

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

REOI Reference: Ref No: SOM-2024-12	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>	Solar Installation Works in Somalia
<b>UNSPSC code(s)</b>	26131900
<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 2024-SOM Solar Installation “Bidder 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>	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 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.
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### Terms of Reference (ToR)

#### 1. Introduction

This Scope of Work (SoW) outlines the requirements for the installation of solar energy systems in designated regions of Somalia. The project aims to enhance access to renewable energy, improve local livelihoods, and support sustainable development initiatives.

#### 2. Project Overview

The project will involve the design, procurement, installation, and commissioning of solar systems in rural and semi-urban areas of Somalia. The selected contractor will work closely with local communities, government bodies, and other stakeholders to ensure successful implementation.

#### 3. Scope of Work

##### 3.1 Procurement

- Source and procure all necessary materials and equipment, including solar panels, inverters, batteries, and mounting structures.
- Ensure that all equipment meets international quality standards.

##### 3.2 Installation

- Mobilize skilled labour and equipment to installation sites.
- Install solar systems according to the approved design and safety standards.
- Conduct necessary electrical connections and system integrations.

##### 3.3 Testing and Commissioning

- Perform thorough testing of installed systems to ensure functionality and performance.
- Address any defects or issues identified during testing.
- Provide a commissioning report detailing system performance and compliance.

#### 4. Location: All over Somalia

##### Prequalification Requirements:

1. Brief presentation of company including number of staff, structuring, turnover, years in business.
2. 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.
3. 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.ungm.org/Public/CodeOfConduct">https://www.ungm.org/Public/CodeOfConduct</a> .

**PROSPECTIVE VENDOR INFORMATION SHEET**

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

Yes	No	
<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.
<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\*:

<input type="checkbox"/>	Bank transfer
<input type="checkbox"/>	Check**
<input type="checkbox"/>	Cash**
<input type="checkbox"/>	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.)		Fill only the code that corresponds to your location*
IBAN Number		
Clearing Number (Switzerland)		
ABA No. for ACH (U.S.A.)		

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

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

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