

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

BID NO. 23-10-3134SB

Snake Control and Prevention

PROPOSAL DUE DATE: October 31, 2023
DESCRIPTION: Snake Control and Prevention
CONTACT PERSON: Lavine J. Roan, Principal Contract Analyst
Phone: 928-871-7061
Fax: 928-871-7866

~ RETURN PROPOSALS CLEARLY MARKED ~

BID# 23-10-3134SB - NHS Snake Control and Prevention “DO NOT OPEN:

INCLUDE COMPANY NAME AND RETURN ADDRESS ON BID PACKAGE

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

MAILING ADDRESS: Navajo Head Start
P.O. Box 3479
Window Rock, Arizona 86515
ATTN: Lavine J. Roan, Principal Contract Analyst

SECTION I

A. RESPONDENT REQUIREMENTS:

All respondents must have, at a minimum, the capabilities listed herein, and the bid proposals submitted must reflect in detail the inclusion of these services as well as the **additional forms required in Section II**. Respondent should also provide technical information of delivery of services required in this RFP.

Navajo Head Start (NHS) is seeking proposals from qualified firms and/or individuals to provide snake control and prevention services to seventy-nine (79) Head Start Centers – (See attached list of Centers by Regions).

B. Scope of Work:

The main objective of the snake control is for the life, health and safety of NHS staff and students.

Services will be provided at five (5) District Head Start offices and Centers:

1. Region I – Shiprock, New Mexico
2. Region II – Crownpoint, New Mexico
3. Region III – Ft. Defiance, Arizona
4. Region IV – Chinle, Arizona
5. Region V – Tuba City, Arizona

C. TREATMENT:

1. Provide the different options of methods and treatments for snake control and prevention in and around buildings, playgrounds and within the building compounds.
2. Provide frequency of treatment(s) and its effectiveness and treatments.
3. Material Safety Data Sheets (MSDS) on all chemicals to be used.

RFP Submittal Deadline:

All RFP's must be received/ mailed / or physically delivered by **October 31, 2023, at 5:00 p.m.** 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 (Attached)
2. Federal Form Tax W-9
3. Licensed, bonded, and current Certificate of Liability Insurance.
 - Commercial General Liability coverage, ISO CG 0001 Form or equivalent with minimum limits of \$1,000,000 per occurrence, \$2,000,000 aggregate;
 - Auto Liability minimum limit of \$1,000,000 per accident and should include non-owned auto(s);
 - Workers' Compensation coverage with statutory benefits and Employers Liability coverage with minimum limits of \$1,000,000/\$1,000,000/\$1,000,000.
 - The Navajo Nation shall be named as additional insured for general and auto liability coverages only.

A. Proposal Format:

1. All proposals must be typewritten on standard 8-1/2 X 11 paper and placed within a hard report cover (NO BINDERS) with tabs delineating each section. Larger paper is permissible for charts, maps, or the like.
2. An original RFP response and three (3) copies must be provided in a sealed envelope.
3. 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)

4. 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 contacted for clarification.
 - e. Explicitly indicate acceptance of the conditions governing this procurement.
 - f. Signed by the person responding to the RFP; and
 - g. Acknowledge receipt of all amendments to the RFP.
5. 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 detail, the quality, quantity, and substance of services provided.
6. 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.
7. Respondent must provide a **DETAILED/BREAKDOWN** of all COSTS for the services.

- B. PRIORITY ONE OR TWO:** Bidders will be required to mark on the outside of the sealed proposal package, their priority status under the Navajo Nation Business Opportunity Act. This is the bidder's responsibility to identify themselves as certified.
- C. 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.
- D. 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.

- E. **INQUIRIES:** Any inquiries regarding this RFP should be submitted in writing to Lavine J. Roan, Principal Contract Analyst, Principal Contract Analyst. Only written responses to questions will be considered official. Questions will be directed to Lavine J. Roan at 928-871-7061 or email: lavineroan@nndode.org. **Questions regarding this procurement will be accepted until 5:00 p.m. on October 27, 2023.**
- F. **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.
- G. **PROPOSAL SUBMISSION:** Proposal must be received on or before **5:00 p.m. October 31, 2023**. Respondents who are mailing their proposals should allow sufficient time for mail delivery to ensure receipt by the date specified. If mailed, it is recommended that proposals be sent by certified mail to the address indicated on the cover sheet of the RFP. **Late proposals will not be accepted.**
- H. **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.
- I. **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.”
- J. **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.
- K. **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.
- L. **SUFFICIENT APPROPRIATION:**
A contract awarded because 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.

