

## REQUEST FOR EXPRESSION OF INTEREST

21 September 2022

### Expression of Interest, **EOI/KEN-010/2022**, For Construction Works in Kenya

#### A. Background

1. World Food Programme (WFP) is the food assistance agency of the United Nations and the world's largest humanitarian organization addressing hunger and promoting food security. To support its activities WFP intends to expand Contractors list and invites eligible construction firms duly registered under NCA to express interest. Eligible companies will be included in the list of pre-qualified Contractors for future works within their regions of operation.
2. Eligibility will be determined on the basis of:
  - Confirmation of interest in being considered for the provision of the above services;
  - EOI response form and Annexes completed and signed, as required in Clause 6 of this document: Company status and profile and its suitability for the stated purpose;
  - Relevant experience, staff, equipment to carry out construction works, certificate of incorporation, business permit, NCA registration forms and current practising licenses
3. 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.

#### B. How to prepare and submit your Expression of Interest

4. In order to participate in the pre-qualification exercise, companies are required to provide the following:
  - EOI Response Form;
  - List of Contractor working area including (Nairobi, Turkana, Marsabit, Isiolo, Samburu, Wajir, Tana River, Kitui, Garissa, Dadaab, Mombasa, Mandera. If a Contractor can work in more than one area, please include in the cover page of your EOI)
  - Supplier Background Check Form
  - Supplier Financial Status Form
  - Supplier profile and general information (including relevant legal documents)
  - Staff
  - Equipment
  - Past Experience Form
  - Signatory.
5. All supporting documentation listed above shall be prepared in accordance with the instructions provided and sent to WFP Procurement by email to [WFPKenya.Procurement@wfp.org](mailto:WFPKenya.Procurement@wfp.org). The deadline for response to this request for EOI is:

**14.10.2022, 17:00 hrs (EAT)**

6. 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.
7. 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.
8. Should you have any questions please do not hesitate to contact us at [Nairobi.Procurement@wfp.org](mailto:Nairobi.Procurement@wfp.org).

## REQUEST FOR EXPRESSION OF INTEREST

**EOI No.EOI/KEN-010/2022**

### EOI RESPONSE FORM

|                                                                                                                                                                                                                                                                    |                                                                                                         |                                                          |                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------|
| <b>A. Company / Organization's Background Information (attach a company profile/brochure, and relevant registration certificates ie. Certificate of incorporation, business permit, NCA registration and practising licenses and any additional registrations)</b> |                                                                                                         |                                                          |                                                     |
| 1                                                                                                                                                                                                                                                                  | Legal Name of Company/Organization:                                                                     |                                                          |                                                     |
| 2                                                                                                                                                                                                                                                                  | Full address:                                                                                           |                                                          |                                                     |
| 3                                                                                                                                                                                                                                                                  | E-mail address:                                                                                         | 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                                                                                                                                                                                                                                                                  | Company/Organization Business Registration Number: (attach)                                             | 8                                                        | Date of the Company Registration as a legal entity: |
| 9                                                                                                                                                                                                                                                                  | Additional company/organization background information: [If applicable, insert not more than 100 words] |                                                          |                                                     |

|          |                                                                                                                                       |
|----------|---------------------------------------------------------------------------------------------------------------------------------------|
| <b>B</b> | <b>Please describe your previous experience in supply of similar goods/provision of similar services (please provide references).</b> |
|          |                                                                                                                                       |

## REQUEST FOR EXPRESSION OF INTEREST

|  |
|--|
|  |
|--|

| C. Supplier relevant experience |                             |                  |                      |        |
|---------------------------------|-----------------------------|------------------|----------------------|--------|
| Commenced<br>(Month / Year)     | Completed<br>(Month / Year) | Type of Contract | Total Value<br>(USD) | Client |
|                                 |                             |                  |                      |        |
|                                 |                             |                  |                      |        |
|                                 |                             |                  |                      |        |
|                                 |                             |                  |                      |        |

| D. Company / Organization's Financial Status (attach audited accounts for the listed years) |           |
|---------------------------------------------------------------------------------------------|-----------|
| Item                                                                                        | Value USD |
| Gross Turnover 2019                                                                         |           |
| Gross Turnover 2020                                                                         |           |
| Gross Turnover 2021                                                                         |           |

| A. Signatory                  |        |
|-------------------------------|--------|
| Name of Company/Organization: |        |
| Name:                         | Title: |
| Signature:                    | Date:  |

| E. |
|----|
|    |

## REQUEST FOR EXPRESSION OF INTEREST

|                                                   |               |
|---------------------------------------------------|---------------|
|                                                   |               |
|                                                   |               |
|                                                   |               |
| <b>F. Contact point for further communication</b> |               |
| Name:                                             | Title:        |
| Email:                                            | Phone number: |

Provide CVs of senior staff (no more than three) [if applicable]