



DR. BUU NYGREN **PRESIDENT**

RICHELLE MONTOYA **VICE PRESIDENT**

The Navajo Nation | Yideeskáądi Nitsáhákees

REQUEST FOR PROPOSALS

"Exercise Equipment Assembling and Installation Services"

BID NO. 23-02-2955LE

DUE DATE: March 17, 2023

Navajo Special Diabetes Program (NSDP) invites proposals from qualified firms to provide fitness equipment assembling and installation services with new two (2) Wellness Center Sites on the Navajo Reservation. All services must be conformed with Original Equipment Manufacturer (OEM) specifications, ASTM and other standards.

The successful proposers will be responsible for providing labor, supervision, materials, equipment, transportation, and service necessary to perform high quality work. Proposers may provide an explanation itemizing the extent of their service procedure and practices. The NSDP intends to award a contract to the proposer that is able to establish a contractual relationship with a qualified proposer that can best provide the NSDP with quality fitness equipment assembling and installation services as further described in this RFP.

The proposal format shall include: (1) a narrative outlining the project approach, qualifications, and capability; (2) a list of past projects completed on the Navajo Nation; (3) a list of three references and phone numbers from recent clients; and (4) copy of License and Insurance Certifications (if available). The contract will be awarded to the proposer who submits the best proposal in terms of: (1) products and services; (2) expertise and plan; (3) experience; (4) credentials; (5) project budget and (6) implementation plan and schedules.

Three copies of the proposal shall be submitted in a sealed envelope labeled "EXERCISE EQUIPMENT ASSEMBLING AND INSTALLATION SERVICES"- DO NOT OPEN," to Attn: Lorita Etsitty, Buyer, Administration Building # 1, Window Rock Blvd., Window Rock, Arizona, or mailed to P.O. Box 9000 Window Rock, Arizona 86515. Bid documents and supplemental information regarding the project will be available online @ www.nnooc.org link: Purchasing. If any questions regarding this RFP call Randall Comb at 928-871-6532 or email: rcomb@navajo-nsn.gov.

The Proposal Cost for the must be submitted in separate sealed envelopes and should be marked with "Cost Proposal" and the proper's name. Proposals by facsimile or any other method will not be accepted.

Navajo Nation reserves the right to reject any and all proposals not within projected budget and may elect to award the contract not solely on the bid amount but the bidders' qualification. The due date for proposal is 5:00 p.m. March 17, 2023


Rodgina Paul, Program Manager III
Navajo Special Diabetes Program/NDOH

Date: March 3, 2023

INTRODUCTION AND SCOPE OF SERVICES:

Navajo Special Diabetes Program (NSDP) is soliciting Proposals from qualified entities to provide Exercise Equipment Assembling and Installation Services" located within Navajo Reservation.

The days and hours of operation for each facility may vary per facility and are subject to change at the NSDP's discretion. The equipment installation site is located as follows:

1. Kayenta Wellness Center
Rt. 9 & Chaco Blvd.
GPS coordinates: 36.721277, -110.254544
Kayenta, Arizona
2. Shiprock Wellness Center
¼ mile South Shopping Center Complex
GPS coordinates: 35.7713028, -108.6988707
Shiprock, New Mexico

SCOPE OF SERVICES:

NSDP is looking for a Bidder who can deliver the services described in this Request for Proposal (RFP).

Those services are to provide the following:

1. Assemble and install exercise equipment according to fitness equipment manufacturer's specifications for the fitness equipment, including inspecting and cleaning each device (motors, belts, displays, etc.) to attempt to prevent a possible breakdown or part replacement in the future.
2. Review equipment installation or conduct an installation of equipment that has been testing or calibrating, installation, and warranty programs.
3. Provide fitness equipment testing to ensure equipment full functionality.
4. Make facility layout recommendations for space and equipment optimization, as such, rearrange existing fitness equipment to better suit the needs of the fitness center members as well as provide best space utilization
5. The specific installation date will be communicated to the awarded vendor(s) when the construction schedule is finalized. All freight, shipping and handling charges must be included in the proposed pricing.
6. Installation of the equipment must be performed by awarded firm. Installation includes on site delivery to the designated Wellness Center, unwrapping of equipment and parts, disposal of packaging and clean up, full assembly and set up and programming of the equipment.
7. Delivery and installation must be coordinated with the Project Manager and Wellness Center Program Supervisor prior to delivery. Installation must be included in proposed pricing.
8. The awarded firm will be required to provide on-site training & education to the Wellness Center staff on the basic functionality and maintenance of the equipment. Training must be included in proposed pricing.
9. Service Provider warrants all equipment, materials, labor and other work, provided under this Agreement, all work performed hereunder shall be performed with the highest degree of competence and care in accordance with accepted standards for work of a similar nature.

