

**Department of Behavioral Health Services (DBHS)
2018 Annual Staff Meeting
INVITATION FOR BID
BID #18-02-1784LE**

**ADDENDUM #1 – Date changed
ADDENDUM #2 – Extended Due Date**

Title: 2018 DBHS Annual Staff Meeting on **August 26-31, 2018** for Conference Room & Equipment Rental, Catering, Refreshments and Lodging for 200 DBHS Staff in the New Mexico Area.

Bids Due Date: **Tuesday, March 20, 2018**

Invitation for Bid:

All interested parties are invited to review and respond to this Invitation for Bid at their discretion. All questions pertaining to the contents of this IFB as a respondent can contact Darlene Yazzie, Buyer at e-mail: darlene.yazzie2@nndoh.org

All parties responding to this Bid No: 18-02-1784LE are instructed to submit 3 sealed bids to the following address:

The Navajo Nation
Department of Behavioral Health Services-Finance Section
ATTN: Darlene Yazzie, Buyer
Administration Building #2 – 1st Floor
Morgan Blvd
P.O Box 709
Window Rock, AZ 86515

Responses to this bid shall be sent in a sealed envelope, including return address, and clearly marked on the outside of the envelope; the following:

**BID NO: 18-02-1784LE
2018 DBHS ANNUAL STAFF MEETING
DO NOT OPEN BIDS**

**NAVAJO NATION DEPARTMENT OF BEHAVIORAL HEALTH SERVICES
ANNUAL STAFF MEETING
INVITATION FOR BID (IFB)
BID NO# 18-02-1784LE**

Conference Room, Equipment Rental, Lodging, Catering & Refreshments

Navajo Department of Behavioral Health Services (DBHS) is requesting for bid from vendors to provide conference room with equipment rental, hotel lodging and catering and refreshments for Department of Behavioral Health Services. DBHS consists of sites from NM Sites: Shiprock, Crownpoint, Thoreau and Gallup. AZ Sites: Chinle, Kayenta, Kabieta, Tuba City, Dilkon, Newlands, Fort Defiance and Window Rock. There are total of 200 staff with DBHS.

Conference room & equipment rental, hotel lodging and catering services will be needed from the New Mexico Area.

Date for DBHS Annual Staff Meeting will be on: **August 27-31, 2018**

Schedule will include **four (4)** days General Session.

Specification for IFB:

QTY	DESCRIPTION	UNIT PRICE	AMOUNT
4 days	Conference Room Rental for August 27-30, 2018 8am to 5pm – Class room style (opening in middle) *To hold 200 people *Stage with Podium w/microphone in middle *Speakers and 3-Wireless Microphone *Projector *Large Screen (2) *Free Wifi		
4 days	Small Room – for August 26-30, 2018 *For meeting and storage room (locked)		
	Room Tax		
	Tax		
5 days (200 people)	Morning Refreshments – Continental Breakfast Coffee/Hot tea/Orange Juice		
5 days (200 people)	Afternoon Refreshments – Chips and salsa, Assorted Cookies And Iced Tea		
	Gratuity		
	Tax		
200 people	Banquet: August 29, 2018 -- Buffet Style 2 Main Entrée with sides Desert: Cheesecake and Strawberry Shortcake Drinks: Iced Tea, Coffee		
	Gratuity		
	Tax		
200 people	Meet & Greet Night – August 26, 2018 from 4 – 6pm Finger sandwiches, chips, fruit tray and iced tea		
	Gratuity		
	Tax		

1 evening	Conference Room: August 26, 2018 (4 - 6pm) Wireless Microphone		
	Room Tax		
	Tax		
85 Rooms	Lodging: Double Room *Turn off Incidental Checking in: August 26, 2018 Checking out: August 31, 2018		
30 Rooms	Lodging: Single Room *Turn off Incidental Checking in: August 26, 2018 Checking out: August 31, 2018		
	Room Tax		
	Tax		
1	Conference Room: Friday, August 31, 2018 U shape - 25 people		
	Room Tax		
	Tax		
25	Plated Breakfast - Eggs, Bacon, Sausage, pancakes, hash brown, Toast and Drinks for August 31, 2018		
	Gratuities		
	Tax		
	GRAND TOTAL		

Indian Preference will apply to this IFB as well as vendors should indicate if they are Navajo Nation Priority One or Two vendor.

