



DR. BUU NYGREN *PRESIDENT*

RICHELLE MONTOYA *VICE PRESIDENT*

The Navajo Nation | Yideeskáadi Nitsáhákees

Request for Proposal

The Navajo Nation Department of Corrections-Tuba City District Adult

Two Special Management (Padding & Installation)

BID# 23-06-3046GC

Date: June 26, 2023

Project Title:

The Navajo Nation Department of Corrections-Tuba City District Adult Facility is seeking proposals from qualified Company to provide Repair and Installation for Two (2) Special Management Rooms (Gold Medal Safety Padding).

Proposal Due Date:

Friday July 07, 2023 @ 3:00pm DST

LATE PROPOSALS WILL NOT BE ACCEPTED

Proposal:

All interested and qualified parties are invited to review/respond to this Request for Proposal at their discretion. All questions pertaining to the RFP as a respondent may contact Alex Dugi, Building Maintenance Worker at the Navajo Department of Corrections-Tuba City District. Phone: (928) 283-3024 or email: alex.dugi@navajo-nsn.gov

There will be an on-site pre-bid meeting on June 15, 2023 at 8:00 am DST. All parties responding to this bid are instructed to submit three (3) proposals to the following address:

The Navajo Nation-Department of Corrections
Attention: Jennifer Babbitt, Corrections Lieutenant
240 S. Main Street (Building B)
P.O. Box 1899
Tuba City, AZ 86045

Responses to this bid shall be sent in a sealed envelope, including a return address, and clearly marked on the outside of the envelope the following:

BID# 23-06-3046GC

Navajo Nation Department of Corrections-Tuba City District

Two Special Management (Padding & Installation)

DO NOT OPEN-BID PROPOSAL

GENERAL INFORMATION AND GUIDELINES FOR THIS RFP
NAVAJO NATION DEPARTMENT OF CORRECTION-TUBA CITY DISTRICT
TWO SPECIAL MANAGEMENT (PADDING & INSTALLATION)

1. DESCRIPTION OF THE ORGANIZATION

The Navajo Nation Department of Corrections-Tuba City District is a Corrections facility for Adult Offenders. The facility has Two (2) Special Management Rooms located on the Male and Female Intake part of the building.

2. SCOPE OF THE CONTRACT

The Navajo Nation Department of Corrections-Tuba City District, intends to enter into a professional services contract with the (1) one responsible, qualified and independent HVAC Contractor to provide work as described.

3. RESPONDENT REQUIREMENTS

All respondents must have the capabilities listed herein, including sufficient detailed information with regard to experience and expertise in meeting the following requirements:

- a. A legitimate and credible vendor with years of experience and a history with providing Gold Medal Safety Padding service and installation.
- b. A resume & Statement of Qualifications
- c. The Navajo Business Opportunity Act 5 NNC § 201, 205 will apply.
- d. All workmanship and materials shall comply with applicable Safety Codes (OSHA).
- e. In detail provided how the company would accomplish the objectives described in the scope of work.
- f. Provide Resume & Credentials of Employees working on building.

4. SCOPE OF WORK

The Navajo Nation Department of Corrections-Tuba City District, is seeking a company that is qualified to Repair and install Gold Medal Safety Padding in 2 special Management Rooms. Rooms are used for High-Risk individuals that may cause harm to self and others.

Room Dimensions: *Note Dimensions are an approximation*

Male Safety Room: 6'-3"x10'x10'

Female Safety Room: 7'x10'x10'

Requesting for the following areas to be replaced: Walls, Doors, Door Frames and Floors. Rooms have drains and will need to be sealed properly.

- a. Provide a Performance Bond, with in 2 weeks if awarded.
- b. Provide warranty service on all applicable products and services.
- c. Meet a stringent schedule to meet the needs of the Tuba City District Corrections Facility.
- d. Site Work: The contractor will furnish all equipment, material and labor. That is needed to complete the site work relating to the project.
- e. Demolition: The Contractor will demolish and dispose of all materials relating to the deconstruction/replacement of the existing fixtures required to complete improvements. Materials will be reuse, recycled or disposed of as applicable.
- f. Installation: The Contractor will furnish all labor and materials necessary to complete the installation of Gold Medal Safety Padding.
- g. Clean up: The contractor will be responsible for all construction related clean up and debris disposal. The Contractor will also isolate work areas to minimize impact to non-work-related spaces: however, some dust and debris propagation should be expected.

