

REQUEST FOR PROPOSAL  
Bid Number 17-12-1759LE  
Re-Bid

Date: March 21, 2018

Project Title: Navajo Nation Department of Behavioral Health Services, Navajo Regional Behavioral Health Center –Shiprock, NM. “Rooftop Units, Air Makeup Units, Heat Pumps Repair/Replacement Project”.

Project Schedule

Advertisement of RFP	03/26-29/18
Onsite Pre-Bid Meeting	04/03/18 at 10 am DST
Requests for Information Due Date	04/17/18 at 5 pm DST
Bid Due Date	04/24/18 at 5 pm DST
Bid Opening	04/25/17 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](mailto:michael.salabiye@nndoh.org).

All parties responding to this bid 17-12-1759LE are instructed to submit or send three (3) proposals 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 17-12-1759LE NNDBHS Shiprock, NM  
NRBHC RTU, AMU, HP Project  
DO NOT OPEN-BID PROPOSAL

GENERAL INFORMATION AND GUIDELINES FOR THIS RFP  
NRBHC RTU, AMU, HP Project

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. The Navajo Regional Behavioral Health Center in Shiprock, NM provides outpatient, inpatient and administrative/ management services to the northern region of the Navajo Nation.

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 heating, ventilation, air conditioning (HVAC) services on the Navajo Nation.
2. The Navajo Business Opportunity Act 5 NNC § 201, 205 will apply.
3. All workmanship and materials shall comply with applicable Safety Codes.
4. As built drawings of all completed work.

IV. SCOPE OF WORK

(See Attached)

V. REQUIREMENTS

The respondent will furnish all requested (required) information as specified in the RFP (Section VI. Proposal Content and required Information).

VI. PROPOSAL CONTENT AND REQUIRED INFORMATION

Please utilize the outline described below with 3 copies.

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.
2. Organization qualifications and project experience on the Navajo Nation. Include project site(s), and site contact information.
3. Scope of Work
4. Product Specifications including cut sheets.
5. Design (detailed plan depicting layout).
6. Schedule
7. Copies of licenses, certifications, insurance certificates, and other relevant documents.
8. Costs to be submitted in a separate sealed envelope. (Detailed breakdown of costs: Material, Labor, and other applicable costs; Navajo Nation Tax 5%.

9. 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 on the Navajo Nation. 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 or Indian Preference. (05 points)
  - e. Cost (separate sealed envelope). (25 points)
2. Applicable Federal Requirements (25 CFR 900, OMB Circulars A-87, GSA qualified vendor, 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 Shiprock, 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](mailto: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.

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.

XIII. AGREEMENT TERMS AND CONDITIONS

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

XIV. OTHER

## Scope of Work

The Navajo Regional Behavioral Health Services (NRBHC) facility located in Shiprock, NM is in need of repair work on Roof Top Units and Heat Pumps listed below.

Line Item Number	Zone	RTU number	
1	Wellness Center	1	
2	Wellness Center	2	
<b>SOW:</b> Labor, parts, equipment to <b>replace</b> these 2 units (AAON combination; 4 ton cooling, medium heat single stage compressor model, 3 phase units). Including: Louvered condenser coil hail guard, AA on 4 ton curb adaptor and other parts deemed necessary.			

Line Item Number	Zone	RTU/AMU number	
3	Kitchen	6	
4	4	4	
5	1 and 4	1	
6	3	3	
7	2	AMU 2	
8	5&6	AMU 5	
<b>SOW:</b> Labor, parts, equipment to repair 3 RTU's, including: transformers; relays; belts; filters; fuses; motors; fans; bearings; Freon; exhaust motors and other parts deemed necessary.			

*RTU: Roof Top Units, AMU: Air Make-up Units*

Line Item Number	Zone	Heat Pump Number	Room Number
9	All	96 units	Facility Wide
<b>SOW:</b> Replace compressors, fluid (glycol/water mixture), Freon, Filters, Change supply and return lines and connecting fixtures, replace ball valves throughout this system. Test computer boards for repairs and/or replacement. Flush entire system (Geothermal field).			

**\*\*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](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 style="font-size: small;">(Applies to accounts maintained outside the U.S.)</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>	<p>Signature of U.S. person ▶ _____</p>	<p>Date ▶ _____</p>
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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.*