Submittal Deadline:

Bids must be received by March 20, 2018 at 5:00 pm to:

Mail: Department of Behavioral Health Services-Finance Section
ATTN: Darlene Yazzie, Buyer
P.O. Box 709
Window Rock, AZ 86515
BID NO: 18-02-1784LE

Courier Service/Deliver to:

Department of Behavioral Health Services-Finance Section
ATTN: Darlene Yazzie, Buyer
Administration Building No: 2 – 1st Floor
Window Rock Blvd
Window Rock, AZ 86515
BID NO: 08-02-1784LE

Questions:

Any inquiries regarding this procurement should be submitted in writing to the Buyer for official response. The respondent may contact the Buyer verbally, however, verbal responses will be considered unofficial. Only written responses to question(s) will be official. All questions will be directed to the Buyer at (928) 871-6252-Phone (928) 551-0624-Cell or email: darlene.yazzie2@nndoh.org. Questions regarding this procurement will be accepted until 5:00pm, March 14, 2018.

Ownership of Bid:

All documents submitted in response to this IFB shall become the property of the Navajo Nation and will not be returned to the respondent. Responses received will be retained by Department of Behavioral Health Services.

IFB Format:

1. Respondent(s) must indicate if they are priority vendor with the Navajo Nation or Indian Preference with proof of certificate.
2. All bid must be typewritten on standard 8-1/2" x 11" paper and placed within a 1" binder with tabs delineating each section. Larger paper is permissible for charts, maps, or the like.
3. An original IFB response and 3 copies must be provided in sealed envelope with Vendor Name & address and **BID No: 08-02-1784LE**
4. The bid must be organized and indexed in the following format:
 - a. Letter of Transmittal
 - b. Facility map
 - c. Proposal Meeting Its Objectives
 - d. Proposed **Itemized** cost on company letterhead **(Sealed in Separate Envelope)**
5. Each bid must be accompanied by the letter of transmittal. The letter of transmittal must:
 - a. Provide background on company;
 - b. Identify the name of the person responding to the IFB;
 - c. Identify the name, title and telephone numbers of person authorized to negotiate on behalf of the organization;
 - d. Identify the names, files, and telephone numbers of person to be contacted for clarification.
 - e. Explicitly indicate acceptance of the conditions governing this procurement;
 - f. Be signed by the person responding to the IFB; and
 - g. Acknowledge receipt of any and all amendments to the IFB.
 - h. The respondent must provide current certificate of liability insurance.
 - i. 3 References
 - j. Ability to provide hotel lodging, meeting space with equipment rental catering services and refreshments.
 - k. Current W-9
 - l. Debarment and Suspension Form
 - m. Liability Insurance
6. Proposed Itemized Cost: **(Sealed in Separate Envelope)**
 - a. The respondent will provide cost for hotel rooms, food, refreshments, equipment rental and conference room rental with all tax, room tax, service charge, etc. with **grand total** at the bottom.
7. Do you accept the Navajo Nation Purchase Order?

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one 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>Note: 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 not 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>4 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 style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 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.

Social security number											
				-			-				
or											
Employer identification number											
				-							

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.

Sign Here	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.

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 (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.

**NAVAJO NATION CERTIFICATION
Regarding Debarment and
Suspension**

Applicant acknowledges that to the best of his/her knowledge that their company and principal participants on this contract:

- 1. Are not debarred, suspended, or otherwise slated for debarment, ineligible and/or excluded from participation on Federal, State, and Tribal Government contracts etc.
- 2. Are not presently nor have been under criminal indictment or civilly charged by a governmental entity (Federal, State, and Tribal Government) for fraud, forgery, falsification, theft, bribery, destruction of records, receiving stolen property and other criminal offenses in the administration of a government contract.
- 3. Have not been terminated for cause or convenience by a governmental entity in the administration of a government contract (Federal, State, and Tribal Government).
- 4. If the Navajo Nation determines that the Certificate provided herein is not true, it will be grounds to terminate the contract and pursue other legal remedies.

Applicant's Address

Name & Signature of Applicant

Type or Print Name

Signature Date