5. REQUIREMENTS

The respondent will furnish all requested (required) information as specified in the RFP (Section 4. Proposal Content and required information)

6. PROPOSAL CONTENT AND REQUIRED INFORMATION

Please utilize the outline described below with 3 copies.

- a. Organization letter expressing your interest and a brief description of your proposed services. (DO NOT reveal or make reference to the cost in this letter).
- b. Costs are to be submitted in a separate sealed envelope. (Detailed breakdown of costs: Materials, Labor, and other applicable costs: Tuba City Tax Ordinance 6%).
- c. Organization qualifications and project experience on the Navajo Nation. Include project site(s), and site contact information.
- d. Scope of Work.
- e. Product Specification including cut sheets.

- f. Design (detailed plans).
- g. Schedule.
- h. Copies of licenses, certifications, insurance certifications, and a Recent Revised 2018 W-9 form, Navajo Nation Debarment Forms, and Navajo Nation Business License (Navajo Owned Business).
- i. Instructions to offerors to visibly mark on the outside of the proposal package, if applicable, the offeror's priority status under the Navajo Nation Business Opportunity Act. It is the responsibility of the offeror to identify themselves as certified under the Navajo Nation Business Opportunity Act.
- j. Compliance: Any proposal that do not adhere to this format and do not address each specification, requirement, or scope of work as outlined, may be deemed non-responsive and rejected on that basis.

7. EVALUATION PROCESS (Pre-qualifying process)

- a. Evaluation Criteria
 - i. Qualifications and credentials in performing the service sought (15 points)
 - ii. Work experience on the Navajo Nation. This includes the capabilities to provide all requested services. (15 points)
 - iii. Resume or other description of qualifications of relevant experience (15 points)
 - iv. Scope of Work (15 points)
 - v. Proposal Packet Completeness (5 points)
 - 1. Navajo Nation Debarment (1 points)
 - 2. W-9 Form 2018 (1 points)
 - 3. Certification (1 points)
 - 4. Business License (1 points)
 - 5. Warranty of Product (1 point)
 - vi. Navajo Nation Vendor Priority 1 or 2. (5 points)
 - 1. Navajo Nation Business License Attached (5)

- vii. Cost (separate sealed envelope). (20 points)
- b. Applicable Federal Requirements (25 CFR 900, OMB Circular A-87, GSA qualified vendor, etc.)
- c. The Navajo Nation Department of Corrections-Tuba City District reserves the right to interview respondents if deemed necessary due to tied scores or other legitimate matters. This may entail a presentation from the respondent for clarification and/or details on products or other requirements. The presentation will be scheduled to be presented in Tuba City, AZ (if necessary). It is the TCDOC intention to award One (1) to provide all services as specified.

8. TYPE OF CONTRACT

The Navajo Nation will utilize a standard Professional Services Contract for the procurement of goods and services for this project.

9. TAX

All appropriate taxes should be included in cost of services including the Navajo Sales Tax and The Tuba City Chapter Sales Tax. All work performed in Tuba City within the territorial jurisdiction of the Navajo Nation is subject to the 6% sales tax of the Tuba City Local Government. To'nanees'dizi Local Government Tax Code Sales Tax Regulations Section 1-105

CONTRACTOR WILL BE RESPONSIBLE FOR ALL TAXES PAYABLE TO THE TUBA CITY CHAPTER.

To'nanees'dizi (Tuba City) Local Government
P.O. Box 727
Tuba City AZ, 86045
Phone: (928) 283-3284

10. TERM

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

11. COMPLIANCE WITH LAWS AND REGULATIONS

The successful Vendor shall comply with all Federal, Tribal, State and Local Laws, regulations and Navajo Nation rules and policies pertaining to work under are charge, and shall, at its expense, procure any permits that may be required.

12. PERIOD OF PERFORMANCE

The period of the performance will be determined and negotiated based on the scheduled proposed by the respondent and the contract implementation date.

13. TECHNICAL DIRECTION

The Navajo Nation TCDOC point of contact is Alex Dugi, Building Maintenance Worker for the Tuba City Department of Corrections for inquiries related to specifications for the Special Management Rooms, and other matters, etc. Jennifer Babbitt, Corrections Lieutenant email address: jbabbitt@navajo-nsn.gov or Alex Dugi email address: alex.dugi@navajo-nsn.gov.

14. PAYMENT AND SUBMISSION OF INVOICES

The payment procedures established by the Division of Finance shall be adhered to and are to begin whenever Goods are delivered and accepted.