M. 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 Service | 1-20 points |

Total possible points = 100

- N. STANDARD CONTRACT:** The Navajo Nation reserves the right to incorporate standard contract provision into any contract negotiations because of a proposal submitted in response to the RFP.
- O.** Contractor shall comply with Federal Awards Guidelines:
- a. §200.330 - Reporting on real property.
 - b. §200-331 – Subrecipient and Contractor determinations.
 - c. §200.338 – Restrictions on public access to records.
- P.** Contractor shall comply with the CDC Covid Guidelines.
- Q. TAX:** All appropriate taxes should be included in the 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 at the prevailing rate, on gross receipts for all work performed within the territorial jurisdiction of the Navajo Nation pursuant to 24 N.N.C. §§601 et seq., and the Navajo Nation Sales Tax Regulations §§6.101 et seq., as amended from time to time, except that work performed within the To’Nanees’Dizi Local Government (“Tuba City Chapter”) or the Kayenta Township is subject to their respective local sales taxes as amended from time to time. In addition to being subject to Navajo Nation Sales Tax, the CONSULTANT is subject to local sales tax on gross receipts for all work performed within a governance-certified chapter that imposes a local sales tax pursuant to a duly enacted local tax ordinance and the Uniform Local Tax Code, 24 N.N.C. §§150 et seq.
- R. SOVEREIGNTY:** The Navajo Nation will not relinquish any of its sovereignty rights.

Navajo Head Start: Enrollment Report - August 2023

| District 1 | | 170 | 105 |
|------------|----------|-----|-----|
| Duration | Seasonal | 78 | 54 |
| | | 92 | 51 |

| District 2 | | 262 | 117 |
|------------|----------|-----|-----|
| Duration | Seasonal | 115 | 76 |
| | | 147 | 41 |

| District 3 | | 338 | 227 |
|------------|----------|-----|-----|
| Duration | Seasonal | 201 | 111 |
| | | 137 | 116 |

| District 4 | | 293 | 199 |
|------------|----------|-----|-----|
| Duration | Seasonal | 111 | 91 |
| | | 182 | 108 |

| District 5 | | 250 | 129 |
|------------|----------|-----|-----|
| Duration | Seasonal | 122 | 61 |
| | | 128 | 68 |

| # | District 1 | FE | AE |
|----|-----------------|----|----|
| 1 | Nageezi | 13 | 12 |
| 2 | Neناهnezad | 12 | 0 |
| 3 | Newcomb | 20 | 6 |
| 4 | Red Mesa | 15 | 10 |
| 5 | Red Valley | 10 | 5 |
| 6 | San Juan | 18 | 5 |
| 7 | Sanostee | 15 | 12 |
| 8 | Shiprock 1 | 20 | 21 |
| 9 | Shiprock 2 | 20 | 22 |
| 10 | Two Grey Hills | 12 | 0 |
| 11 | Upper Fruitland | 15 | 12 |

| # | District 2 | FE | AE |
|----|----------------|----|----|
| 1 | Baahaali | 14 | 6 |
| 2 | Chichiltah | 13 | 0 |
| 3 | Church Rock 1 | 15 | 7 |
| 4 | Church Rock 2 | 15 | 0 |
| 5 | Crownpoint 1 | 20 | 18 |
| 6 | Crownpoint 2 | 20 | 13 |
| 7 | Little Water | 15 | 4 |
| 8 | Nahodishgish | 15 | 0 |
| 9 | Pinedale 1 | 15 | 15 |
| 10 | Pinedale 2 | 15 | 0 |
| 11 | Pueblo Pintado | 15 | 1 |
| 12 | Red Rock | 20 | 17 |
| 13 | Smith Lake | 18 | 8 |
| 14 | Standing Rock | 12 | 0 |
| 15 | Thoreau | 20 | 17 |
| 16 | Torreón | 20 | 11 |