NONDISCRIMINATORY PRACTICES:

In accordance with Title VI of the Civil Rights Act of 1964, 78 Stat. 252, 42 U.S.C. 2000d-4, the NSDP hereby notifies all bidders that it will affirmatively insure that in regard to any contract entered into pursuant to this advertisement, minority business enterprises will be offered full opportunity to submit bids in response to this invitation and will not be discriminated against on the basis of race, color, sex, or national origin for an award.

LIABILITY:

NSDP assumes no responsibility or liability for cost incurred by the contractor prior to the signing of an agreement. Total liability of NSDP is limited to the terms and conditions of any contract resulting from this RFP.

INDEMNIFICATION:

The contractor shall indemnify and hold harmless the NSDP and its agents and employees, from and against all claims, damages, losses, and expenses, including attorney fees arising out of or resulting from the performance of the work, which includes all labor, materials and equipment required to produce the services required by the contract, provided that any such claim, damage, loss or expense: 1) is injury to or destruction of tangible property (other than the work itself), including the loss of use resulting there from; and 2) is caused in whole or in part by any negligent act or omission of the contractor, any subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, regardless of whether or not it is caused in part by a party indemnified hereunder. The contractor assumes full responsibility and liability for compliance with any and all local, state, federal laws and regulations applicable to the contractor and its employees, including, but not limited to, compliance with the Occupational Safety and Health Act of 1970.

GENERAL PROPOSAL REQUIREMENTS:

The proposals shall include the following:

- Name of firm or company, business address, name of contact person, telephone number, fax number and email address (if applicable).
- Price of service per facility and aggregate.
- Number of hours that you project will be necessary to perform the described duties, per facility and aggregate.
- References, especially government organizations, preferably governmental entities in Arizona or New Mexico;
- Description of your firm, personnel and services provided.
- Reason(s) why you believe your firm should provide these services to NSDP.
- Copies of all applicable licenses and insurance certificate (i.e., worker's compensation, general liability, unemployment compensation, etc.).
- Any other pertinent information that you believe will assist NSDP in understanding your company and assurances if awarded the contract, i.e., most recent financial statement, bonding certificate.
- Changes made to the RFP as the result of a response by NSDP, to questions or concerns raised through correspondence with prospective bidders, will be in writing and provided to each bidder.
- All information contained in a proposal is subject to disclosure.

SELECTION CRITERIA:

Responses to this RFP will be evaluated based upon the following factors as presented to the bid proposals:

Capability, Qualifications and References – (30%)

- The written proposal should indicate the ability of the contractor to meet the terms of the RFP.
- The written proposal should indicate the competence of personnel whom the bidder intends to assign to the project.
- Qualifications will be measured by training and experience, with particular reference to work experience in facilities of equal or greater size to that described in the RFP.
- Emphasis will be placed upon the qualifications of bidder's project manager.

Method of Approach – (20%)

- This factor will be judged based upon the Work Plan provided in the Proposal.

Price - (50%)

- This factor will be based on the total firm cost with breakdown of labor cost, expense cost and supplies/materials cost of the services per site location.

GENERAL CONDITIONS:

In the event the premises specifically described herein are partially destroyed or damaged so that they are not sued in whole or part, the fees set forth in the contract shall be proportionately reduced based on the remaining duties and functions described in the Schedule of Duties.

