IOM International Organization for Migration
OIM Organisation Internationale pour les Migrations
OIM Organización Internacional para las Migraciones

Request for Expression of Interest

The International Organization for Migration (IOM) is an intergovernmental humanitarian organization established in 1951 and is committed to the principle that humane and orderly migration benefits both migrants and society.

In the framework of *the Multi-country UN Joint Programme on "Mixed Migration in the Middle East and North Africa region: Improving Health, Well-being and Protection of People on the Move and Host Communities",* IOM now invites Expression of Interest from Companies/Service Providers for the *consultancy for baseline assessment scoping.*

This document contains instructions on the preparation and submission of the Application including Annex A: Bidder's Information.

1. The Application must be submitted either by hand or though mail in sealed envelope to IOM with office address at *47C Abou El-Feda St., Zamalek 11211, Cairo, Egypt* no or by email to *iomegbids@iom.int* later than *at 23:59 on January 21, 2020.* Late Application will no longer be considered.

2. A detailed description must be provided on how the requirements specified in this document match the capability, experience, knowledge and expertise of the Company/ Service Provider.

3. The Application must be submitted on one original and one copy and envelop must be marked "Original" and "Copy" as appropriate. If there are any discrepancies between the original and the copy the original governs. Both envelopes shall be placed in an outer envelope and sealed. The outer envelope shall be labeled with the submission address, reference number and title of the Project and name of the Company/Service Provider.

4. The Application must be submitted in the English language and in the format prescribed by IOM. All required information must be provided, responding clearly and concisely to all the points set out. Any application which does not fully and comprehensively address this Request for Expression of Interest may be rejected.

5. The Application document should comprise of the following:

a.   Cover Letter;
   b. A copy of this Request for Expression of Interest duly signed on all pages by the Company/Service Provider's Authorized Representative; and
   c. Duly Accomplished Annex A with All requested information.

6. Companies/Service Providers requiring any clarifications on the content of this document may notify the IOM in writing at the following address: *47C Abou El-Feda St., Zamalek 11211, Cairo, Egypt.* IOM will respond to any request for clarification received on or by email at *iomegbids@iom.int* before *January 14, 2019.*

7. Applications shall be evaluated in accordance with the following criteria:

   a. Capacity
   b. Track Record and Experience
   c. Technical Expertise
   d. Financial Strength

   Only eligible and qualified Companies based on above shall be invited to participate in the bidding/tender process.

8. Applications may be modified or withdrawn in writing, prior to the closing time specified in this Request for EoI. Applications shall not be modified or withdrawn after the deadline.

9. The Company/Service Provider shall bear all costs associated with the preparation and submission of the Application and IOM will not in any case be responsible and liable for the costs incurred.

10. All information given in writing to or verbally shared with the Company/Service Provider in connection with this Request for EoI is to be treated as strictly confidential. The Company/Service Provider shall not share or invoke such information to any third party without the prior written approval of IOM. This obligation shall continue after the procurement process has been completed whether or not the Company/Service Provider is successful.

11. IOM reserves the right to accept or reject any Application, and to cancel the procurement process and reject all Applications, at any time without thereby incurring any liability to the affected Companies/Service Providers or any obligation to inform the affected Companies/Service Providers of the ground for IOM's action.

ANNEX A: BIDDERS INFORMATION

TABLE 1 – GENERAL INFORMATION
- Name of the Company
- Address
- Phone Number
- Fax Number
- Email Address
- Address of Other Offices, if any
- Name and Designation of the Contact Person
- Legal Status (***Provide certified copies of Registration)***
- Registration number
- Place of Registration
- Principal place of business
- VAT Registration number

Provide certified copies

TABLE 2 – COMPANY EXPERIENCE IN LAST THREE YEARS

- Starting Month/ Year
- Ending Month / Year
- Client
- Description of services
- Contract Amount

Remarks (**Provide documentary evidence)**

TABLE 3 – SIMILAR EXPERIENCE IN LAST THREE YEARS

- Year
- Client
- Description of works
- Contract Amount
- Remarks (**Provide documentary evidence (*))**

Please include copies of completion certificates issued by former clients and / or performance appreciation / evaluation letters from former clients providing their contact details and approval to contact them.

TABLE 4 – ONGOING COTRACTS

- Client
- Description of Contracts
- Location
- Amount
- % of Completion (**Provide documentary evidence)**

TABLE 5 - ADEQUACY OF WORKING CAPITAL

- Source of credit line
- Amount
- Remarks (***Provide documentary evidence)***

Please provide proof of financial competency and audited financial statements for the last three financial years.

TABLE 6 – LIST OF PERMANENTLY EMPLOYED STAFF

- Name
- Designation Qualification
- No. of Years of Experience

Provide an organizational chart and detailed CVs for key management and technical personnel in the Organization

TABLE 7 – LIST OF PLANT AND EQUIPMENT (OWNED AND HIRED)

- Description whether Owned or Leased
- Year of Manufacture

TABLE 8 – ANY OTHER INFORMATION
In addition to the required information, Companies may provide brochures and other related documents

I, the undersigned, warrant that the information provided in this form is correct and, in the event of changes, details will be provided as soon as possible:

Chiaki Ito
Regional Migration Health Specialist
Regional Office for the Middle East and North Africa
_____ _____ _____

Name/ Signature/ Date