

REQUEST FOR EXPRESSION OF INTEREST (REOI)

REOI Reference: Ref No: SOM-2024-001	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.

Description	Construction of Boreholes, motorized wells, rehabilitation of bore holes, water catchment system and irrigation system.
UNSPSC code(s)	72100000
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-Construction of Boreholes, motorized wells, rehabilitation of bore holes, water catchment system and irrigation system "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</p>

	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)

Provision of Services: Construction of Boreholes, motorized wells, rehabilitation of bore holes, water catchment system and irrigation system.

1. Background

The International Organization for Migration (IOM) Somalia Mission is committed to enhancing the availability and quality of clean water and sanitation facilities in diverse communities throughout Somalia. Recognizing the critical importance of water access for health, livelihoods, and overall community resilience, IOM aims to implement a series of projects that will significantly improve water supply and sanitation infrastructure.

To achieve this goal, IOM is actively seeking to engage qualified vendors who possess the necessary expertise and resources to support the construction and rehabilitation of essential water infrastructure. This includes boreholes and motorized wells that can provide sustainable and reliable water sources, as well as the development of water catchment systems that can efficiently capture and store rainwater for use during drier periods.

2. Objectives

- To construct new boreholes and motorized wells in identified locations.
- To rehabilitate existing boreholes to restore functionality.
- To establish effective water catchment systems for sustainable water management.
- To implement irrigation systems to support agricultural activities.

3. Scope of Services

The selected vendors will be responsible for the following tasks:

- **Construction and Rehabilitation:**
 - Construct new boreholes and motorized wells, ensuring compliance with quality standards.
 - Carry out rehabilitation of existing boreholes, including cleaning, maintenance, and repair.
 - Install water catchment systems to maximize water collection during rainy seasons.
 - Implement irrigation systems tailored to local agricultural needs.
- **Monitoring and Reporting:** Regularly monitor progress and provide detailed reports to IOM on project milestones, challenges, and outcomes.

4. Pre-qualification Requirements

Pre-qualification will be done based on regions mentioned below.

Interested vendors must meet the following criteria in order to be pre-qualified:

- Vendors registered and operational in Somalia with the appropriate licenses for construction and/or drilling are eligible. If an entity is registered only in a specific region, its pre-qualification will be recognized exclusively for that region. (MANDATORY)
- Demonstrated experience in the construction of boreholes, motorized wells, rehabilitation of boreholes, water catchment systems, and irrigation systems in Somalia or the region for which you are expressing interest to be pre-qualified. For this purpose, provide a clear list of previous contracts with the following details: Contractor Name, Contract Reference Number, Contract Subject, Award Date, Completion Date, Location, Total Value in USD and Contractor Focal Point details including the official e-mails. (MANDATORY)
- Please provide a list of key personnel and skilled personnel with a minimum of 5 years of expertise in hydrology, engineering, and construction. Include their contractual status, specifying whether they are fully contracted or available on an on-call basis. (MANDATORY)

Vendor No.: _____
(IOM Internal Use)

- If available, provide any certification related to construction quality and standards and occupational health hazards. (ADVANTAGE)
- **The company's audited or certified financial records for the past three (3) years. (MANDATORY)**
- Equipment List that shows the list of equipment owned and can be rented when needed. (MANDATORY)

5. Locations/Regions

1.	Gedo
2.	Lower Jubba
3.	Lower Shabelle
4.	Bay and Bakool
5.	Galmudug
6.	Hiraan
7.	Banadir
8.	Puntland
9.	Middle Shabelle
10.	Any other location within Somalia

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: _____
 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 _____