- Insurance required during entire length of agreement is as follows:
 1. Worker's Compensation coverage per statutory requirements
 2. Liability coverage as follows:
Bodily Injury Property Damage: \$1 million per person \$1 million each accident
 \$1 million each aggregate \$1 million aggregate
- The contractor shall comply with any and all rules and regulations established by the Navajo Nation regarding security, building use, and conduct of the contractor's employees on NSDP's premises.
- The contractor shall have a designated agent on the premises to provide adequate and continuous supervision at all times that its employees are working.
- The contractor shall promptly remove any of its employees who, in the judgment of NSDP, either has performed his/her duties unsatisfactory or has violated the agreement.
- In the event activities are scheduled or occur on the premises, which interfere with the contractor's normal cleaning schedule, the contractor shall rearrange such schedule so that the work is performed before, and/or after the activity.
- The contractor, including all outside contractors, shall comply with all NSDP and NNOSHA safety policies.
- The agreement shall not be automatically renewed. Termination of agreement shall be for any reason by either party with a sixty (60) day written notice.
- Contract shall be for a one-year period.

SUMMARY:

This RFP is designed to allow qualified service providers to demonstrate their capability of providing glass entrance door repair services to NSDP.

- Three copies of completed proposals must be received, including the full fixed Cost of service no later than 5:00 p.m. on March 17, 2023 Proposals must be addressed in the following manner:

Attn: Lorita Etsitty, Buyer
PROPOSAL BID #: 23-02-2955LE
Navajo Nation Purchasing Services
Administration Building #1, Window Rock Blvd., Window Rock, Arizona,
or mailed to P.O. Box 9000, Window Rock, Arizona 86515.

Format: Proposals should be 8 1/2 inches x 11 inches, bound in a single document and organized in sections following the other specified under contents.

OTHER CONSIDERATIONS:

NSDP reserves the right to reject any and all proposals. This Request for Proposals does not commit NSDP to award a contract, pay any costs incurred in the preparation of proposals, or to procure or contract for supplies or services.

NSDP reserves the right to negotiate with any qualified source or to cancel, in part or in its entirety, this Request for Proposals, if it is in the best interest of NSDP to do so. NSDP may require the selected

bidders to participate in negotiations, and submit such price, technical or other revisions of the proposal that may result from negotiations.

ATTACHMENTS:

- W-9 Form
- NN Debarment Form
- Wellness Center Site Exercise Equipment Listings

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.

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) ▶ _____</td> </tr> <tr> <td colspan="5"> <small>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.</small> </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) ▶ _____					<small>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.</small>					<input type="checkbox"/> Other (see instructions) ▶ _____				
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<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; text-align: center;"> </td> <td style="width: 25%; border: 1px solid black; text-align: center;"> </td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; text-align: center;"> </td> <td style="width: 20%; border: 1px solid black; text-align: center;"> </td> </tr> </table>			-		
		-			
or					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; text-align: center;"> </td> <td style="width: 25%; border: 1px solid black; text-align: center;"> </td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; text-align: center;"> </td> <td style="width: 20%; border: 1px solid black; text-align: center;"> </td> </tr> </table>			-		
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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.*

NAVAJO NATION CERTIFICATION
Regarding Debarment, Suspension, and
Contracting Eligibility

1. Applicant entity acknowledges that to the best of its knowledge that the Applicant entity, either in its present form or in any identifiable capacity, has not, in accordance with 12 N.N.C. § 361:
 - A. Been convicted of the commission of criminal offenses incident to obtaining or attempting to obtain a public or private contract or subcontract, or in the performance of any such contract or subcontract;
 - B. Been convicted of embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, or other offenses indicating a lack of business integrity or honesty, which currently, seriously, and directly affect responsibility as a Navajo Nation contractor;
 - C. Been convicted under antitrust statutes arising out of the submission of bids or proposals;
 - D. Violated contract provisions, including:
 - i. Deliberate failure, without good cause, to perform in accordance with the contract specifications or within the time limit provided in the contract,
 - ii. A recent record of failure to perform or of unsatisfactory performance with the terms of any contract, or
 - iii. Any other cause so serious and compelling as to affect responsibility as a Navajo Nation contractor, including debarment by another governmental entity.
2. Applicant acknowledges that if the Navajo Nation determines that the executed Certification provided herein is untrue or not wholly accurate, it shall be grounds for the Navajo Nation to terminate the contract and pursue other legal remedies, at the Navajo Nation's discretion.
3. Applicant certifies to the best of its knowledge that it is eligible to do business with the

Navajo Nation, in its present form or in any other identifiable capacity, pursuant to 12 N.N.C. § 1501 and 5 N.N.C. § 301. Applicant also acknowledges that per 12 N.N.C. § 1505, it will not be eligible to contract with the Navajo Nation if deemed ineligible by the appropriate department or entity of the Navajo Nation which receives the Applicant's request for consideration for a business opportunity.

