**Media Production Services EOI Response Form No.YEME22EOI.4**

|  |
| --- |
| 1. **Company / Organization’s competencies/ capacities**
 |
|  | **List of WFP requirements/evaluation criteria** | **Yes** | **Comments** |
| 1 | Access to all areas of Yemen (South or North). | ☐ |       |
| 2 | Ability to hire and contract with individuals when it’s needed. | ☐ |       |
| 3 | Profile includes documentary, commercial or artistic work of videography, photography, and montage. | ☐ |       |

**Media Monitoring and Analysis Services** **EOI Response Form No. YEME22EOI.4**

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| --- |
| 1. **Company / Organization’s competencies/ capacities**
 |
|  | **List of WFP requirements/evaluation criteria** | **Yes** | **Comments** |
| 1 | Ability to provide 24/7 daily, weekly, and monthly reports.  | ☐ |       |
| 2 | Flag news or trends about WFP, UN agencies, and Yemen in all majors like a humanitarian, political, economic, development, etc. | ☐ |       |
| 3 | Have monitoring and analysis tools and methods for modern and traditional media. | ☐ |       |
| 4 | Ability to provide quarterly, semi-annual and annual summary reports.  | ☐ |       |

**Graphic Design Services** **EOI Response Form No. YEME22EOI.4**

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| 1. **Company / Organization’s competencies/ capacities**
 |
|  | **List of WFP requirements/evaluation criteria** | **Yes** | **Comments** |
| 1 | Portfolio includes artistic, illustration, infographic, digital, motion, and any other type of graphic design. | ☐ |       |

**Printing Production Services EOI Response Form No.** **YEME22EOI.4**

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| 1. **Company / Organization’s competencies/ capacities**
 |
|  | **List of WFP requirements/evaluation criteria** | **Yes** | **Comments** |
| 1 | At least two printing methods (Desktop, Digital, Offset, etc.) | ☐ |       |
| 2 | Delivery access to all WFP AOs and FOs. | ☐ |       |
| 3 | Ownership documents of the printing machines. | ☐ |       |
| 4 | Audit Financial statement of the company for the latest three years.  | ☐ |       |

**Visibility and Promotional Items** **EOI Response Form No. YEME22EOI.4**

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| --- |
| 1. **Company / Organization’s competencies/ capacities**
 |
|  | **List of WFP requirements/evaluation criteria** | **Yes** | **Comments** |
| 1 | Delivery access to all WFP AOs and FOs. | ☐ |       |
| 2 | Ability to provide a variety of items with good quality and reasonable prices. | ☐ |       |
| 3 | Ability to print the WFP branding the items with different methods. | ☐ |       |

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| --- |
| 1. **Company / Organization’s Background Information**
 |
| 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 [ ]  No [ ]   | UNGM No.      |
| 7 | Type of Business | Corporate/Limited       | Partnership       | Other (specify)       |
| 8 | Goods / Services:        |
| 9 | Company/Organization Business Registration Number:       | 6 | Date of Registration:       |
| 10 | Additional company/organization background information: [If applicable, insert not more than 100 words] |

**ANNEX 1. SUPPLIER INFORMATION FORM**.

**ANNEX 2. SUPPLIER FINANCIAL STATUS**

|  |
| --- |
| 1. **Company / Organization’s Financial Status**
 |
| **Item** | **Value USD** |
| Gross Turnover [Insert year] |       |
| Gross Turnover [Insert year] |       |
| Gross Turnover [Insert year] |       |
| *Maximum contract value in relation to which your Company can be engaged:* |       |
|  USD 0 – 30,000  | [ ]  |
|  USD 30,000 – 100,000 | [ ]  |
|  USD 100,000 – 500,000 | [ ]  |
|  above USD 500,000 | [ ]  |
| 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 | [ ]  |

**ANNEX 3. SUPPLIER RELEVANT EXPERIENCE**

List at least 4 contracts in the last two years relevant to the supply of [Insert description of goods and/or services concerned].

|  |
| --- |
| 1. **Company / Organization’s Financial Status**
 |
| **Commenced** | **Completed** | **Type of Contract** | **Total Value (USD)** | **Client** |
| **(Month / Year)** | **(Month / Year)** |  |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

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

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| --- |
| 1. **Signatory**
 |
| Name of Company/Organization:  |
| Name:       | Title:       |
| Signature: | Date:       |

**Company/Organization Stamp**