

REQUEST FOR EXPRESSION OF INTEREST (REOI)

REOI Reference: Ref No: SOM-2024-0010	Date: 20 October 2024
---------------------------------------	-----------------------

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	Event and conference Services in Somalia.
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	<p>The EOI should include the following information:</p> <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	<p>Expressions of interest shall be sent by email as follows:</p> <p>Email address: procurement-tenderonly@iom.int</p> <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-Event and conference Services in 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	<p>IOM Somalia Supply Chain Unit</p> <p>E-mail address: iomsomprocurement@iom.int</p>
REOI Conditions	<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. 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</p>

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.

Terms of Reference (TOR) for Event and Conference Services in Somalia

1. Background

This document outlines the Terms of Reference for the provision of event and conference services in Somalia. The aim is to facilitate successful gatherings, including conferences, workshops, and seminars, that foster collaboration and knowledge sharing among stakeholders.

2. Objectives

To plan and execute high-quality events and conferences that meet the specific needs of participants.

To ensure logistical arrangements, including venue selection, catering, transportation, and accommodation.

To provide technical support and resources for effective presentations and discussions.

3. Scope of Work

Event Planning: Develop a detailed event plan, including timelines, budgets, and resource allocation.

Venue Management: Identify, negotiate and secure suitable venues for events.

Technical Support: Provide audio-visual equipment, materials, and on-site technical assistance.

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".

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. _____

Terms of Reference for Catering Services for IOM Somalia

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*: _____

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

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

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*: _____

	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 _____

