

REQUEST FOR EXPRESSION OF INTEREST

22 October 2026

REQUEST FOR EXPRESSION OF INTEREST (EOI) – HQ26NF307-EOI for the procurement of a High-Pressure Compression System, Water Chiller and Mechanical Rebuilding kits (for El Alto Generating Plant, Bolivia)

Closing on 29 October 2026 at 16:00 hrs (Rome, Italy, Time)

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 HQ and Bolivia Office seek to identify qualified suppliers for the supply, installation, commissioning and after-sales support of a high-pressure medical oxygen compression system for a medical oxygen production facility in Bolivia.
3. The requirement includes the supply of one (1) oil-free high-pressure oxygen compressor with a nominal capacity of approximately 50 Nm³/h and discharge pressure up to 200 bar, one (1) compatible cooling/chiller unit, spare parts and maintenance kits, installation and commissioning services, as well as technical training for local operators. The equipment will be deployed at a medical oxygen facility located in El Alto, Bolivia, at an altitude of approximately 4,150 meters above sea level.
4. WFP invites eligible suppliers to express their interest in participating in the forthcoming competitive solicitation process.

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 provide the goods and services described in this EOI document. 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 the criteria listed in Table 1.
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;
 - 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 hq.tenders@wfp.org.
10. 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.
11. 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.
12. Should you have any questions please do not hesitate to contact us at hq.tenders@wfp.org.

Yours sincerely,
WFP Procurement.

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EOI RESPONSE FORM

TABLE I. WFP REQUIREMENTS

A. Company / Organization's competencies/ capacities			
	List of WFP requirements/evaluation criteria	Yes	Comments
1	Supplier has experience in the manufacture and/or supply of high-pressure medical oxygen compression systems.	☐	
2	Supplier can provide an oil-free compressor suitable for medical oxygen applications with nominal capacity of approximately 50 Nm ³ /h and operating pressure up to 200 bar.	☐	
3	Supplier can provide a compatible cooling/chiller solution for continuous operation of the compression system.	☐	
4	Supplier has experience in installation, commissioning and testing of similar systems.	☐	
5	Supplier can provide operator training and technical documentation in English and/or Spanish.	☐	
6	Supplier can provide warranty support and spare parts availability for the proposed equipment.	☐	
7	Supplier has successfully completed at least three similar projects during the last five years.	☐	
8	Supplier has appropriate quality management certifications and/or experience in the medical oxygen sector.	☐	
9	Supplier has the financial capacity to undertake contracts of similar size and complexity.	☐	

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TABLE II. SUPPLIER INFORMATION

B. Company / Organization's Background Information			
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 ☐ No ☐	UNGM No.
7	Type of Business	☐ Corporate/ Limited ☐ Partnership ☐ 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]		

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TABLE III. SUPPLIER FINANCIAL STATUS

C. Company / Organization's Financial Status	
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	☐
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	

TABLE IV. SUPPLIER RELEVANT EXPERIENCE

List at least 4 contracts in the last two years relevant to the supply of relevant goods and services.

D. Company / Organization's Relevant Experience				
Commenced (Month / Year)	Completed (Month / Year)	Type of Contract	Total Value (USD)	Client

Provide CVs of senior staff (no more than three).

TABLE V. SIGNATORY & ORGANIZATION STAMP

E. Signatory	
Name of Company/Organization:	
Name of the authorized representative:	Signature:
Title:	Date: