liability, in the event of any misrepresentation made by the vendor in this Declaration.

Signature: \_\_\_\_\_

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Date: Click or tap to enter a date.

**Company Details**

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

Tax Organization Type\*: Choose an item. \_\_\_\_\_

Supplier Type\*: Choose an item. \_\_\_\_\_

Company Web Site: \_\_\_\_\_

Tax Country\*: Choose an item. \_\_\_\_\_

Taxpayer ID/Tax Registration No\*: \_\_\_\_\_

Products and/or Services: Choose an item. \_\_\_\_\_

**Additional Information**

UNGM No.: \_\_\_\_\_

UNPP No.: \_\_\_\_\_

Is your Entity Women Owned?: Choose an item. \_\_\_\_\_

Is your Entity Disability Inclusive?: Choose an item. \_\_\_\_\_

Commitment to Antiracism: Choose an item. \_\_\_\_\_

Does your entity agrees with UN Supplier Code of Conduct: Choose an item. \_\_\_\_\_

Is the Bank Account Certificate added as attachment?: Choose an item. \_\_\_\_\_

**Address\***

Street Name and House No. \_\_\_\_\_

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

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

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

Country\* Choose an item. \_\_\_\_\_

**Contact Information for communications**

First Name\*: \_\_\_\_\_

Last Name\*: \_\_\_\_\_

Job Title: \_\_\_\_\_

Email\*: \_\_\_\_\_

**IMPORTANT**

All fields marked with \* are mandatory.  
 The form will be returned if mandatory field/s is/are empty  
 The Vendor Name should match ID or registration documents

**Other Contacts**

First Name\*: \_\_\_\_\_

Last Name\*: \_\_\_\_\_

Job Title: \_\_\_\_\_

Email\*: \_\_\_\_\_

Will this person have a role in Wave? Choose an item. \_\_\_\_\_  
 If yes, what will be that role? Choose an item. \_\_\_\_\_

First Name\*: \_\_\_\_\_

Last Name\*: \_\_\_\_\_

Job Title: \_\_\_\_\_

Email\*: \_\_\_\_\_

Will this person have a role in Wave? Choose an item. \_\_\_\_\_  
 If yes, what will be that role? Choose an item. \_\_\_\_\_

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\*: \_\_\_\_\_

List of attachments	
<input type="checkbox"/>	Taxpayer ID/Tax registration number certificate.
<input type="checkbox"/>	Business License
<input type="checkbox"/>	Id. of the owner



**SPEND AUTHORIZED SUPPLIER INFORMATION SHEET**

**Supplier Details**

Supplier's Name\*: \_\_\_\_\_  
 Supplier Number\*: \_\_\_\_\_

**Payment Details**

Payment Method\*:

- Bank transfer
- Check\*\*
- Cash\*\*
- Others\*\*: \_\_\_\_\_

**IMPORTANT**  
 All fields marked with \* are mandatory.  
 The form will be returned if mandatory field/s is/are empty  
 The Vendor Name should match ID or registration documents

\*\*If a Non-Bank Payment Method was selected, please provide justification:

**Bank Details\* (This information is mandatory if payment method is via Bank Transfer)**

Bank Name\* \_\_\_\_\_  
 Address \_\_\_\_\_  
 City\* \_\_\_\_\_  
 Postal Code \_\_\_\_\_  
 Country\* \_\_\_\_\_  
 Bank Account Name\* \_\_\_\_\_  
 Account Currency \_\_\_\_\_  
 Bank Account Number \_\_\_\_\_

**NOTES**

Payment currency must be clearly indicated to avoid delays and additional bank charges

If the company has multiple bank accounts, indicate the default account this form and add an extra sheet with full information of other accounts

Swift Code/BIC (outside U.S.A.)	
IBAN Number	
Clearing Number (Switzerland)	
ABA No. for ACH (U.S.A.)	

Fill only the code that corresponds to your location\*

Signature\*: \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Date \_\_\_\_\_

<input type="checkbox"/>	Signed UN Supplier Code of Conduct
<input type="checkbox"/>	Proof of women ownership share of the company
<input type="checkbox"/>	Evidence of commitment to anti-racism
<input type="checkbox"/>	Evidence of entity's disability inclusive policy
<input type="checkbox"/>	Other: _____

**PLEASE, FILL IN THE CONTACT INFORMATION ONLY IF IT NEEDS TO BE UPDATED IN THE SUPPLIER PROFILE**

**Contact Information**

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_

Will this person have a role in Wave?  Yes  No  Choose an item.



Job Title: \_\_\_\_\_  
 Email\*: \_\_\_\_\_

If yes, what will be that role? Choose an item.

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Email\*: \_\_\_\_\_

Will this person have a role in Wave? Choose an item.  
 If yes, what will be that role? Choose an item.

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\*: \_\_\_\_\_

List of attachments	
<input type="checkbox"/>	Bank Account Certificate
<input type="checkbox"/>	Declaration of Conformity was signed in solicitation documents
<input type="checkbox"/>	Other: _____

Signature\*: \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Date \_\_\_\_\_