

REQUEST FOR PROPOSAL
Bid Number 18-03-1792LE "Re-Bid"

Date: April 06, 2018

Project Title: Navajo Nation Division of Behavioral and Mental Health Services, Gallup Outpatient Treatment Center – Gallup, NM. "Site Earthwork and Fence Project".

Project Schedule

Advertisement of RFP	04/10-13/18
Onsite Pre-Bid Meeting	04/17/18 at 10 am DST
Location: Gallup DBMHS Offices 300 W. Nizhoni Blvd., Gallup, NM 87301	
Requests for Information Due Date	04/19/18 at 5 pm DST
Bid Due Date	04/25/18 at 5 pm DST
Bid Opening	04/26/18 at 10 am DST

Proposal:

All interested parties are invited to review and respond to this Request For Proposal at their discretion. All questions pertaining to the contents of this RFP as a respondent can contact Mike Salabiye, Planner-DBHS/DOH at email michael.salabiye@nndoh.org.

All parties responding to this bid are instructed to submit three (3) proposals in 1" binders with tabs, to the following address:

The Navajo Nation
Division of Finance-Purchasing
Attention: Lorita Etsitty, Buyer I
Administration Building #1
Window Rock Blvd
Window Rock, Az.

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

Bid 18-03-1792LE NNDBHS Gallup, NM
Site and Fencing Project
DO NOT OPEN-BID PROPOSAL

GENERAL INFORMATION AND GUIDELINES FOR THIS RFP

I. DESCRIPTION OF THE ORGANIZATION

The Navajo Nation Department of Behavioral Health Services (DBHS) is a federally funded program operating outpatient and inpatient counseling services throughout the Navajo Reservation.

II. SCOPE OF THE CONTRACT

The Navajo Nation intends to enter into a professional services contract with one (1) responsible, qualified, and independent Contractor to complete all work as described in the attached scope of work.

III. RESPONDENT REQUIREMENTS

All respondents must have the capabilities listed herein, including sufficient detailed information with regard to experience and expertise in meeting the following requirements:

1. A legitimate and credible vendor with a minimum of 5 years experience and history with providing the described services.
2. The Navajo Business Opportunity Act 5 NNC § 201, 205 will apply.
3. Federal requirements (Davis Bacon wage rates).
4. All workmanship and materials shall comply with applicable Safety Codes.

IV. SCOPE OF WORK (See Attached)

V. REQUIREMENTS

The respondent will furnish all requested information as specified in the RFP.

VI. PROPOSAL CONTENT AND REQUIRED INFORMATION

Please utilize the outline described below with 3 copies in 1" binders and tabs.

- Tab 1. Organizational letter expressing your interest and a brief description of your proposed services. Do not reveal or make reference to the cost in this letter.
- Tab 2. Organization qualifications and project experience. Include references.
- Tab 3. Scope of Work
- Tab 4. Product Specifications including cut sheets and **Manufacturers WARRANTY**
- Tab 5. Design (detailed plan depicting layout).
- Tab 6. Schedule
- Tab 7. Copies of licenses, insurance, W-9, Debarment and Suspension form and **WARRANTY** documents.

***Costs to be submitted in a separate sealed envelope. (Detailed breakdown of costs: Material, Labor, and other applicable costs; NM State Tax.)**

**Compliance: Any proposal that does not adhere to this format and does not address each specification, requirement, or scope of work as outlined, may be deemed non-responsive and rejected on that basis.

- VII. EVALUATION PROCESS (pre-qualifying process)
1. Evaluation Criteria
 - a. Qualifications, credentials, and 5 years work experience. This includes the capabilities to provide all requested services. (20 points)
 - b. Quality of products, ability to install, and warranty services. (30 points)
 - c. Project Schedule. (20 points)
 - d. Navajo Preference. (05 points)
 - e. **Cost (separate sealed envelope). (25 points)**
 2. Applicable Federal Requirements (25 CFR 900, OMB Circulars A-87, GSA qualified vendor, Davis Bacon wage rates, etc.).
 3. The Navajo Nation Department of Behavioral Health reserves the right to interview respondents if deemed necessary due to tied scores or other legitimate matters. This may entail a presentation from the respondent for clarification and/or details on products or other requirements. The presentation will be scheduled to be presented in Gallup, NM (if necessary). It is the DBHS's intention to award One (1) vendor to provide all services as specified.

VIII. TYPE OF CONTRACT
The Navajo Nation will utilize a standard Professional Services Contract for the procurement of goods and services for this project.

IX. PERIOD OF PERFORMANCE
The period of performance will be determined and negotiated based on the schedule proposed by the respondent and the contract implementation date.

X. TECHNICAL DIRECTION
The Navajo Nation DOH point of contact is Mike Salabiye, Planner for inquiries related to the project and other matters. Questions and answers will be shared with all respondents. Mr. Salabiye's email address is michael.salabiye@nndoh.org

XI. PAYMENT AND SUBMISSION OF INVOICES
The Navajo Nation Professional Services Contract will describe this section.

XII. RIGHTS
The Navajo Nation reserves the right to reject any and all proposals, in whole or in part based on the requirements set forth in this RFP.

XIII. AGREEMENT TERMS AND CONDITIONS
The Navajo Nation is not bound to enter a contract under the RFP and may issue a subsequent RFP for the same services, and

The Navajo Nation is a sovereign government and all contracts entered into as a result for the RFP shall comply with the Navajo Nation law, rules and regulations, including the Navajo Preference in Employment Act, and applicable federal law, rules, and regulations. This procurement and any RFP with respondents that may result shall be governed by the laws of the Navajo Nation and applicable federal law. Nothing herein shall be constructed as a waiver of the Navajo Nation's sovereign immunity. In addition, the Navajo Nation Business Opportunity Act will apply to the RFP.

The Navajo Nation Professional Services Contract will provide all other legal and contractual obligations, terms, and requirements of this project.

XIV. OTHER: (None)

Scope of Work

The Gallup Department of Behavioral Health Services Outpatient Treatment Center has been approved for a tract of land to develop a non-permanent traditional healing grounds for use. The tract of land is located directly behind the former Juvenile Detention Center. The land is 60' wide and approximately 160' long. The following will be considered as the "Scope of Work" for advertising and development of the healing ground site work and fencing needs.

Site Earth Work

1. Demolish an existing fence including the base (pile rocks and material on the northside of our fence line).
2. Backfill and compact with suitable material an area of approximately 60' x 160' x 9" (deep).
3. Backfill and compact an access road of approximately 20' (wide) x (length) x 4" (deep) of 2" gravel/ base course mix.
4. Provide a parking area of approximately 100' x 25' x 4" deep (Two Inch Gravel).

Fencing

5. Install approximately 160' x 48' x 8' (high) chain link fence (Commercial Grade #9, Schedule 40 Posts).
6. Install a 12' x 8' cantilever chain link drive in gate. Lockable hardware latch to be included.
7. Install approximately 440' x 8' (high) privacy fabric around the entire perimeter of the enclosed area. (Submit product cut sheet).
8. Install an approximate 60' x 6' high wooden picket fence, including a 10' drive in gate and a 4' walk-in gate.

Warranty Information has to be specific to materials and workmanship as well as Manufacturers warranty.

***Costs to be submitted in a separate sealed envelope.**

Detailed breakdown of costs:

1. Material (For each product)
2. Labor (For each Activity)
3. Other applicable costs
4. NM State Tax

****END SCOPE OF WORK****

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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
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.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ 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. <input type="checkbox"/> Other (see instructions) ► _____	<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

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:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ►

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 (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)

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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