

**NAVAJO NATION, DEPARTMENT OF DINE' EDUCATION
Navajo Head Start**

Head Start Gravel

RFP BID NO: 21-09-2575LE

PROPOSAL DUE DATE: **October 29, 2021**

DESCRIPTION: Navajo Head Start is seeking proposals from qualified firms and/or individuals to provide Gravel to two (2) locations.

CONTACT PERSON: Lavine J. Roan, Principal Contract Analyst
Phone: 928-871-7061
Darlene Begay, Senior Contract Analyst
Phone: 928-871-7079

~ RETURN PROPOSALS CLEARLY MARKED ~

“DO NOT OPEN: RFP # 21-09-2575LE - Head Start Gravel”

PROPOSAL & BID SUBMITTAL DEADLINE AND RELEVANT INFORMATION:

All proposals and bids delivery using UPS or Federal Express must be physically submitted to:

PHYSICAL ADDRESS: Navajo Head Start
SW of US Highway 264 & Indian Route 12, Suite #2A
Window Rock, Arizona 86515
ATTN: Lavine J. Roan, Principal Contract Analyst
Darlene Begay, Senior Contract Analyst
RFP # 21-09-2575LE Head Start Gravel “DO NOT OPEN”

MAILING ADDRESS: Navajo Head Start
P.O. Box 3479
Window Rock, Arizona 86515
ATTN: Lavine J. Roan, Principal Contract Analyst
Darlene Begay, Senior Contract Analyst
RFP # 21-09-2575LE Head Start Gravel “DO NOT OPEN”

**NAVAJO NATION, DEPARTMENT OF DINE EDUCATION
Navajo Head Start**

SECTION I

Scope of Work:

Navajo Head Start is requesting proposals from qualified trucking companies to deliver aggregate to two (2) locations for the Navajo Head Start to be done in a timely manner.

The CONTRACTOR shall be responsible for delivery of gravel to the following locations:

1. Window Rock
 - a. Delivered by end dump due to space limitations.
 - b. Delivery Address: 2559 Tribal Hill Dr.
Window Rock, AZ 86515
 - c. Size of lot to cover: 1.5 acre
 - d. Specification:
 - i. ¾ in. crushed aggregate
 - ii. 3” depth base

The services/delivery shall be coordinated with Navajo Head Start Property Supervisor Michael Begay at michaelbegay@nndode.org / phone number 928-871-7137.

2. Tuba City
 - a. Delivered by end dump due to space limitations.
 - b. Delivery Address: 1100 Maloney Street
Tuba City, AZ 86045
 - c. Size of lot to cover: 600 SQ FEET
 - d. Specification:
 - i. ¾ in crushed aggregate
 - ii. 3” depth base

All services shall be coordinated with Navajo Head Start Support Service Coordinator Jonathan Hale, jonathanhale@nndode.org phone number 928-255-3909.

**pictures attached

RFP Submittal Deadline:

All RFP's must be received/ mailed / or physically delivered by **October 29, 2021 at 4:00 pm MDT** and must be mailed or physically delivered to:

Navajo Head Start
Attention: NHS Finance Section
Post Office Box 3479
Window Rock, Arizona 86515

Courier Service/Delivery to:
Navajo Head Start
Attention: NHS Finance Section
SW Corner of Route 12 &
Highway 264, Suite #2A
Window Rock, AZ 86515

SECTION II

The following documents are required and must be submitted:

1. Navajo Nation Certification Regarding Debarment & Suspension (Attached)
2. Federal Form Tax W-9
3. Licensed, bonded, and current General Liability Insurance.
4. EFT Form

A. Proposal Format:

1. Respondent(s) must indicate if they are priority one or two vendor with the Navajo Nation.
2. All proposals must be typewritten on standard 8-1/2 X 11 paper and placed within a binder with tabs delineating each section. Larger paper is permissible for charts, maps, or the like.
3. An original RFP response and three (3) copies must be provided in sealed envelope.
4. The proposal must be organized and indexed in the following format:
 - a. A letter of Transmittal
 - b. Statement of Qualifications
 - c. Proposal on Contract approach
 - d. Proposed Cost (Sealed in Separate Envelope)
5. Each proposal must be accompanied by a letter of transmittal. The letter of transmittal must:
 - a. Provide background on company:

- b. Identify the name of the person responding to the RFP:
 - c. Identify the name, title, and telephone numbers of person authorized to negotiate on behalf of the organization(s):
 - d. Identify the names, files, and telephone numbers of person to be contact for clarification:
 - e. Explicitly indicate acceptance of the conditions governing this procurement:
 - f. Be signed by the person responding to the RFP; and
 - g. Acknowledge receipt of any and all amendments to the RFP.
6. The respondent must submit a statement of qualifications to include:
- a. A resume.
 - b. Number of years of experience working with Navajo Nation government or other government entities.
 - c. Provide three (3) references. Each reference must include the name, address, and telephone number of a contact person who can describe, in some detail, the quality, quantity, and substance of services provided.
 - d. The respondent must provide a Certificate of Liability Insurance.
 - e. W-9 Form for company and remit address.
 - f. EFT Form for electronic payments.
7. Respondent must provide proposal on contract approach.
- a. Provide in detail how they would accomplish the objectives described in the scope of work.
 - b. Provide number of employees in the company/organization.
 - c. Provide Resume & Credentials of each Employee including Certificates, Diploma and/or Degrees.

B. REJECTION OF PROPOSALS: The Navajo Nation reserves the right to waive any informalities or irregularities in the RFP or reject any or all proposals whenever such rejection is deemed in the best interest of the Navajo Nation.

C. PROCUREMENT OF RFP: This procurement shall be conducted in accordance with all applicable Navajo Nation laws and regulations including the Navajo Business Opportunity Act. All applicable rules, regulations, and laws shall also be followed. Prospective Vendors shall familiarize themselves with Navajo Nation regulations prior to submitting responses to this RFP and may request a copy of Navajo Nation procurement regulations from the NHS Principal Contract Analyst at any time up to the Deadline for Proposals.

D. INQUIRIES: Any inquiries regarding this RFP should be submitted in writing to Lavine J. Roan, Principal Contract Analyst / Darlene Begay, Senior Contract Analyst. Only written responses to questions will be considered official. All questions will be directed to Lavine J. Roan at 928-871-7061; email at lavineroan@nndode.org and/or Darlene Begay at 928-871-7090; email: darlenebegay@nndode.org. Questions regarding this procurement will be accepted until **5:00 p.m. MDT on October 27, 2021**

- E. AMENDED PROPOSALS:** A respondent may submit an amended proposal before the deadline for receipt of proposals. Such amended proposals must be a complete replacement for a previously submitted proposal and must be clearly identified in the transmittal letter.
- F. PROPOSAL SUBMISSION:** Proposal must be received on or before **4:00 p.m. (MDT) October 29, 2021**. Respondents who are mailing their proposals should allow sufficient time for mail delivery to ensure receipt by the date specified. If mailed, it is recommended that proposals be sent by certified mail to the address indicated on the cover sheet of the RFP. **Late proposals will not be accepted.**
- G. REJECTION OF PROPOSALS:** NHS reserves the right to reject any and all proposals. This RFP may be canceled at any time and all proposals may be rejected in whole or in part when the NHS Assistant Superintendent determines it is in the best interest of the Navajo Nation.
- H. PROPRIETARY INFORMATION:** Any restriction on the use of data contained within any proposals must be clearly stated in the proposal. Proprietary information submitted in response to this RFP will be handled in accordance with applicable purchasing procedures. Each page of the proprietary material must be labeled or identified with the word “proprietary” or “confidential”.
- I. RESPONSE MATERIAL OWNERSHIP:** All material submitted regarding this RFP shall become property of the Navajo Nation and will not be returned to the respondent. Responses received will be retained by NHS and may be reviewed by any person after final selection has been made. NHS has the right to use any or all system ideas presented in reply to this RFP. Disqualification or non-selection of a respondent or proposal does not eliminate this right.
- J. INCURRING COSTS:** Any cost(s) incurred by the respondent in preparing, transmitting, presenting, or modifying the proposal or material for this RFP shall be the responsibility of the respondent.
- K. SUFFICIENT APPROPRIATION:**
A contract awarded as a result of this RFP is contingent upon the availability of funds. A contract may be terminated or reduced in scope if sufficient funds do not exist. Sending written notice to the Vendor shall affect such termination or reduction in scope. The NHS Assistant Superintendent’s decision to terminate or reduce the scope due to insufficient appropriations shall be accepted as final by the Vendor.
- L. EVALUATION PROCEDURES AND SELECTION CRITERIA.**
1. An evaluation team will evaluate the proposals received in accordance with the general criteria used herein. Respondents should be prepared to provide any additional information the team feels necessary for the fair evaluation of proposals.

