



**REQUEST FOR PROPOSALS**  
**FOR CONFERENCE SERVICES FOR GROUP RATE ACCOMMODATIONS ON GUEST ROOMS**  
**AND MEETING SPACE**  
**FOR NAVAJO SPECIAL DIABETES PROGRAM**  
**RE-BID #: 23-07-3096LE**  
**DUE DATE: SEPTEMBER 6, 2023**

### **PURPOSE**

Navajo Special Diabetes Program (NSDP) intends to seek and obtain CONFERENCE SERVICES FOR **Hotel and Meeting Facility such as GROUP RATE ACCOMMODATIONS FOR GUEST ROOMS, MEETING SPACES, AND FOOD & BEVERAGE SERVICES FOR THE NAVAJO NATION SPECIAL DIABETES PROJECT on Fall 2023.**

### **1.0 PROPOSAL SUBMITTAL REQUIREMENTS**

1.1. To be considered, each bidder must submit a response to this Request for Proposal (RFP) and respond to the SELECTION CRITERIA identifying your understanding of the services requested. The proposal must be signed, in ink, by an official authorized to bind the bidder to its provision.

1.2. Proposals must be marked as "CONFERENCE SERVICES" and must be received by **5:00 p.m. MST, Wednesday, September 6, 2023**. The cost proposals can be sent electronically through email by September 6, 2023 to Lorita Etsitty, Buyer I; email address: [letsitty@nnooc.org](mailto:letsitty@nnooc.org) The proposal submittal cost proposals must be in an attachment clearly marked "CONFERENCE SERVICES" – Attention to Lorita Etsitty, Buyer, Navajo Nation Purchasing Service, Administration Building # 1, Window Rock Blvd., Window Rock, Arizona, or can be 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](http://www.nnooc.org) link: Purchasing. If any questions regarding this RFP call Randall Comb at 928-871-6532 or email: [rcomb@navajo-nsn.gov](mailto:rcomb@navajo-nsn.gov) The bidder is responsible for the timely receipt of their proposal by the Navajo Special Diabetes Program. Late proposals will **not** be considered.

1.3. The content of this RFP, its attachments, the proposal and any mutual understandings resulting from oral presentations will become contractual obligations if a contract ensues. Failure of the successful bidder to accept these obligations may result in cancellation of a proposed contract. NSDP further reserves the right to interview the key personnel assigned by the successful bidder to this project. **NSDP reserves the right to reject any and all proposals.**

### **2.0 NONDISCRIMINATORY PRACTICES**

2.1. 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.

### **3.0 LIABILITY**

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

### **4.0 INDEMNIFICATION**

#### **4.0 INDEMNIFICATION**

4.1 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.

#### **5.0 GENERAL PROPOSAL REQUIREMENTS**

5.1 The proposals shall include the following:

5.1.1 Name of firm or company, business address, name of contact person, telephone number, fax number and email address (if applicable).

5.1.2 Total Price Cost of Proposal for group accommodations and meeting facility usages

5.1.3 Description of your firm, personnel and services provided.

5.1.4 Reason(s) why you believe your firm should provide these services to the NNSDP.

5.1.5 Copies of all applicable business licenses and insurance certificate (i.e., general liability).

5.1.6 Any other pertinent information that you believe will assist the NNSDP in understanding your company and assurances if awarded the contract.

5.1.7 All information contained in a proposal is subject to disclosure.

#### **6.0 SELECTION CRITERIA and EVALUATION CRITERIA**

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

##### **6.1 Capability, Qualifications and References – (30%)**

6.1.1 The written proposal should indicate the ability of the vendor to meet the terms of the RFP.

6.1.2 The written proposal should indicate the competence of personnel whom the bidder intends to assign to the project.

##### **6.2 Method of Approach – (20%)**

6.2.1 This factor will be judged based upon the prepared specification provided in the Proposal.

##### **6.3 Price - (50%)**

6.3.1 This factor will be based on the total cost of the service.

Determine of how well the proposed methods of providing the service fits the needs of the NSDP. The above selection criteria are provided to assist responders to proposals and are not meant to limit other considerations that may become apparent during the course of the selection process.

Proposals will be reviewed and evaluated by the NSDP, and a recommendation for award of contract will be presented to the NSDP for disposition. Incomplete and/or late proposals will not be considered.

#### **7.0 NEED FOR SERVICE and SERVICES REQUIREMENTS**

NSDP is planning its annual staff meeting and development workshops in Flagstaff/Phoenix, Arizona Farmington or Albuquerque, New Mexico in the Fall 2023. The project needs guest rooms, meeting facility and food & beverage services to accommodate the meeting and help achieve its objectives.

Group Lodging Double Occupancy Guest Rooms: Thirty (3) Non-smoking Rooms x Four (4) Nights (Queen Size Bed Preferred)

Arrival Date: November 13, 2023

Departure Date: November 17, 2023

Meeting Rooms: Five Days of Conference Meeting Rooms/Breakout Conference Rooms

Meeting Date: November 13, 2023 (PM)

Departure Date: November 17, 2023

## 8.0 SUMMARY

This RFP is designed to allow qualified vendors to demonstrate their capability of providing their cost proposals for conference services to the NSDP. Proposals must be marked as "CONFERENCE SERVICES" and must be received by **5:00 p.m. MST, Wednesday, September 6, 2023**. The cost proposals can be sent electronically through email by September 6, 2023 to Lorita Etsitty, Buyer I; email address: [letsitty@nnooc.org](mailto:letsitty@nnooc.org) The proposal submittal cost proposals must be in an attachment clearly marked "CONFERENCE SERVICES" – Attention to Lorita Etsitty, Buyer, Navajo Nation Purchasing Service, Administration Building # 1, Window Rock Blvd., Window Rock, Arizona, or can be 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](http://www.nnooc.org) link: Purchasing.