Applicant Name

Name of individual signing on Applicant's behalf (print)

Applicant Address

Title of individual signing on Applicant's behalf

Applicant Address

Signature of individual signing on Applicant's behalf

Applicant Address

Date

Navajo Special Diabetes Program
Exercise Equipment Assembly and Installation Listing
Kayenta Wellness Center Kayenta, Arizona

1.	INXDX INTEGRITY DX CROSS-TRAINER - Cross-Trainer Base Arctic Silver/INTY X 7in LC/CT WLAN INXDX-ALLXX-01					2
2.	INCDX INTEGRITY DX UPRIGHT BIKE - Upright Bike Base Arctic Silver/INTY X 7in LC/CT WLAN INCDX-ALLXX-01					2
3.	INRDX INTEGRITY DX RECLUMBENT BIKE - Reclumbent Bike Base Arctic Silver/INTY X 7in LC/CT WLAN INRDX-ALLXX-01					2
4.	INPMDX LIFE FITNESS POWERMILL X CONSOLE - PowerMill Base/INTY X 7in PM WLAN//Silver Int Handlebar Kit PowerMill INPMDX-ALLXX-01					2
5.	INTDX INTEGRITY DX TREADMILL - D Tread Base Low VT Service Wheel/Arctic Silver D Tread Base/INTY X 7in TR WLAN/Total 12,527.76 INTDX-ALLXX-02					3
	D Tread Base Low VT Service Wheel INTD-ALLX-SW02		3			
6.	INATTSX Life Fitness Total Body Arc Trainer X Console - Total Body Arc with Basic Base Arctic Silver/INTY X 7in ARC WLAN INATTSX-ALLXX-01					1
7.	IC5 GROUP EXERCISE BIKE IC5 BASE/CONSOLE, LF BRND IC-LFIC5B2-01		13			
8.	SCDLR SIGNATURE CHIN DIP LEG RAISE - CHIN DIP LEG RAISE-FRM. P/LT/UPH,BLK SCDLR				1	
9.	CMACO CABLE MOTION ADJUSTABLE CABLE CROSSOVER - Platinum Frame/YLB/Rear Shroud/CMACO				1	
10.	OSHAA OPTIMA SERIES HIP AB/AD - HIP AB/AD FRM.P/LT/UPH,BLK/WGT.STD/SHR.FULL Total 1,778.39 OSHAA				1	
	SHR.FULL OSHAA-0502		1			
11.	OSLEC OPTIMA SERIES LEG EXTENSION/CURL - LEG EXTENSION/CURL FRM.P/LT/UPH,BLK/WGT.STD/SHR.FULL Total 1,676.99 OSLEC					1
	SHR.FULL OSLEC-0502		1			
12.	OSLP OPTIMA SERIES LEG PRESS - LEG PRESS FRM. P/LT/WGT.STD/UPH,BLK/SHR.FULL Total 1,982.17 OSLP					1
	SHR.FULL OSLP-0502		1			
13.	HS-HG HAMMER STRENGTH SELECT HIP & GLUTE - Platinum Frame/Platinum WorkArm/UPH,BLK/English/LB/SE Full Shroud Total 2,790.44 HS-HG					1
	SE Full Shroud HS-HG-7003		1			
14.	OSTE OPTIMA SERIES TRICEPS EXTENSION - TRICEPS EXTENSION FRM.P/LT/WGT.STD/UPH,BLK/SHR.FULL Total 1,317.22 OSTE					1
	SHR.FULL OSTE-0502		1			
15.	OSBC OPTIMA SERIES BICEP CURL - BICEP CURL FRM.P/LT/WGT.STD/OSBC, UPH - BLK/SHR.FULL Total 1,317.22 OSBC					1
	SHR.FULL OSBC-0502		1			
16.	OSADJ OPTIMA SERIES ADJUSTABLE BENCH - ADJUSTABLE BENCH FRM.P/LT/UPH,BLK OSADJ				1	
17.	HS-PB HAMMER PLYO BOX SET, STACKABLE, FOAM, BLACK HS-PB-3000-02				1	
18.	OP-DB3LS AXIOM SERIES 3 TIER DB RACK (5-75 SADDLE) - Platinum Frame-OP-DB3LS				1	
19.	HS-DB HAMMER DUMBBELL SET 5-50LB, RUBBER, ROUND HS-DB-3000-02				1	
20.	HS-DB HAMMER DUMBBELL SET 55-75LB, RUBBER, ROUND HS-DB-3000-03				1	
21.	OP-ABB AXIOM SERIES ABDOMINAL BENCH - Platinum Frame/Black Uph OP-ABB				2	
22.	SUB SIGNATURE UTILITY BENCH - UTILITY BENCH-FRM.P/LT/UPH,BLK SUB				1	
23.	HS-OP Hammer Olympic Plate 45LB, Rubber, RndX HS-OP-3000-01				2	
24.	HS-OP Hammer Olympic Plate 35LB, Rubber, RndX HS-OP-3001-01				2	
25.	HS-OP Hammer Olympic Plate 25LB, Rubber, RndX HS-OP-3002-01				2	
26.	HS-OP Hammer Olympic Plate 10LB, Rubber, RndX HS-OP-3003-01				2	
27.	HS-OP Hammer Olympic Plate 5LB, Rubber, RndX HS-OP-3004-01				2	
28.	HS-OP Hammer Olympic Plate 2.5LB, Rubber, RndX HS-OP-3005-01				2	
29.	OP-SM AXIOM SERIES SMITH RACK - OP-SM P/LT FRAME OP-SM				1	