2. Failure of a respondent to provide any information requested in the RFP may result in disqualification of the proposal. All proposals must be endorsed with the signature of a responsible official having the authority to bind the respondent to the execution of a contract.
3. The sole objective of the review team will be to select the respondent who is most responsive to the needs of NHS. The specifications in this RFP represent the minimum performance necessary for a response. Based on the evaluation criteria established in this RFP, the review team will select and recommend the respondent who best meets this objective. If there is only one responsive bid, the NHS Assistant Superintendent may elect to evaluate the RFP solely.
4. Evaluation Criteria: The following criteria will be used by a review committee in the selection process for contract award.

Initial Point Criteria:

- | | |
|---|-------------|
| a. Presentation of Response | 1-10 points |
| Completeness | |
| Clarity of Presentation | |
| Organization of Presentation | |
| Understanding NHS Objectives | |
| b. Statement of Qualifications | 1-20 points |
| List of three (3) Client References | |
| c. Technical Requirements | 1-20 points |
| Project description | |
| Projected accomplishments | |
| d. Project Management | 1-20 points |
| Project Management Experience | |
| Schedule/Project Plan | |
| Staffing | |
| Related Experience | |
| Education - Credentials | |
| e. Navajo Nation vendor, Priority 1 or 2
(not a requirement) | 1-10 points |
| f. Cost of Service | 1-20 points |

Total possible points = 100

M. STANDARD CONTRACT: The Navajo Nation reserves the right to incorporate standard contract provision into any contract negotiations because of a proposal submitted in response to the RFP.

1. Contractor shall comply with Federal Awards Guidelines:
 - a. §200.330-Reporting on real property.
 - b. §200.331-Subrecipient and contactor determinations.
 - c. §200.338-Restrictions on public access to records.

N. TAX: All appropriate taxes should be included in cost of services including the Navajo Sales Tax. All work performed within the territorial jurisdiction of the Navajo Nation is subject to the Navajo Sales Tax of 6% (24 N.N.C. Section 601 et. seq.) Tuba City Tax of 7%.

O. SOVEREIGNTY: The Navajo Nation will not relinquish any of its sovereignty rights.

SECTION III

A. RESPONDENT REQUIREMENTS:

All respondents must have, as a minimum, the capabilities listed herein, and the bid proposals submitted must reflect in detail the inclusion of these services as well as the additional forms required in Section II. Respondent should also provide technical information of delivery of services required.

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"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<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.					Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____					<small>(Applies to accounts maintained outside the U.S.)</small>
	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																											
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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 ▶
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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 (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

EFT - Direct Deposit form

(FAX OR XEROX COPIES ARE NOT ACCEPTABLE)

THE NAVAJO NATION

JONATHAN M NEZ PRESIDENT
MYRON LIZER VICE PRESIDENT



Navajo Nation
Office of the Controller
Accounts Payable

PO Box 1660
Window Rock, AZ 86515

Phone 928-871-6433
Fax 928-871-6026

Dear Client,

The Navajo Nation Office of the Controller Accounts Payable Section is announcing and offering electronic payments in lieu of check payments. The Electronic Funds Transfer (EFT) is fast, secure, low-cost and convenient.

The Office of the Controller invites you to enroll in the EFT payment program. To enroll complete the EFT form and return the original signed form **and** bank information to the Accounts Payable Section.

If you have any questions, contact the Accounts Payable Section.

Thank you

I hereby authorize the Navajo Nation to setup and initiate Electronic Funds Transfer (EFT) credit amounts for invoice payments to the primary bank account listed.

I acknowledge that the origination of EFT transactions must comply with the provisions of U.S. law. This authorization will remain in effect until I have cancelled in a written statement.

I certify that I am an authorized representative/member of:

Financial Bank Name:

Financial Bank Address:

Select Only One: Checking account Savings account

Bank Routing Number:

Bank Account Number:

Email Address for Deposit Notification:

Tax Identification Number (SS or EIN):

Mailing Address:

Contact Telephone Number:

Business Home Cellular

Read and initial beside each of the following to confirm you understand the EFT Direct Deposit Policy & Procedures in regards to enrollment

____ I understand that it is **my responsibility to verify that payments have been credited to my bank account** and that the Navajo Nation assumes no liability for overdrafts for any reasons on my bank account.

____ I understand that a bank account in my name will be setup for EFT direct deposit. Partial direct deposits for two or more bank accounts will not be permitted.

____ I am responsible to **notify the Office of the Controller Accounts Payable Section immediately before** any payment is made of changes or cancellation to my bank account. If I do not notify Accounts Payable Section, I understand that this will result in a Reject Item which will delay the retrieval of payment three to five business days for a reissue.

____ I have attached a blank voided check or a bank direct deposit form. It is my understanding this EFT form will be confidential.

____ If I do not follow the procedures outlined, I release the Office of the Controller Accounts Payable Section from any and all liabilities.