Format: Proposals should be 8 ½" x 11", 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 the 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 of or in its entirety, this Request for Proposals, if it is in the best interest of the 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.

## QUESTIONS

Questions should be directed to:

**Attn:** Rodgina Paul, Program Manager III  
Navajo Special Diabetes Program  
P. O Box 3748  
Window Rock, Arizona 86515  
Telephone: (928) 871-6532  
Email: [rodogina.paul@navajo-nsn.gov](mailto:rodogina.paul@navajo-nsn.gov)



Rodgina Paul, Program Manager III  
Navajo Special Diabetes Program



**MEETING SPACE FOR THE NAVAJO SPECIAL DIABETES PROGRAM**

**RE-BID #: 23-07-3096LE**

**DUE DATE: SEPTEMBER 6, 2023**

**GUEST ROOM ACCOMMODATIONS**

*Lodging Accommodation Date: November 13, 2023 Departure Date: November 17, 2023*

<b>ROOM DESCRIPTION</b>	<b>ESTIMATED # OF ROOMS</b>	<b># OF NIGHTS</b>	<b>UNIT PRICE PER ROOM</b>	<b>TOTAL PRICE</b>
DOUBLE OCCUPANCY (Queen Size Bed Non - Smoking Room) GSA Rate	30 Rooms	4 Nights		
<b><i>SUBTOTAL</i></b>				
<b><i>SALE TAX CHARGE</i></b>				
<b><i>GRAND TOTAL</i></b>				

**MEETING ROOM AND EQUIPMENT REQUIREMENTS**

*Meeting Date: November 13, 2023*

*Departure Date: November 17, 2023*

<b>Date</b>	<b>Start Time</b>	<b>End Time</b>	<b>Function</b>	<b>Setup</b>	<b># people</b>	<b>Price Rate</b>
11/13/23	1:00 PM	5:00 PM	Welcome Reception/Opening Session	Round	60	
11/14/23	8:00 AM	10:00 AM	General Session	Round	60	
11/14/23	10:00 AM	12:00 PM	3 - Break Out Sessions (20 people per room)	Classroom	60	
11/14/23	1:15 PM	4:30 PM	3 - Break Out Sessions (20 people per room)	Classroom	60	
11/14/23	6:00 PM	7:00 PM	Dinner	Round	60	
11/15/23	8:00 AM	10:00 AM	General Session	Round	60	
11/15/23	10:00 AM	12:00 PM	3 - Break Out Sessions (20 people per room)	Classroom	60	
11/15/23	12:15 PM	1:30 PM	Luncheon	Round	60	
11/15/23	1:30 AM	5:00 PM	3 - Break Out Sessions (20 people per room) (20 people per room)	Classroom	60	
11/16/23	8:00 AM	10:00 AM	General Session	Round	60	
11/16/23	10:00 AM	12:00 PM	3 - Break Out Sessions (20 people per room)	Classroom	60	
11/16/23	12:15 PM	1:30 PM	Luncheon	Round	60	
11/16/23	1:30 AM	5:00 PM	3 - Break Out Sessions (20 people per room)	Classroom	60	
11/17/23	8:00 AM	10:30 PM	Closing Session/Brunch	Round	60	

**FOOD AND BEVERAGE REQUIREMENTS (Not to Exceed GSA Meal Per Diem Rates)**

Date	Start Time	End Time	Function/Description	Setup	# of Meals	Unit Price	Total Price
11/13/23	1:00 PM	5:00 PM	Welcome Reception	Round	60		
11/14/23	10 AM	10:30 AM	Morning Break --		60		
11/14/23	3 PM	3:30 PM	Afternoon Break		60		
11/14/23	5PM	7:00 PM	Dinner-Steak Entrees	Round	60		
11/15/23	10 AM	10:30 AM	Morning Break		60		
11/15/23	12 PM	1:30 PM	Luncheon-	Round	60		
11/15/23	3 PM	3:30 PM	Afternoon Break		60		
11/16/23	10 AM	10:30 AM	Morning Break		60		
11/16/23	12 PM	1:30 PM	Luncheon-	Round	60		
11/16/23	3 PM	3:30 PM	Afternoon Break		60		
11/17/23	10 AM	12:00 PM	Breakfast Brunch	Round	60		
			<b><i>SUBTOTAL</i></b>				
			<b><i>SERVICE CHARGE</i></b>				
			<b><i>SALE TAX CHARGE</i></b>				
			<b><i>GRAND TOTAL</i></b>				

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p><b>2</b> Business name/disregarded entity name, if different from above</p>	
	<p><b>3</b> 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) ▶ _____  <i>Note:</i> 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><b>4</b> 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><i>(Applies to accounts maintained outside the U.S.)</i></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p>	<p>Requester's name and address (optional)</p>
	<p><b>6</b> City, state, and ZIP code</p>	
	<p><b>7</b> List account number(s) here (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.

**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.

<b>Social security number</b>									
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<b>or</b>									
<b>Employer identification number</b>									
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**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	<p>Signature of U.S. person ▶ _____</p>	<p>Date ▶ _____</p>
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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](http://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