

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

Head Start HVAC Services – Ft. Defiance & Chinle District

RFP BID NO: 21-12-2622LE

PROPOSAL DUE DATE: December 30, 2021

DESCRIPTION: Navajo Head Start is seeking proposals from qualified firms and/or individuals to provide HVAC, air vents and duct services.

CONTACT PERSON: Lavine J. Roan, Principal Contract Analyst
Phone: 928-871-7061
Darlene Begay, Senior Contract Analyst
Phone: 928-871-7090

~ RETURN PROPOSALS CLEARLY MARKED ~

**RFP # 21-12-2622LE – Head Start HVAC Services – Ft. Defiance & Chinle District
“DO NOT OPEN”**

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 # 21-12-2622LE – Head Start HVAC Services – Ft. Defiance & Chinle District
“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 # 21-12-2622LE – Head Start HVAC Services – Ft. Defiance & Chinle District
“DO NOT OPEN”**

SECTION I

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 in this RFP.

Navajo Head Start is seeking proposals from qualified firms and/or individuals to provide HVAC units, air vents and duct services.

Any upgrades need to comply with The Head Start Performance Standards, Model Tribal Head Start Health and Safety Codes, OSHA standards and other applicable building and safety codes to ensure the health and safety of all building occupants.

Scope of Work:

The contractor shall be able to provide personnel who have been fully trained in all phases of HVAC, air vents and duct systems operation, maintenance, adjustment, and repair. Contractor's personnel should also have familiarity with all types of components including controllers, electrical components, general preventative maintenance, repairs, and new installations of a variety of brands and models. The contractor and staff shall have expertise and experience in HVAC management to include the following but not limited to:

Assessments and approvals needed for Head Start sites:

1. Complete an assessment on the condition of all HVAC units, air vents and ducts.
2. Upgrade and install HVAC units and the repair/replacement/cleaning of air vents and ducts that all applies to code and compliance standards, upon NHS approval.
3. Provide a scope of work and quote needed for all repairs.
4. Ensure a work order is provided by the Navajo Head Start Facility Support Service Coordinator before services are started.
5. All parts and supplies should be properly disposed in accordance with EPA regulations, upon approval of Navajo Head Start.

Work:

6. Provide routine preventative HVAC maintenance services including air vents and duct services.
7. Major and minor repairs on the HVAC, air vents and duct systems.
8. Provide services when needed.
9. Provide new materials used on all HVAC, air vents and duct systems and shall be free of defects and pass inspection.
10. Provide labor, supplies, parts, and equipment for the HVAC, air vents and duct services.
11. Provide a schedule and detail of each location within the district of what needs repairs and upgrades.

12. Provide a timeline of when work is complete longer than 24 hours, dependent upon the supplies needed for the work.
13. Provide start up and inspections before start of services and after services have been completed.
14. Provide a sticker for HVAC system to verify service date.
15. Routine maintenance and repairs shall be done in accordance with federal and Navajo Nation regulations and codes.
16. Services to be performed and completed in accordance with industry acceptable standards.
17. Ensure work order is signed and returned to the Navajo Head Start Facility Support Service Coordinator.
18. Warranty Service: Extended warranty parts and labor (define maximum number of years available).
19. Dispose of all hazardous materials when repairs or changing any HVAC units.
20. Must comply with all Federal and Navajo Nation Regulations.

Payments

21. Provide labor and parts for all Head Start facilities.
22. Invoice Navajo Head Start Central Office under this contract.
23. Understands that additional Head Start centers may become operational or closed within the contract period. Contract can be amended to address additional or decrease of Head Start centers as necessary.
24. Ensure service cost such as labor, travel time, mileage, parts, and supplies are reasonable and are for the work completed for the applicable Navajo Head Start facilities.
25. Each scope of work shall include all applicable taxes associated with each project that include 6% taxes for the Navajo Nation.
26. Contract is subject to availability of funds.

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

District III Fort Defiance			District IV Chinle	
1	Cornfields I		1	Blue Gap
2	Cornfields II		2	Chinle
3	Crystal		3	Chinle Valley
4	KinDahLichii		4	Cottonwood
5	Lupton		5	Del Muerto I
6	Rural		6	Del Muerto II
7	Sawmill		7	Low Mountain
8	St. Michaels I		8	Lukachukai I
9	St. Michaels II		9	Lukachukai II
10	Steamboat I		10	Many Farms I
11	Steamboat II		11	Many Farms II
12	Tohatchi I		12	Many Farms III
13	Tohatchi II		13	Nazlini
14	Tsayatoh		14	Pinon I
15	Twin Lakes		15	Pinon II
16	Ganado		16	Rough Rock
17	Window Rock I		17	Tsaile
18	Window Rock II		18	Whippoorwill
19	Window Rock III			
20	Window Rock IV			
21	Central Admin. Office, WR			
22	Regional Office, WR			

RFP Submittal Deadline:

All RFP's must be received/ mailed / or physically delivered by December 30 , 2021 at 4:00 pm MST 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 mandatory 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 Direct Deposit 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.
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; 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. MST on **December 28, 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. (MST) **December 30, 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 | 0-10 points |
| Completeness | |
| Clarity of Presentation | |
| Organization of Presentation | |
| Understanding NHS Objectives | |
| b. Statement of Qualifications | 0-20 points |
| List of three (3) Client References | |
| c. Technical Requirements | 0-20 points |
| Project description | |
| Projected accomplishments | |
| d. Project Management | 0-20 points |
| Project Management Experience | |
| Schedule/Project Plan | |
| Staffing | |
| Related Experience | |
| Education - Credentials | |
| e. Navajo Nation vendor, Priority 1 or 2
(not a requirement) | 0-10 points |
| f. Cost of Service | 0-20 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.)

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.

**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.

⑆:0000000000⑆ 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 _____