Attach voided blank check or bank direct deposit information form
DEPOSIT SLIP/TICKETS WILL NOT BE ACCEPTED

Do not staple check, use scotch tape to attach

A voided check or bank direct deposit information form will confirm the account numbers provided. Occasionally, we find bank account numbers are incorrect, incomplete and/or handwritten information is not legible.

⑆000000000⑆ 0000000000⑆ 000
 Routing Number Account Number

Print Name:

Signature: _____ DATE: _____

For OOC/Accounts Payable Use Only

AB# _____

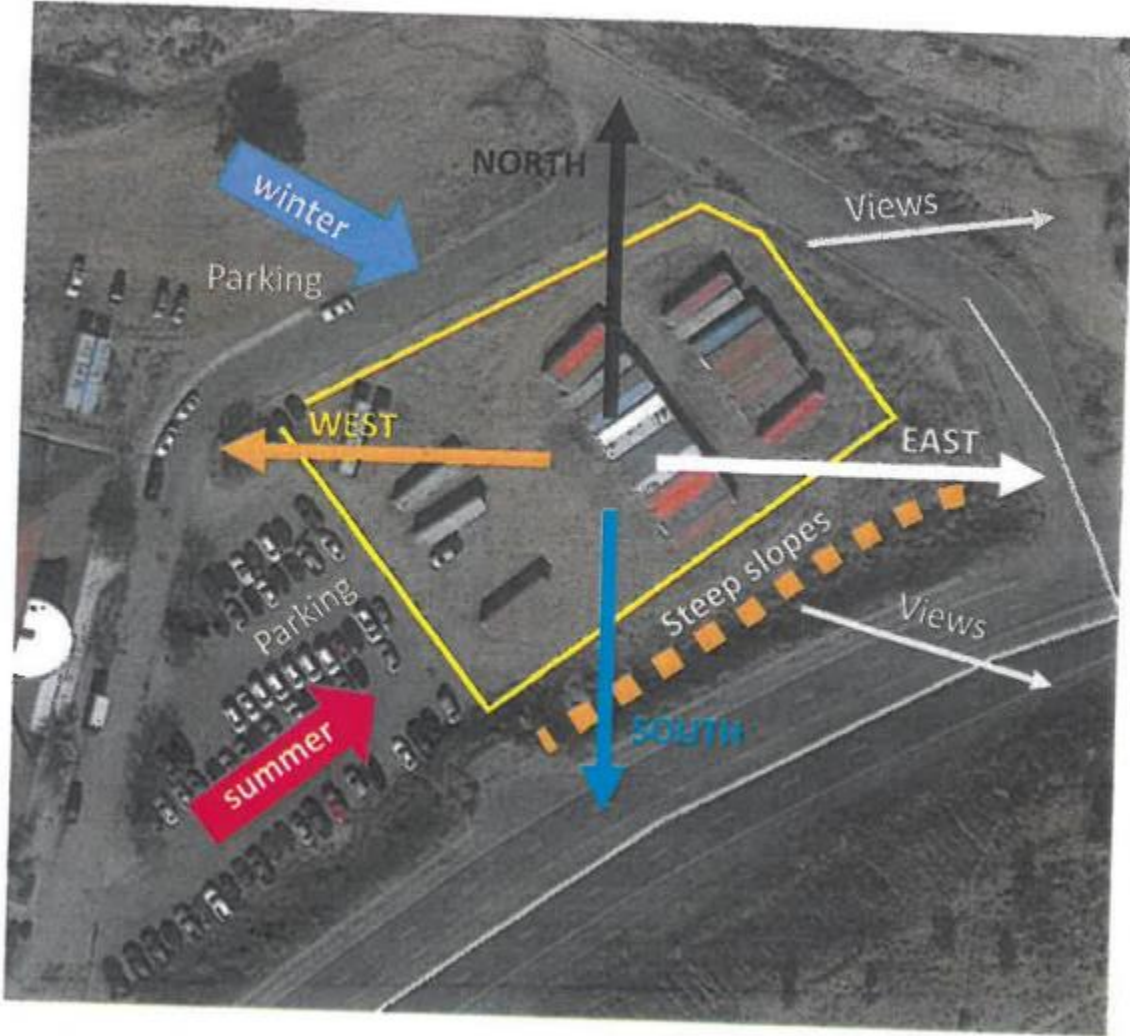
SETUP
PAYMENT INSTRUMENT, TELEPHONE,
EMAIL, BANK NUMBERS, ATTACHMENT

UPDATE

INITIAL _____ DATE _____

Window Rock, Arizona





Tuba City, Arizona



