

**THE NAVAJO NATION  
FACILITIES MAINTENANCE DEPARTMENT  
REQUEST FOR PROPOSALS (RFP)**

**RFP # 18-02-1772VJ**

**FACILITIES CONDITION ASSESSMENT  
GENERAL INSTRUCTIONS**

**DUE: March 21, 2018                      4:00 P.M.**

The Navajo Nation Facilities Maintenance Department (here after referred to as FMD) invites interested pest and rodent control companies to submit proposals for the Navajo Nation Annual Facility Rodent & Pest Control Services. This service shall entail rodent and pest control elimination services for the facilities listed in Appendix "A" through "E" of the RFP. The rodent and pest control service shall include all interior offices, conference rooms, storage areas, utility rooms, boiler rooms, lobbies, restrooms, corridors and common areas. Services shall extend to the immediate exterior of each facility (i.e. along buildings and building access points) to include pest spraying and rodent prevention services outside of all facilities. This contract shall begin April 2018 through October 2018 for a period of 7 months.

The intent of this request for proposal is to prevent rodent and pest infestation of all facilities listed under the Navajo Nation Facilities Maintenance Department Maintenance Listing.

PRE-BID MEETING FOR ALL PROSPECTIVE ENTITIES WILL TAKE PLACE ON March 13, 2018 AT 10:00 A.M. THE DESIGNATED MEETING PLACE IS AT THE NAVAJO NATION FACILITIES MAINTENANCE DEPARTMENT, 2431 NORTH ROUTE 12, FORT DEFIANCE, ARIZONA 86504.

**REQUEST FOR PROPOSALS  
DUE: March 21, 2018**

The FMD is accepting proposals from qualified pest and rodent elimination companies to provide the Navajo Nation Annual Facility Rodent & Pest Control Services. The award of the contract shall be determined by the FMD.

Responses to this RFP shall be submitted to the Navajo Nation Facilities Maintenance Department at the date and time noted above. All proposals must be clearly marked **RFP – NN ANNUAL FACILITY RODENT & PEST CONTROL SERVICES**. No oral, telephonic, emailed, or faxed responses shall be considered. No oral, telephonic, emailed, or faxed corrections, deletions, or additions to any response shall be accepted. The FMD reserves the right to reject any or all responses, and to waive any or all formalities in connection with this request. Any responses received after the above scheduled due date and time shall not be accepted or considered.

**1. AVAILABILITY OF FUNDS**

Any subsequent contract award associated with this RFP is contingent upon the availability of funds to the FMD for this project. If funds are not available, any agreement resulting from this RFP shall become void and of no force and effect. FMD reserves the right to negotiate the overall contract price based on the availability of funds.

## **2. AGREEMENT**

The FMD, upon mutually agreed to and acceptable terms and conditions with the successful responder/consultant, shall enter into a formal agreement for a mutually agreed to fee and period of time. The FMD reserves the right, subject to mutual agreement with the successful responder/consultant, to extend the terms of this agreement, at the proposed rate, for a mutually agreed upon period of time.

## **3. CANCELLATION OF AGREEMENT**

The FMD reserves the right to cancel any contract/agreement, at any time, with sixty (30) days prior written notice to the consultant, should any of the following conditions exist:

- Funds are not appropriated by the FMD for continuance of this agreement.
- The FMD, through changes in its requirements, method of operation, or program operation no longer has a need for the service.

## **4. INSURANCE REQUIREMENTS**

The selected entity, upon receiving authorization to proceed, shall be required to deliver an insurance certificate in amounts, companies, and terms acceptable to the FMD.

The entity selected shall provide evidence of insurance coverage from a company or companies with an A.M. Best rating of A- (VII) or better. Such insurance will protect and indemnify the FMD from claims which may arise out of or result from any obligation under this agreement, whether such obligations are the Contractor's or those of a subcontractor or any person or entity directly or indirectly employed by said Contractor. Minimum coverage is as follows:

1. Workers Compensation: Consultant shall provide workers compensation and employer's liability insurance that complies with the regulations of the Navajo Nation with limits no less than \$100,000 each accident by bodily injury; \$100,000 each accident by disease and a policy limit of \$500,000.
2. Commercial General Liability Insurance: Consultant shall provide commercial general liability insurance policy that includes products, operations and completed operations (with no exclusion for sexual abuse or molestation). Limits should be at least: Bodily injury & property damage with an occurrence limit of \$1,000,000: Personal & advertising injury limit of \$1,000,000 per occurrence: General aggregate limit of \$2,000,000 (other than products and completed operations): Products and completed operations aggregate limit of \$2,000,000. The policy shall name the FMD as an additional insured. Such coverage will be provided on an occurrence basis and will be primary and shall not contribute in any way to

any insurance or self-insured retention carried by the FMD. Such coverage shall contain a broad form contractual liability endorsement or similar wording within the policy form.

3. Commercial Automobile Insurance: Consultant shall provide commercial automobile insurance for any owned autos (symbol 1 or equivalent) in the amount of \$1,000,000 each accident covering bodily injury and property damage on a combined single limit basis. Such coverage shall also include hired and non-owned automobile coverage.

4. Include a statement that no conflicts of interest exist in the provision of the services.

Umbrella Liability Insurance: Consultant shall provide an umbrella liability policy in excess (without restriction or limitation) of those limits described in items (A) through (C). Such policy shall contain limits of liability in the amount of \$1,000,000 each occurrence and \$1,000,000 in the aggregate which may be amended during the term of the contract if deemed reasonable and customary by the FMD at the sole cost and expense of the Contractor. As to the insurance required, the insurer(s) and/or their authorized agents shall provide the FMD with certificates of insurance prior to execution of the agreement by the FMD, describing the coverage.

## 5. AWARDING THE SERVICES

The services shall be awarded to the consultant whose qualifications are deemed to best provide the services desired, taking into account the requirements, terms and conditions contained in the request for proposals and the criteria for evaluating proposals.

## 6. SUBMISSION OF QUESTIONS

Questions relating to this request for proposals must be submitted in writing to the following (faxed or emailed questions are acceptable):

Navajo Nation Facilities Maintenance Department  
Post Office Box 528  
Fort Defiance, Arizona 86504  
Attn.: Marcus C. Tulley  
Fax: 928-729-4258  
Email: [marcustulley@navajo-nsn.gov](mailto:marcustulley@navajo-nsn.gov)

To ensure consistent interpretation of certain items, answers to questions the FMD deems to be in the interest of all will be made available to all other respondents.

## 7. PROPOSAL SUBMISSION

Four (4) complete sets of the proposals along with a sample of your work are to be submitted to the FMD no later than March 21, 2018 at 4:00 P.M. clearly labeled as follows: **RFP – NN ANNUAL FACILITY RODENT & PEST CONTROL SERVICES** and shall be addressed and mailed or hand delivered to:

<b>PHYSICAL ADDRESS:</b>	<b>MAILING ADDRESS:</b>
NN Facilities Maintenance Department Attn.: Marcus C. Tulley 2431 North Route 12	NN Facilities Maintenance Department Attn.: Marcus C. Tulley Post Office Box 528

## 8. ATTACHMENTS

Appendix A provides a list of facilities selected for pest and rodent control services.

## 9. SCOPE OF SERVICES

The scope of the rodent and pest control services shall include the following: Pest and rodent elimination services of all interior facility offices, conference rooms, corridors, lobbies, public areas, common areas, utility rooms, boiler rooms, restrooms, stairwells, custodial closets, elevator areas, open ceiling areas, storage rooms, kitchen areas, warehouses, mechanical rooms. Pest and rodent elimination of exterior areas shall include around the immediate areas of the facility no more than five feet from the side of each facility.

Rodent traps shall be placed at all immediate facility access points that are conducive for a work environment that will not be noticeable or will not affect the public safety, health and welfare.

Contractor shall provide an environment, free from, but not limited to, the following pests:

1. Spiders, cockroaches and beetles
2. Crickets, and other hoppers
3. Ants (all species) earwigs, sow bugs, bed bugd, silverfish and other crawling insects
4. Fleas and other biting insects
5. Wasps, hornets and other stinging insects nesting in the interior or exterior, up to a maximum height of two (2) stories.
6. Moths and other flying pests.
7. Weevils and other food pests.
8. Mice, rats and other rodents.

The pest control services shall be performed in all listed buildings, occupied or unoccupied, including, but not limited to, basements, crawl spaces, offices, storage areas/rooms, closets, baseboards, plumbing and heating pipes, shelves, elevators, walls / enclosures, kitchen, dining room, cafeteria, food preparation and storage areas, refuse containers and surrounding storage areas, offices, lavatory and shower areas hallways and lounge areas. All Contractor personnel working in or around Navajo Nation facilities shall wear distinctive uniform clothing and identification.

The Contractor must perform a thorough inspection during every service. Following each scheduled service, the Contractor must submit a written report to the designated individual in the NN Facilities Maintenance Department listing any and all areas that remain inaccessible for pest control service such as lockers, rooms, closets, etc. Should the scheduled services not be totally effective, or interrupt institutional activities, the Contractor shall be required to provide necessary services at alternate times agreeable to the Navajo Nation facility, at no additional cost.

Complaints and service requirements, including recall work required between scheduled services visits, must be handled within 24 hours after notification and will be at no additional cost to the Navajo Nation.

## 10. QUALIFICATION REQUIREMENTS AND FORMAT

The following material is to be included in all responses and received by the date and time noted above in order for any entity to be considered:

- a. Title Page showing that the proposal submitted is for NN Annual Facility Rodent & Pest Control Services.
- b. The entity name, contact person information and date of response.
- c. Table of Contents
- d. Information described in the following:

### **Technical Proposal Section**

#### **Section I: Company Profile**

This section should state the size of the entity, the type of entity, the entity's background, and the location and/or office from which the work on this project shall be performed.

#### **Section II: Experience**

The response should include details of experience with facility rodent and pest control / elimination for educational and government facilities. In addition, interested entities must have at least five years minimum experience performing pest and rodent control / elimination services.

#### **Section III: References**

Include a list of references and contact information in the response. This list should include past and present clients as outlined in Experience above, including names and telephone numbers of contact people.

#### **Section IV: Specific Approach, Sample Reports and Management Plan**

Provide details regarding your approach to completing a monthly pest and rodent control services for all listed facilities in this RFP. Include a management plan with qualifications of the staff you propose for this project along with resumes of the key personnel who would be assigned to this project as well as any consultants, engineers, etc. to be used.

#### **Section V: Budget & Cost Breakdown Information**

Include a detailed cost proposal as follows:

Price per square footage

Cost of Materials

Navajo Nation Tax 5% (*All Navajo Nation except Kayenta & Tuba City Area*)

Cost Breakdown and Kayenta Sales Tax 5% (*Services Provided Directly in Kayenta, AZ*)

Cost Breakdown and Tuba City Sales Tax 6% (*Services Provided Directly in Tuba City, AZ*)

Total Cost

## **Section VI: Additional Information**

Include in this section any additional information you wish to provide to the FMD relevant to the analysis.

Please be advised that the person(s) signing a formal response must be authorized by your organization to contractually bind the entity with regard to prices and related contractual obligations for the delivery terms.

Company Name

Authorized Signature

Title

Printed Name

Phone, Fax, Email, Website Address

## **Section VII: Required Documents**

1. Employee Certification and Degrees
  - State Pest Management Licensure or Certification
  - Safety Certification
2. Comprehensive Scope of Work
3. Navajo Business Opportunity Act Statement
4. Certificate of Non-Debarment
5. Certification of Non-Collusion
6. Certification of Good Standing From State Licensing Office
7. Certificate of Insurance
8. Federal IRS W-9 Form
9. SDS Information for all Pesticide or Insecticide Spray Intending Use
10. One Copy of Comprehensive Safety Plan

## **11. INTERVIEW AND SELECTION PROCESS**

The FMD shall select the successful respondent to provide the requested services. Respondents submitting the most responsive proposals may be invited to an interview with the FMD. During that

process those entities shall be requested to present all costs and rates associated with their proposed consulting services.

Should the FMD elect to purchase the consultant services detailed in this request it will then enter into a contract/agreement with the most responsible respondent whose proposal is determined to be in the best interest of the FMD. Responses to this RFP will be reviewed against the criteria contained herein, and award of the contract/agreement shall be made in accordance with standard Navajo Nation purchasing procedures.

The FMD reserves the right to reject any or all responses or parts thereof for any reason, to negotiate changes to proposed terms and to waive minor inconsistencies with the RFP. The FMD further reserves the right to make a selection on the basis of an interview process, qualifications, experience in providing similar services elsewhere, overall responsiveness to the requirements of this RFP; and to negotiate an contract/agreement with the Consultant.

## **12. ANTICIPATED TIME-LINE**

February 21, 2018	Issue RFP
March 13, 2018	10:00 A.M. Pre-bid meeting
March 21, 2018	4:00 P.M. Proposals due
March 22, 2018	9:00 A.M. Bid opening

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <hr/> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC                  <input type="checkbox"/> C Corporation                  <input type="checkbox"/> S Corporation                  <input type="checkbox"/> Partnership                  <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p><b>6</b> City, state, and ZIP code</p> <hr/> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/>

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>											
				-			-				
<b>or</b>											
<b>Employer identification number</b>											
				-							

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends or interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

