

## REQUEST FOR EXPRESSION OF INTEREST

20 April 2023

### **REQUEST FOR EXPRESSION OF INTEREST (EOI) EOI IQ23NF063 Engineering consultancy services**

**Closing on 06.05.2023 at 15:00 hrs ( Iraq - Baghdad Time Zone)**

#### **A. Background**

1. The United Nations World Food Programme hereinafter referred to as the "WFP", with its Headquarters located in Via C.G. Viola, 68/70, 00148 Rome, Italy is the leading humanitarian organization saving lives and changing lives, delivering food assistance in emergencies and working with communities to improve nutrition and build resilience by assisting almost 100 million people in around 83 countries each year. About 17,000 people work for the organization, most of them in remote areas, directly serving the hungry poor.
2. The WFP Iraq country office seeks to purchase engineering consultancy services for covering but not limited to the below activities:  
2.1. Site survey and site assessment, 2.2. Infrastructure design services, 2.3. Project management, 2.4. Site supervision and quality control, 2.5. Additional requirements of clients.
3. The purpose behind the subjected service is to assess the market for reliable companies with very good experience in providing engineering consultancy services for covering WFP activities.
4. WFP invites eligible suppliers to express their interest in providing the requested services.

#### **B. The purpose of this EOI**

5. The purpose of this request for EOI is to identify suppliers with verified technical and financial capacity to perform the service required. Eligible suppliers will be invited to participate in the bidding process for the proposed tender.
6. Eligibility to participate in the proposed tender will be determined on the basis of:
  - 6.1. The vendor should be legally registered.
  - 6.2. The vendor has at least 5 years of experience in providing Engineering consultancy services.
  - 6.3. The vendor must provide at least three contracts or more with similar nature of services.
  - 6.4. The vendor should have the financial capacity to perform the required services locally and internationally.
  - 6.5. Acceptance of WFP Payment Method - Acceptance of UN General Terms and Conditions for Services.
7. After the deadline for submission of responses has passed, WFP will evaluate responses received and will notify eligible participants of the outcome of the evaluation.

#### **C. How to prepare and submit your Expression of Interest**

8. In order to participate in the pre-qualification exercise, companies are required to provide the following:  
***The filled in EOI Response Form, which includes:***
  - Table 1. WFP Requirements
  - Table 2. Supplier Information;
  - Table 3. Supplier Financial Status;
  - Table 4. Supplier Relevant Experience;
  - List any additional required documents, as applicable.
  - Signatory by the authorized company representative and company stamp.
9. **All supporting documentation listed above shall be prepared in accordance with the instructions provided and sent by email to [iraq.procurement@WFP.ORG](mailto:iraq.procurement@WFP.ORG) Please insert the subject line as following **IQ23NF063 - Insert Company Name.****
10. **Please be aware that the WFP server does not accept emails with attachments larger than 9 MB; consequently, it is recommended to send your documents in several parts (total number of parts shall mentioned in the subject line i.e. part /email 1 of 5) or via a valid link for at least 30 days to [iraq.procurement@WFP.ORG](mailto:iraq.procurement@WFP.ORG).**
11. WFP will not consider incomplete or unsigned submissions. All responses and supporting documentation received will be treated as strictly confidential and will not be made available to the public.
12. This request for EOI does not constitute a solicitation. WFP reserves the right to change or cancel this procurement process or any of its requirements at any time during the process; any such action will be communicated to all participants.

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13. Should you have any questions please do not hesitate to contact us at [Iraq.procurement@WFP.ORG](mailto:Iraq.procurement@WFP.ORG) with writing Ref# IQ23NF063 in the subject line.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Zeyad ALSAHLI', is written over a horizontal line.

Zeyad ALSAHLI  
Head of Supply Chain  
WFP Iraq Country Office  
The United Nations World Food Programme

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### EOI RESPONSE FORM

**TABLE I. WFP REQUIREMENTS**

| <b>A. Company / Organization's competencies/ capacities</b> |                                                                                                      |                  |                                                                   |
|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------|
|                                                             | <b>List of WFP requirements/evaluation criteria</b>                                                  | <b>Yes Or No</b> | <b>Comments</b>                                                   |
| 1                                                           | Does your company legally registered in Iraq                                                         |                  | Please provide the proofs                                         |
| 2                                                           | Does your company have at least 5 years of experience in providing engineering consultancy services. |                  | Please provide the proofs                                         |
| 3                                                           | Do you have at least 3 references from the parties that already contracted with you.                 |                  | Please provide the contact details                                |
| 4                                                           | Do you have at least three or more contracts with your clients (valid or expired).                   |                  | Please provide the proofs                                         |
| 6                                                           | Do you have financial capacity to perform the required services locally?                             |                  | Please provide the proofs and Audit sheets for the last two years |
| 7                                                           | Do you accept WFP Payment Method* & UN General Terms and Conditions for Services?                    |                  | If Yes, Please sign the attached UNGM                             |

**WFP Iraq pay vendors through bank transfer within 30 days from the date of invoice submissions, vendors shall hold bank accounts under the company name**

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**TABLE II. SUPPLIER INFORMATION**

| <b>B. Company / Organization's Background Information</b> |                                                                                                         |                                                                                                                                  |          |
|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------|
| 1                                                         | Legal Name of Company/Organization:                                                                     |                                                                                                                                  |          |
| 2                                                         | Full address:                                                                                           |                                                                                                                                  |          |
| 3                                                         | E-mail address:                                                                                         |                                                                                                                                  |          |
| 4                                                         | Website address:                                                                                        |                                                                                                                                  |          |
| 4                                                         | Telephone:                                                                                              | Fax:                                                                                                                             |          |
| 5                                                         | Contact person, title:                                                                                  | Tel./E-mail of contact person:                                                                                                   |          |
| 6                                                         | Registration with UNGM                                                                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                         | UNGM No. |
| 7                                                         | Type of Business                                                                                        | <input type="checkbox"/> Corporate/ Limited<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Other (specify): |          |
| 8                                                         | Goods / Services:                                                                                       |                                                                                                                                  |          |
| 9                                                         | Company/Organization Business Registration Number:                                                      | Date of Registration:                                                                                                            |          |
| 10                                                        | Additional company/organization background information: [If applicable, insert not more than 100 words] |                                                                                                                                  |          |

**TABLE III. SUPPLIER FINANCIAL STATUS**

| <b>C. Company / Organization's Financial Status</b>                                                                                |                          |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Item                                                                                                                               | Value USD                |
| Gross Turnover [Insert year]                                                                                                       |                          |
| Gross Turnover [Insert year]                                                                                                       |                          |
| Gross Turnover [Insert year]                                                                                                       |                          |
| <i>Maximum contract value in relation to which your Company can be engaged:</i>                                                    |                          |
| USD 0 – 30,000                                                                                                                     | <input type="checkbox"/> |
| USD 30,000 – 100,000                                                                                                               | <input type="checkbox"/> |
| USD 100,000 – 500,000                                                                                                              | <input type="checkbox"/> |
| above USD 500,000                                                                                                                  | <input type="checkbox"/> |
| Maximum "Bank Guarantee" amount available to the Company/Organization                                                              |                          |
| Last two years audited accounts or alternative assessed within WFP's discretion are attached to prove the information stated above | <input type="checkbox"/> |

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**TABLE IV. SUPPLIER RELEVANT EXPERIENCE**

List at least 3 or more contracts in the last five years relevant to the supply of engineering consultancy services.

| <b>D. Company / Organization's Relevant Experience</b> |                                     |                         |                              |               |
|--------------------------------------------------------|-------------------------------------|-------------------------|------------------------------|---------------|
| <b>Commenced<br/>(Month / Year)</b>                    | <b>Completed<br/>(Month / Year)</b> | <b>Type of Contract</b> | <b>Total Value<br/>(USD)</b> | <b>Client</b> |
|                                                        |                                     |                         |                              |               |
|                                                        |                                     |                         |                              |               |
|                                                        |                                     |                         |                              |               |
|                                                        |                                     |                         |                              |               |

**TABLE V. SIGNATORY & ORGANIZATION STAMP**

| <b>E. Signatory</b>                    |            |
|----------------------------------------|------------|
| Name of Company/Organization:          |            |
| Name of the authorized representative: | Signature: |
| Title:                                 | Date:      |