

### REQUEST FOR EXPRESSION OF INTEREST (REOI)

|                                      |                       |
|--------------------------------------|-----------------------|
| REOI Reference: Ref No: SOM-2024-007 | Date: 25 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.

|   |   |
|---|---|
| <b>Description</b>  | Supply and Delivery of ICT Equipment  |
| <b>UNSPSC code(s)</b>                                       | 57888100  |
| <b>Deadline for the Submission of EOI</b>                   | 18 November 2024<br>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>                                       | <p>The EOI should include the following information:</p> <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>                                 | <p>Expressions of interest shall be sent by email as follows:</p> <p>Email address: <a href="mailto:procurement-tenderonly@iom.int">procurement-tenderonly@iom.int</a></p> <ul style="list-style-type: none"> <li>File Format: PDF</li> <li>File names must be maximum 60 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: <a href="#">REOI-2024- Supply and Delivery of ICT Equipment "Company Name"</a></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> | <p>IOM Somalia Supply Chain Unit</p> <p>E-mail address: <a href="mailto:iomsomprocurement@iom.int">iomsomprocurement@iom.int</a></p>  |
| <b>REOI Conditions</b>                                      | <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. |
|--|---|

### **Scope of work/Technical Specifications**

#### **Supply and Delivery of ICT Equipment**

#### **Background**

Established in 1951, IOM is the leading inter-governmental organization in the field of migration and works closely with governmental, intergovernmental, and non-governmental partners. IOM works to help ensure the orderly and humane management of migration, to promote international cooperation on migration issues, to assist in the search for practical solutions to migration problems and to provide humanitarian assistance to migrants in need, including refugees and internally displaced people.

#### **Purpose**

To supply and deliver ICT Equipment to IOM Somalia for a duration of 12 months, with possibility of extension on a year basis.

Needs required include supply and delivery of:

- Laptops and Laptop accessories (Charger, bags, stand)
- Monitors and accessories (Charger)
- UPS
- Printers (Color, Black and White)
- Keyboard and Mouse (Wireless or Wired)
- Toners/Cartridges
- All in one Desktop
- Hard disks
- Flash disks
- Headphones (wireless and wired)
- Mobile phone and accessories (Charger, screen Protector and cover)
- Tablet
- Cameras
- Camera Lense
- Drones
- Access Points
- Network Switch
- Shredders
- Network patch cables

#### **Qualifications**

- Vendor registration documents
- Vendor partnership agreement with manufacturer or Listed as a distributor.
- Minimum of 5 successful contracts/LPO for supply and deliver of ICT equipment
- All Equipment should have valid warranties
- High-quality and reliable IT equipment that meets industry standards and specification

PROSPECTIVE VENDOR INFORMATION SHEET

Vendor No.: \_\_\_\_\_  
UN MIGRATION

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.: \_\_\_\_\_ Commitment to Antiracism: Choose an item.  
UNPP No.: \_\_\_\_\_ Does your entity agrees with UN Supplier Code of Conduct: Choose an item.  
Is your Entity Women Owned?: Choose an item. Is the Bank Account Certificate added as attachment?: Choose an item.  
Is your Entity Disability Inclusive?: 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



**SPEND AUTHORIZED SUPPLIER INFORMATION SHEET**

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: \_\_\_\_\_

|                          | <b>List of attachments</b>                       |
|--------------------------|--|
| <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: _____                                     |

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

**Contact Information**

**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\*

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: _____   |