57. LF-SB LIFE FITNESS STABILITY BALL - 55 CM - RED LF-SB55-71053	1	1
58. LF-SB LIFE FITNESS STABILITY BALL - 65 CM - GRAY LF-SB65-71055	1	1
59. LF-SB LIFE FITNESS STABILITY BALL - 75 CM - BLUE LF-SB75-71057	1	1
60. LF-JR LF JUMP ROPE, VINYL, BEARINGS, 3.05M/10FT, BLUE LF-JR10-72149	1	1
61. LF-JR LF JUMP ROPE, VINYL, BEARINGS, 2.74M/9FT, GRAY LF-JR9-72147	1	1
62. LF-GDB-SIN LF STUDIO DB, 2.5LB EACH, URETHANE, GRV/YLW LF-GDB-SIN-1001-01	2	2
63. LF-GDB-SIN LF STUDIO DB, 5LB EACH, URETHANE, GRV/GRN LF-GDB-SIN-1002-01	2	2
64. LF-GDB-SIN LF STUDIO DB, 7.5LB EACH, URETHANE, GRV/ORNG LF-GDB-SIN-1003-01	2	2
65. LF-GDB-SIN LF STUDIO DB, 10LB EACH, URETHANE, GRV/RED LF-GDB-SIN-1004-01	2	2
66. LF-GDB-SIN LF STUDIO DB, 12.5LB EACH, URETHANE, GRV/BLU LF-GDB-SIN-1005-01	2	2
67. LF-GDB-SIN LF STUDIO DB, 15LB EACH, URETHANE, GRV/PRPL LF-GDB-SIN-1006-01	2	2
68. PS-92590 STANDING HANGING MAT RACK PS-92590	1	1
69. LF-MAT LIFE FITNESS - FITNESS MAT - BLUE LF-FMB-72215	12	12

Navajo Special Diabetes Program
Exercise Equipment Assembly and Installation Listing
Shiprock Wellness Center Shiprock, New Mexico