15. RIGHTS

The Navajo Nation reserves the right to reject any and all proposals, in whole or part based on the requirements set forth in this RFP.

16. AGREEMENTS TERMS AND CONDITINS

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

17. OTHER

Attached

Pictures are of the damaged Padding in the Special Management Rooms Male/Female.

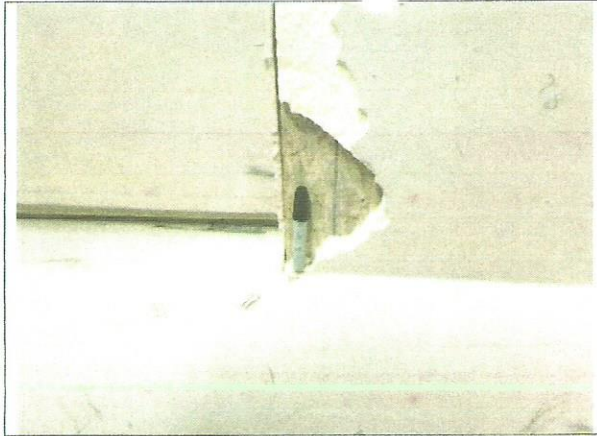
Attached

W-9 form

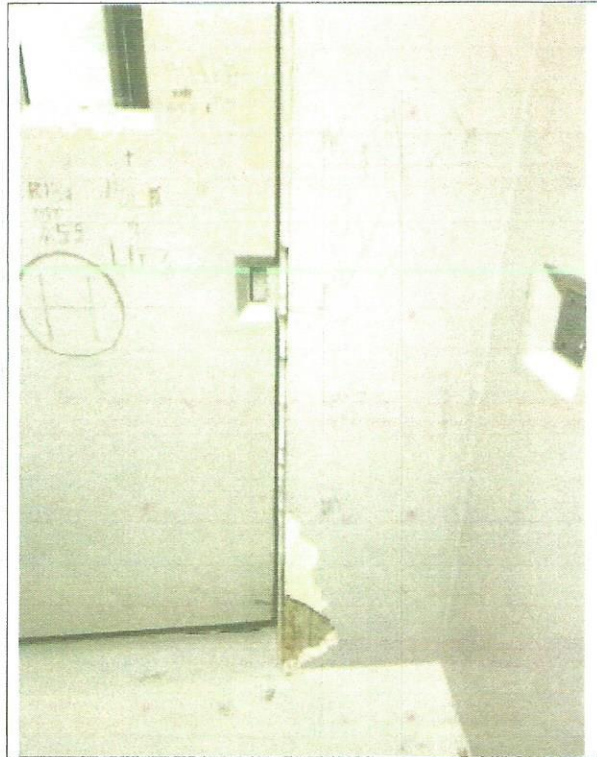
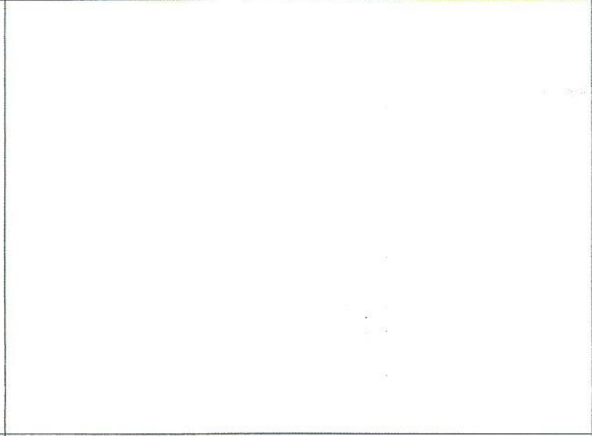
NN Debarment Form

