

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

Early Childhood Traditional Mental Health Services

RFP BID NO: 21-12-2683LE

PROPOSAL DUE DATE: January 21, 2022

DESCRIPTION: Navajo Head Start
Traditional Mental Health 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 BID# 21-12-2683LE - Traditional Mental Health Services "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

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

SECTION I

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 in this RFP.

B. SCOPE OF WORK:

Navajo Head Start (NHS) is requesting proposals from a qualified Dine Traditional Early Childhood Mental Health (ECMH) consultant for the States of New Mexico, Arizona, and Utah to provide a more culturally appropriate approach to the ECMH within Navajo Head Start. All services will provide traditional healing and wellness for Navajo Head Start staff, children and families within the boundaries of the Navajo Reservation through collaboration and effective communication with the educational services team. The ECMH traditional consultant will meet the needs of NHS children and families. NHS consists of approximately (80) Head Start Centers, and five (5) Early Head Start Centers operating as durational and seasonal sites. NHS has a Central office and five (5) district offices as follows:

1. Shiprock District - Shiprock, NM
2. Crownpoint District – Crownpoint, NM
3. Window Rock District – Window Rock, AZ.
4. Chinle District – Chinle, AZ
5. Tuba City /Kayenta District n – Tuba City, AZ

Consultant(s) can submit proposals for all districts and/or only districts they can serve.

The consultant shall be responsible for the following:

1. Provide qualifying traditional consultant certification, such as Traditional Dine Practitioner from the Dine Medicine men Association.
2. Provide early childhood mental health services for all programs throughout the school years of FY2022 – FY2025.
3. Submit a tribal and federal background check and must successfully pass the background check assessment prior to award of a Professional Services Contract. The term of the contract will be effective **February 28, 2022 to February 27, 2025**. The agreement will continue to be implemented unless breached or performance measures are deemed unsatisfactory upon annual evaluations.
4. The traditional consultant will provide all services virtually and in person to accommodate the needs of families.
5. All services rendered by the Dine traditional ECMH consultant will be supportive and provide all consultation with a strength-based approach responsive to the needs of ages 0-5, pregnant women, families, and staff of Navajo Head Start fostering positive outcomes of children and families.
6. Perform developmentally appropriate Dine traditional counseling and cultural mentoring based on children needing special help as requested by the families. Through the Head Start Center Team and/or Home-Based program (Head Start & Early Head Start). This is to include participation on the Positive Behavior Support

Team as identified by the team and the development of written recommendations for classroom and home use using the consultation form designated by Navajo Head Start.

7. Providing several Dine cultural ceremonial knowledge in regards to Early Childhood Development (i.e. stories, philosophy, and customs, etc.) family planning, marriage, family systems and structures, Hozhooji (Blessing Way) before the birth of a child, head warming, first laugh, naming, etc.
8. Will work collaboratively with NHS content areas to help create a better understanding of culture and language. Helping to implement a more holistic approach to ECMH within the classroom and in the homes of families.
9. Will serve as the Dine Culture Advisor and provide translations from Navajo to English and vice versa. He/she will need to be fluent in both Navajo and English.
10. Act as a resource and take Traditional Early Childhood Mental Health referrals from center staff and work with content areas to provide additional support and a Dine cultural perspective as needed.
11. Work closely with the Social Worker(s) to ensure that families are receiving traditional Dine consultation.
12. Assist in developing a traditional Dine ECMH approach. All services will be tracked by the consultant with some mechanism of a tracking sheet by accessing and updating the NHS Mental Health Consultation in the ChildPlus database. (See ECMH policies and procedures). The tracking sheet and all documents pertinent to services rendered will be submitted with the invoice on a monthly basis.
13. Weekly on-site visits will be conducted by the consultant. Consultant will provide a monthly schedule to NHS outlining the forty (40) hour work week for each week during the school year.
14. Observations and trainings will be provided to NHS staff with the utilization of the Early Childhood Mental Health best practices guidance as provided by the NHS program policies, procedures, and adopted forms.

Contractor shall provide services to the following Head Start facilities by Districts:

District I- Shiprock	# of students
Nageezi	13
Nenahnezad	12
Newcomb	20
Red Mesa	15
Red Valley	10
San Juan	18
Sanostee	15
Shiprock I	20
Shiprock II	20
Two Grey Hills	12
Upper Fruitland	15
Shiprock EHS	17

District II- Crownpoint	# of students
Baahaali	14
Chichiltah	13
Churchrock I	15
Churchrock II	15
Crownpoint I	20
Crownpoint II	20
Little Water	15
Nahodishgish (Dalton Pass)	15
Pinedale I	15
Pinedale II	15
Pueblo Pintado	15
Red Rock	20
Smith Lake	18
Thoreau	20
Torreon	20

District III-Window Rock			
District III – WR	# of students		# of students
Crystal	20	Lupton	14
Cornfields	14	St. Michaels II	20
Dilcon	15	Tohatchi II	18
Jedito	14	Wide Ruins HB	10
KinDahLichii	20	Window Rock I	20
Rural	18	Window Rock II	20
Sawmill	20	Window Rock III	20
St. Michaels I	20	Window Rock IV	20
Tohatchi I	19	Ft. Defiance EHS	12
Tsayatoh	14	Steamboat	15
Twin Lakes	17	Ganado	15

District IV- Chinle	# of students
Blue Gap	14
Chinle I	20
Chinle Valley	18
Cottonwood	14
Del Muerto I	20
Del Muerto II	18
Wippoorwill	14
Lukachukai I	20
Lukachukai II	20
District V – Tuba City	# of students
Cameron	20
Cowsprings	14
Dennehotso	14
Gap	14
Inscription House	14
Kayenta I	17
Kayenta II	17
Kayenta III	17
Leupp	10

District IV- Chinle	# of students
Many Farms I	15
Many Farms II	15
Many Farms III	11
Pinon I	15
Pinon II	15
Rough Rock	10
Tsaile	20
Dine College EHS	8
Low Mountain	14
Nazlini	14
District V – Tuba City	# of students
Navajo Mountain	12
Oljato	15
Rockpoint	18
Shonto	15
Tonalea	20
Tuba City	20

RFP Submittal Deadline:

All RFP's must be received/ mailed / or physically delivered by **January 21, 2022 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 required and must be submitted:

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

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 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 with the Proposal.
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.
8. The respondent will provide a detailed/breakdown of cost for the traditional mental health services.

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 and/or Darlene Begay at 928-871-7090 or email: lavineroan@nndode.org and darlenebegay@nndode.org. Questions regarding this procurement will be accepted until 5:00 p.m. MST on **January 19, 2022**.

- 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. **January 21, 2022** (MST). 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. Proposals **cannot** be submitted via email. **Late proposals will not be accepted.**
- G. REJECTION OF PROPOSALS:** NHS reserves the right to reject 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	1-10 points
f. Cost of Services	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 as a result of a proposal submitted in response to the RFP.

- 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 in this RFP.

**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 _____

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. <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Individual/sole proprietor or single-member LLC</td> <td><input type="checkbox"/> C Corporation</td> <td><input type="checkbox"/> S Corporation</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Trust/estate</td> </tr> <tr> <td colspan="5"> <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. </td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> Other (see instructions) ▶ _____ </td> </tr> </table>	<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	<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"/> 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												
<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) ▶ _____																
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>															
	5 Address (number, street, and apt. or suite no.) See instructions.															
	6 City, state, and ZIP code															
	7 List account number(s) here (optional)															
	Requester's name and address (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				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				
OR				
Employer identification number				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				

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-INT (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.