| # | District 3 | FE | AE |
|----|-----------------|----|----|
| 1 | Cornfields | 14 | 7 |
| 2 | Crystal | 20 | 12 |
| 3 | Ganado | 15 | 15 |
| 4 | Kin Dah Lichi'i | 20 | 14 |
| 5 | Lupton | 14 | 9 |
| 6 | Na'ha'ta'Dzil | 18 | 15 |
| 7 | Sawmill | 20 | 9 |
| 8 | St. Michaels 1 | 20 | 15 |
| 9 | St. Michaels 2 | 20 | 14 |
| 10 | Steamboat 1 | 15 | 6 |
| 11 | Steamboat 2 | 14 | 12 |
| 12 | Tohatchi 1 | 19 | 0 |
| 13 | Tohatchi 2 | 18 | 11 |
| 14 | Tsayatoh | 14 | 5 |
| 15 | Twin Lakes | 17 | 6 |
| 16 | Window Rock 1 | 20 | 20 |
| 17 | Window Rock 2 | 20 | 19 |
| 18 | Window Rock 3 | 20 | 19 |
| 19 | Window Rock 4 | 20 | 19 |

| # | District 4 | FE | AE |
|----|--------------|----|----|
| 1 | Blue Gap | 14 | 9 |
| 2 | Chinle | 20 | 20 |
| 3 | Chinle II | 18 | 18 |
| 4 | Cottonwood | 14 | 10 |
| 5 | Del Muerto 1 | 20 | 13 |
| 6 | Del Muerto 2 | 18 | 14 |
| 7 | Low Mountain | 14 | 6 |
| 8 | Lukachukai 1 | 20 | 19 |
| 9 | Lukachukai 2 | 20 | 13 |
| 10 | Many Farms 1 | 17 | 17 |
| 11 | Many Farms 2 | 15 | 2 |
| 12 | Many Farms 3 | 15 | 11 |
| 13 | Nazlini | 14 | 0 |
| 14 | Pinon 1 | 15 | 13 |
| 15 | Pinon 2 | 15 | 0 |
| 16 | Rough Rock | 10 | 4 |
| 17 | Tsalle | 20 | 16 |
| 18 | Whippoorwill | 14 | 14 |

| # | District 5 | FE | AE |
|----|-------------------|----|----|
| 1 | Cameron | 20 | 13 |
| 2 | Cowsprings | 16 | 6 |
| 3 | Dennehotso | 16 | 7 |
| 4 | Gap | 16 | 10 |
| 5 | Inscription House | 14 | 5 |
| 6 | Kayenta 1 | 18 | 15 |
| 7 | Kayenta 2 | 18 | 12 |
| 8 | Kayenta 3 | 18 | 11 |
| 9 | Leupp | 12 | 2 |
| 10 | Navajo Mountain | 12 | 3 |
| 11 | Oljato | 17 | 3 |
| 12 | Rock Point | 18 | 10 |
| 13 | Shonto | 15 | 5 |
| 14 | Tonalea | 20 | 12 |
| 15 | Tuba City | 20 | 15 |

| Early Head Start | | FE | AE |
|------------------|----------------------|----|----|
| 1 | Shiprock EHS Infant | 8 | 4 |
| 2 | Shiprock EHS Toddler | 9 | 11 |

| Early Head Start | | FE | AE |
|------------------|-------------------------|----|----|
| 1 | Window Rock EHS Infant | 4 | 4 |
| 2 | Window Rock EHS Toddler | 8 | 8 |

| Early Head Start | | FE | AE |
|------------------|--------------------|----|----|
| 1 | Tsalle EHS Toddler | 8 | 10 |

| Totals | FE | AE |
|------------|------|-----|
| Head Start | 1313 | 777 |
| Duration | 627 | 393 |
| Seasonal | 686 | 384 |
| EHS | 37 | 37 |

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.

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.

Individual/sole proprietor or single-member LLC

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Other (see instructions) ▶

C Corporation

S Corporation

Partnership

Trust/estate

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) _____

(Applies to accounts maintained outside the U.S.)

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 | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: center; align-items: center; margin: 0 10px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: flex; justify-content: center; align-items: center; margin: 0 10px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> | |
| or | |
| Employer identification number | |
| <div style="border: 1px solid black; width: 40px; height: 20px;"></div> | <div style="border: 1px solid black; width: 40px; height: 20px;"></div> |

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 | Date ▶ |
| Signature of U.S. person ▶ | |

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