1. INDX INTEGRITY DX CROSS-TRAINER - Cross-Trainer Base Arctic Silver/INTY X 7In LC/CT WLAN INDX-ALLXX-01 2
2. INCDX INTEGRITY DX UPRIGHT BIKE - Upright Bike Base Arctic Silver/INTY X 7In LC/CT WLAN INCDX-ALLXX-01 2
3. INRDY INTEGRITY DX RECUMBENT BIKE - Recumbent Bike Base Arctic Silver/INTY X 7In LC/CT WLAN INRDY-ALLXX-01 2
4. INPMDX LIFE FITNESS POWERMILL X CONSOLE - Power Mill Base/INTY X 7In PM WLAN//Silver Int Handlebar Kit Power Mill INPMDX-ALLXX-01 2
5. INTDX INTEGRITY DX TREADMILL - D Tread Base Low VT Service Wheel/Arctic Silver D Tread Base/INTY X 7In TR WLAN/ INTDX-ALLXX-02 3
 - D Tread Base Low VT Service Wheel INTD-ALLX-SW02 3
6. INATTSX Life Fitness Total Body Arc Trainer X Console - Total Body Arc with Basic Base Arctic Silver/INTY X 7In ARC WLAN INATTSX-ALLXX-01 1
7. IC5 GROUP EXERCISE BIKE IC5 BASE/CONSOLE, LF BRND IC-LFIC5B2-01 15
8. SCDLR SIGNATURE CHIN DIP LEG RAISE - CHIN DIP LEG RAISE-FRM.PLT/UPH.BLK SCDLR 1
9. CMACO CABLE MOTION ADJUSTABLE CABLE CROSSOVER - Platinum Frame/YLB/Rear Shroud/ CMACO 1
10. OSHAA OPTIMA SERIES HIP AB/AD - HIP AB/AD FRM.PLT/UPH.BLK/WGT.STD/SHR.FULL OSHAA 1
 - SHR.FULL OSHAA-0502 1
11. OSLEC OPTIMA SERIES LEG EXTENSION/CURL - LEG EXTENSION/CURL FRM.PLT/UPH.BLK/WGT.STD/SHR.FULL OSLEC 1
 - SHR.FULL OSLEC-0502 1
12. OSLP OPTIMA SERIES LEG PRESS - LEG PRESS FRM. PLT/WGT.STD/UPH.BLK/SHR.FULL OSLP 1
 - SHR.FULL OSLP-0502 1
13. HS-HG HAMMER STRENGTH SELECT HIP & GLUTE - Platinum Frame/Platinum WorkArm/UPH.BLK/English/LB/SE Full Shroud HS-HG 1
 - SE Full Shroud HS-HG-7003 1
14. OSTE OPTIMA SERIES TRICEPS EXTENSION - TRICEPS EXTENSION FRM.PLT/WGT.STD/UPH.BLK/SHR.FULL OSTE 1
 - SHR.FULL OSTE-0502 1
15. OSBC OPTIMA SERIES BICEP CURL - BICEP CURL FRM.PLT/WGT.STD/OSBC, UPH - BLK/SHR.FULL OSBC 1
 - SHR.FULL OSBC-0502 1
16. OSADJ OPTIMA SERIES ADJUSTABLE BENCH - ADJUSTABLE BENCH FRM.PLT/UPH.BLK OSADJ 2
17. HS-PB HAMMER PLYO BOX SET, STACKABLE, FOAM, BLACK HS-PB-3000-02 1
18. OP-DB3LS AXIOM SERIES 3 TIER DB RACK (5-75 SADDLE) - Platinum Frame OP-DB3LS 1
19. HS-DB HAMMER DUMBBELL SET 5-50LB, RUBBER, ROUND HS-DB-3000-02 1
20. HS-DB HAMMER DUMBBELL SET 5-75LB, RUBBER, ROUND HS-DB-3000-03 1
21. OP-ABB AXIOM SERIES ABDOMINAL BENCH - Platinum Frame/Black Uph OP-ABB 1
22. SUB SIGNATURE UTILITY BENCH - UTILITY BENCH-FRM.PLT/UPH.BLK SUB 1
23. HS-OP Hammer Olympic Plate 45LB, Rubber, RndX HS-OP-3000-01 2
24. HS-OP Hammer Olympic Plate 35LB, Rubber, RndX HS-OP-3001-01 2
25. HS-OP Hammer Olympic Plate 25LB, Rubber, RndX HS-OP-3002-01 2
26. HS-OP Hammer Olympic Plate 10LB, Rubber, RndX HS-OP-3003-01 2
27. HS-OP Hammer Olympic Plate 5LB, Rubber, RndX HS-OP-3004-01 2