Forms are a requirement to provide service to the Navajo Nation

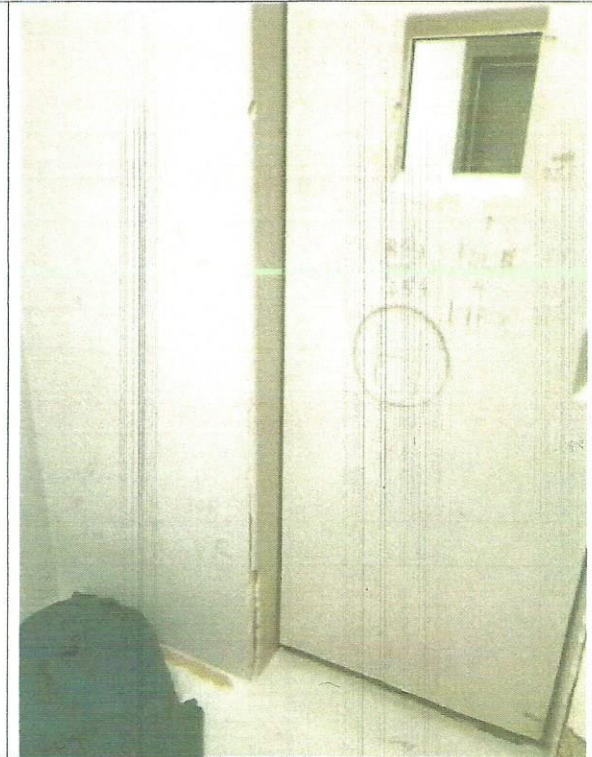
Female Special Management Room- Needing Replacement



Repair Safety padding at Door jamb.



Repair Safety padding at Door jamb.



Repair Safety padding at Door jamb, and small gouges in safety padding above.

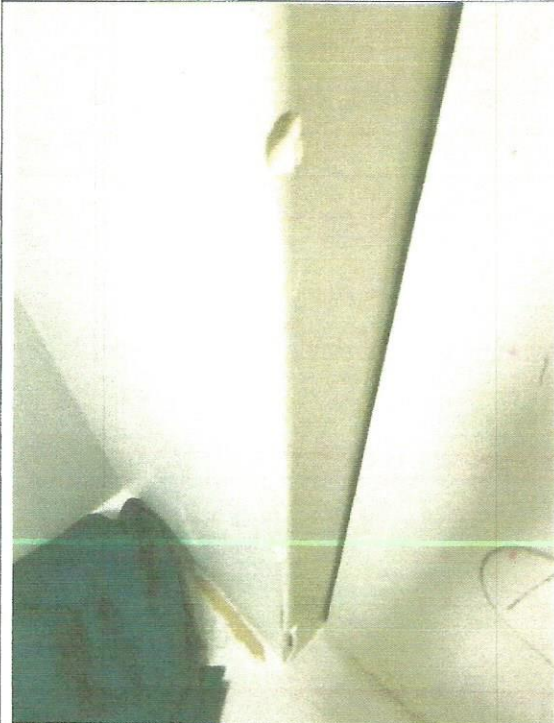
Female Special Management Room- Needing Replacement



Repair Safety padding at Door jamb, and small gouges in safety padding.
Repair gouges to padding surrounding cell door window.



Repair Safety padding at Door jamb.

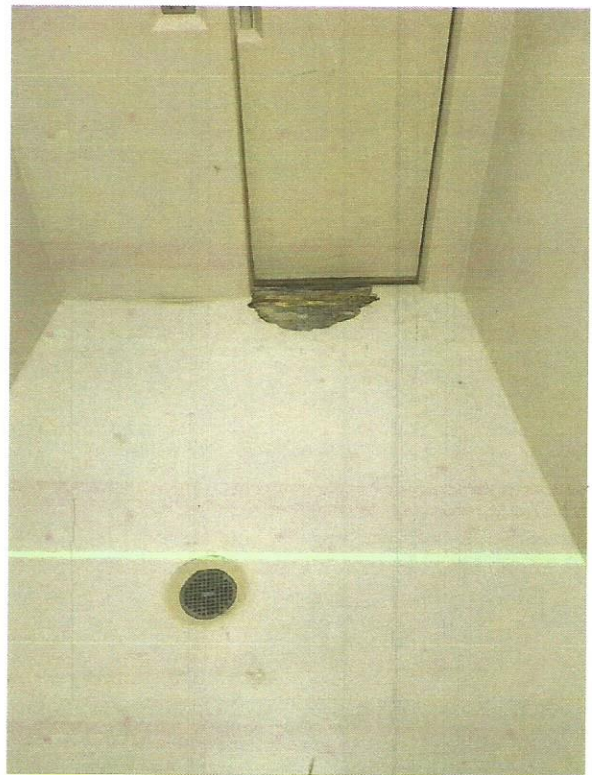


Repair Safety padding at Door jamb, and small gouges in safety padding
above.



Repair gouges to padding surrounding cell door window.

Male Special Management Room- Needing Replacement



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.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>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.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <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) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

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.

Social security number									

OR

Employer identification number									

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.

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-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