

REQUEST FOR EXPRESSION OF INTEREST (REOI)

REOI Reference: Ref No: SOM-2024-008	Date: 25 October 2024
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Click or tap here to enter text. 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.

Description	The objective of this Request is to define the scope, requirements, deliverables, and evaluation criteria for the catering services. The catering service provider will be expected to provide nutritious, hygienic, and diverse meals to the compound residents, considering their dietary preferences and restrictions. The catering service provider will also be responsible for the procurement, storage, preparation, delivery, and disposal of the food and related items.
UNSPSC code(s)	90100000
Deadline for the Submission of EOI	18 November 2024 If any doubt exists as to the time zone, refer to http://www.timeanddate.com/worldclock/ .
Content of EOI	The EOI should include the following information: <ul style="list-style-type: none"> Brief presentation of company including number of staff, turnover, years in business Reference list demonstrating qualifications for participating in this upcoming bidding process Contact information: full name and address, country, telephone number, e-mail address, website and contact person. <p>Note: Prices are not required at this stage.</p>
Method of Submission	Expressions of interest shall be sent by email as follows: Email address: procurement-tenderonly@iom.int <ul style="list-style-type: none"> File Format: PDF File names must be maximum 60 characters long and must not contain any letter or special character other than from Latin alphabet/keyboard. All files must be free of viruses and not corrupted. Max. File Size per transmission: 25MB Mandatory subject of email: REOI 2024-Provision of Catering Service for IOM Somalia "Company Name" 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". You should receive an email acknowledging receipt.
Contact Person for correspondence and clarifications	IOM Somalia Supply Chain Unit E-mail address: iomsomprocurement@iom.int
REOI Conditions	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

	<p>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.</p>
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Terms of Reference for Catering Services for IOM Somalia

Background

International Organization for Migration (IOM) Mission in Somalia is seeking a qualified and experienced catering service provider to deliver breakfast, lunch, and dinner. The IOM is located at Aden Abdule International Airport (AAIA) area next to Chinese Embassy. IOM Somalia Mission will cover the cost of the catering services as per the service being provided, based on the number of Pax and the quality of the food.

Objective

The objective of this TOR is to define the scope, requirements, deliverables, and evaluation criteria for the catering services. The catering service provider will be expected to provide nutritious, hygienic, and diverse meals to the IOM Somalia, considering their dietary preferences and restrictions. The catering service provider will also be responsible for the procurement, storage, preparation, delivery, and disposal of the food and related items.

Scope

The scope of the catering services includes the following:

- Breakfast, lunch and dinner to IOM Somalia, for the duration of the contract/Purchase Order (PO).
- The meals should include a variety of dishes, with at least one vegetarian option and one protein option for each meal.
- The meals should meet the nutritional standards and guidelines of the World Health Organization (WHO) which is included as part of this.
- The meals should cater to the dietary preferences and restrictions of the participants, such as allergies, intolerances, religious beliefs, and medical conditions.
- The catering service provider should ensure the quality, safety, and hygiene of the food and related items, and comply with the food safety regulations and best practices.
- The catering service provider should dispose of the food waste and packaging materials in an environmentally friendly manner and follow the waste management policies and procedures of the local authorities.

Requirements

The catering service provider should meet the following requirements:

- Have a valid license and registration to operate as a catering service provider in the country.
- Have at least three years of experience in providing catering services to similar clients and settings.
- Have a qualified, trained, licensed staff (for cooks), with adequate skills and knowledge in food preparation, delivery, and safety with at least five (5) years of professional experience in similar set-ups.
- Have Health and Safety procedures in place with regular inspection of vendor kitchen, store and also regular health checkup of staff.

- Have a reliable and sufficient supply chain, with access to quality and fresh ingredients and products.
- Have a transparent and accountable financial system, with clear and accurate invoices and receipts.
- Have quality-control planning in place where the kitchen, staff hygiene, equipment and vehicles are regularly checked.

Deliverables

The catering service provider should deliver the following:

the deliverables of catering services typically include:

1. **Custom Menu:** A tailored menu based on client preferences and dietary restrictions.
2. **Food Preparation:** Freshly prepared food, either on-site or pre-made, ensuring quality and taste.
3. **Beverage Service:** A selection of drinks, as well as bartending services if required.
4. **Service Staff:** Professional waitstaff for food and drink service, including setup and breakdown of the event.
5. **Equipment and Supplies:** Rental and provision of necessary equipment, such as tables, chairs, linens, dishware, and serving utensils.
6. **Setup and Breakdown:** Full setup before the event and cleanup afterward, including waste disposal.
7. **Event Coordination:** Liaison with the client to ensure smooth execution of the event, managing logistics and timing.
8. **Health and Safety Compliance:** Assurance that all food safety standards and regulations are met throughout the catering process.
9. **Special Accommodations:** Provision of options for special dietary needs, such as vegetarian, vegan, gluten-free, etc.
10. **Post-Event Follow-Up:** Feedback collection to ensure client satisfaction and identify areas for improvement.

These deliverables ensure a comprehensive catering experience that meets client expectations and enhances the overall event.

Prequalification Evaluation Criteria

IOM Somalia Mission will evaluate the proposals and select the catering service provider based on the following criteria:

- The quality and variety of the food offered. Hence, a sample will be requested during the evaluation process.
- Compliance with the nutritional standards and guidelines.
- The adherence to the dietary preferences and restrictions of the compound residents.
- The cost-effectiveness and affordability of the catering services.
- The experience and reputation of the catering service provider.
- The availability and reliability of the catering service provider.
- The responsiveness and professionalism of the catering service provider.
- Any other criteria mentioned in the ITB.

Other Details

PROSPECTIVE VENDOR INFORMATION SHEET

Vendor No.: _____
(IOM Internal Use)

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*: _____

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. _____

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

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 _____

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*

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

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: _____