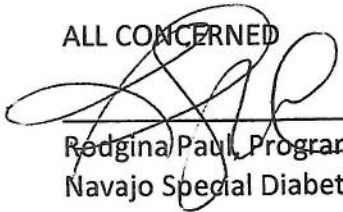
28.	HS-OP Hammer Olympic Plate 2.5LB, Rubber, RndX HS-OP-3005-01	2			
29.	OP-SM AXIOM SERIES SMITH RACK - OP-SM PLT FRAME OP-SM	1			
30.	HS-ADC HAMMER STRENGTH SELECT ASSIST DIP CHIN - Platinum Frame/Platinum WorkArm/UPH.BLK/English/LB/SE Full Shroud HS-ADC	1			
	SE Full Shroud HS-ADC-7003	1			
31.	HS-BE HAMMER STRENGTH SELECT BACK EXTENSION - Platinum Frame/Platinum WorkArm/UPH.BLK/English/LB/SE Full Shroud HS-BE	1			
	SE Full Shroud HS-BE-7003	1			
32.	HS-ABC HAMMER STRENGTH SELECT ABDOMINAL CRUNCH - Platinum Frame/Platinum WorkArm/UPH.BLK/English/LB/SE Full Shroud HS-ABC	1			
	SE Full Shroud HS-ABC-7003	1			
33.	OSCP OPTIMA SERIES CHEST PRESS - CHEST PRESS FRM.PLT/WGT.STD/UPH.BLK/SHR.FULL OSCP	1			
	SHR.FULL OSCP-0502	1			
34.	OSSP OPTIMA SERIES SHOULDER PRESS - SHOULDER PRESS FRM.PLT/WGT.STD/UPH.BLK/SHR.FULL OSSP	1			
	SHR.FULL OSSP-0502	1			
35.	OSFLY OPTIMA SERIES PECTORAL FLY/REAR DELT - PECTORAL FLY/REAR DELT FRM.PLT/UPH.BLK/WGT.STD/SHR.FULL Total 1,620.44 OSFLY	1			
	SHR.FULL OSFLY-0502	1			
36.	OSLR OPTIMA SERIES LAT PULLDOWN/LOW ROW - LAT PULLDOWN/LOW ROW FRM.PLT/UPH.BLK/WGT.STD/SHR.FULL OSLR	1			
	SHR.FULL OSLR-0502	1			
37.	LF-GBBLB Total 3,705.00 LF-GBBLB-01	1			
	LF STUDIO WEIGHT PLATE PACK, LBS LF-GBB-1000P-01	1			
	LIFE FITNESS STUDIO COLLAR, 20 PAIR PACK LF-GBB-2000P-01	1			
	LIFE FITNESS STUDIO BARBELL, 20 PACK LF-GBB-2001P-01	1			
	LF STUDIO RACK, BARBELL/PLATE, ARCTIC SILVER LF-GBB-5001-01	1			
38.	SAR LIFE FITNESS ACCESSORY STORAGE RACK - Platinum Clear Frame/English/Beauty Bells & Rollers/3 Stability Balls SAR	1			
	Beauty Bells & Rollers SAR-6219	1			
	3 Stability Balls SAR-6314	1			
39.	LF-MB LIFE FITNESS MEDICINE BALL - 10LB - BLACK LF-MB10-71011	1			
40.	LF-MB LIFE FITNESS MEDICINE BALL - 12LB - RED LF-MB12-71013	1			
41.	LF-MB LIFE FITNESS MEDICINE BALL - 4LB - RED LF-MB4-71005	1			
42.	LF-MB LIFE FITNESS MEDICINE BALL - 6LB - GRAY LF-MB6-71007	1			
43.	LF-MB LIFE FITNESS MEDICINE BALL - 8LB - BLUE LF-MB8-71009	1			
44.	LF-KB LIFE FITNESS KETTLEBELL - 10LB LF-KB10-72047	1			
45.	LF-KB LIFE FITNESS KETTLEBELL - 15LB LF-KB15-72051	1			
46.	LF-KB LIFE FITNESS KETTLEBELL - 20LB LF-KB20-72055	1			
47.	LF-KB LIFE FITNESS KETTLEBELL - 25LB LF-KB25-72057	1			
48.	LF-KB LIFE FITNESS KETTLEBELL - 30LB LF-KB30-72059	1			
49.	LF-KB LIFE FITNESS KETTLEBELL - 35LB LF-KB35-72061	1			
50.	LF-KB LIFE FITNESS KETTLEBELL - 40LB LF-KB40-72063	1			
51.	LF-KB LIFE FITNESS KETTLEBELL - 45LB LF-KB45-72065	1			
52.	LF-RTB LIFE FITNESS COVERED RESISTANCE TUBE, EXTRA LIGHT LF-RTB-1000-01	1			

- 53. LF-RTB LIFE FITNESS COVERED RESISTANCE TUBE, LIGHT LF-RTB-1001-01 1
- 54. LF-RTB LIFE FITNESS COVERED RESISTANCE TUBE, MEDIUM LF-RTB-1002-01 1
- 55. LF-RTB LIFE FITNESS COVERED RESISTANCE TUBE, HEAVY LF-RTB-1003-01 1
- 56. ROLLER LIFE FITNESS FOAM ROLLER 6X36 LF-FR-71087 2
- 57. LF-SB LIFE FITNESS STABILITY BALL - 55 CM - RED LF-SB55-71053 1
- 58. LF-SB LIFE FITNESS STABILITY BALL - 65 CM - GRAY LF-SB65-71055 1
- 59. LF-SB LIFE FITNESS STABILITY BALL - 75 CM - BLUE LF-SB75-71057 1
- 60. LF-JR LF JUMP ROPE, VINYL, BEARINGS, 3.05M/10FT, BLUE LF-JR10-72149 1
- 61. LF-JR LF JUMP ROPE, VINYL, BEARINGS, 2.74M/9FT, GRAY LF-JR9-72147 1
- 62. LF-GDB-SIN LF STUDIO DB, 2.5LB EACH, URETHANE, GRV/YLW LF-GDB-SIN-1001-01 2
- 63. LF-GDB-SIN LF STUDIO DB, 5LB EACH, URETHANE, GRV/GRN LF-GDB-SIN-1002-01 2
- 64. LF-GDB-SIN LF STUDIO DB, 7.5LB EACH, URETHANE, GRV/ORNNG LF-GDB-SIN-1003-01 2
- 65. LF-GDB-SIN LF STUDIO DB, 10LB EACH, URETHANE, GRV/RED LF-GDB-SIN-1004-01 2
- 66. LF-GDB-SIN LF STUDIO DB, 12.5LB EACH, URETHANE, GRV/BLU LF-GDB-SIN-1005-01 2
- 67. LF-GDB-SIN LF STUDIO DB, 15LB EACH, URETHANE, GRV/PRPL LF-GDB-SIN-1006-01 2
- 68. PS-92590 STANDING HANGING MAT RACK PS-92590 1
- 69. LF-MAT LIFE FITNESS - FITNESS MAT - BLUE LF-FMB-72215 12



MEMORANDUM

TO : ALL CONCERNED

FROM : 
Regina Paul, Program Manager III
Navajo Special Diabetes Program

DATE : February 27, 2023

SUBJECT : **NSDP Standing Delegation of Authority**


Effective immediately and until further notice, please be advised that the personnel listed below, will be delegated the authority to act in the capacity of the Program Manager III during my absence. The standing line of delegation will be as follows:


1. Victoria Davis, Administrative Services Officer
2. Philene S. Herrera, Delegated Health Services Administrator/Health Program Manager, Public Health Services

The authorized delegation will include all routine duties of the Program Manager III, with the exception of certain documents the designee recommends for my review/decision and signature.

Thank you for your cooperation.

ACKNOWLEDGEMENT:


Victoria Davis, Administrative Services Officer
Navajo Special Diabetes Program
Navajo Department of Health

 2/27/2023
Philene S. Herrera, Delegated Health Services
Administrator/Health Program Manager
Navajo Department of Health

XC: Distribution
File