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

RE-BID RFP#24-01-3227GC

NHS - Building Appraisals

PROPOSAL DUE DATE: November 15, 2024

DESCRIPTION: NHS – Building Appraisals

CONTACT PERSON: Lavine J. Roan, Principal Contract Analyst

Phone: 928-871-7061 Fax: 928-871-7866

~ RETURN PROPOSALS CLEARLY MARKED ~

RE-BID RFP#24-01-32 NHS Building Appraisals "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, as a minimum, the capabilities listed herein, and the bid proposals submitted must reflect in detail the inclusion of these services as well as the additional forms required in Section II. Respondent should also provide technical information of delivery of services required in this Request for Proposal (RFP).

B. SCOPE OF WORK:

Navajo Head Start (NHS) is seeking proposals from qualified firms and vendors to perform building appraisals at all operational Head Start Centers – See Attached List below.

Building Appraisals:

- 1. Must be certified in New Mexico, Arizona, and Utah states.
- 2. Valid Certifications Do not submit "expired" licenses.
- 3. Identify and explain the chosen method of the appraisal of the buildings taking into consideration location, zoning, topography, access, public improvements, and all other factors.
- 4. Inspect and photograph the property being appraised.
- 5. Secure and evaluate information relating to land characteristics, zoning, access, utilities.
- 6. Interview persons considered informed regarding the buildings including various Navajo Nation Chapter Officials.

Appraisal Deliverables:

1. Provide two (2) complete hard copy forms and a flash drive of the Appraisal Report for each facility.

Payment:

1. Payment will be made on actual services delivered.

DISTRICT I -SHIPROCK (14)

	2.01.11.01.11.01.1(2.1)				
	Classrooms	Built	SF		
1	Crystal	New			
2	Nageezi	1976	3840		
3	Nenahnezad	1986	2,112		
4	Newcomb	1991	3,578		
5	Red Mesa				
6	Red Valley				
7	San Juan	New			
8	Sanostee				
9	Shiprock I				
10	Shiprock II				
11	Tohatchi I	1991	2,027		
12	Tohatchi II	1976	2,027		
13	Twin Lakes				
14	Upper Fruitland (S)	1991	1,644		
	14				

DISTRICT II -CROWNPOINT (16)

		1 7	
	Classrooms	Built	SF
1	Baahaali	1991	1385
2	Church Rock I (F)	1986	3,378
3	Church Rock II (F)	1986	
4	Crownpoint I (F)	1986	1,712
5	Crownpoint II (F)	1986	
6	Little Water	New	
7	Nahodishgish		
8	Pinedale I	New	
9	Pinedale II	New	
10	Pueblo Pintado		
11	Red Rock I		
12	Smith Lake	1991	2,100
13	Standing Rock		
14	Thoreau	1976	1,385
15	Torreon I	1986	1,515
16	Tsayatoh		2,400
	16		

DISTRICT IV - CHINLE (18)

	Classrooms	Built	SF
_	Classrooms		1-2
1	Blue Gap I	1984	3456
2	Chinle	1970	1,345
3	Chinle II	1988	1,400
4	Cottonwood		
5	Del Muerto I	1984	3,141
6	Del Muerto I	1984	3,456
7	Low Mountain	1982	3,456
8	Lukachukai I	1999	4,595
9	Lukachukai II	1999	
10	Many Farms I		
11	Many Farms II		
12	Many Farms III		4,357
13	Nazlini		
14	Pinon I	1989	2,038
15	Pinon II	1989	1,813
16	Rough Rock I		
17	Tsaile	1998	
18	Whippoorwill		2,049
	18		

DISTRICT V-TUBA CITY (11)

	Classrooms	Built	SF
1	Cameron	1965	2742
2	Cowsprings	1995	2,016
3	Dennehotso (F)	1988	3,384
4	Gap (S)	1977	1,316
5	Inscription House (S)	1992	3,130
6	Navajo Mountain	1981	2,015
7	Oljato	1981	2,015
8	Rock Point I		
9	Shonto	1964	3,023
10	Tonalea	1995	3,293
11	Tuba City I	1969	2,210
	11		

DISTRICT III -WINDOW ROCK (7)

	Classrooms	Built	SF
1	Cornfields		2871
2	Kindahlichii		2,112
3	Rural		4,523
4	Sawmill		2,991
5	St. Michaels I		3,489
6	St. Michaels II		
7	Steamboat		3,742
Į.	7		

Payment:

Payment will be made on actual services delivered.

RFP Submittal Deadline:

All RFP's must be received/ mailed / or physically delivered by **November 15, 2024 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.

A. Proposal Format:

- 1. Respondent(s) must indicate On the Bid Package Envelope if they are priority one or two vendor with the Navajo Nation.
- 2. All proposals must be typewritten on standard 8-1/2 X 11 paper and placed within a hard report cover (NO BINDERS) with tabs delineating each section. Larger paper is permissible for charts, maps, or the like.
- 3. An original RFP response and three (3) copies must be provided in a sealed envelope.
- 4. The proposal must be organized and indexed in the following format:
 - a. A letter of Transmittal
 - b. Statement of Qualifications
 - c. Proposal on Contract approach
 - d. Proposed Cost (Sealed in Separate Envelope)

- 5. Each proposal must be accompanied by a letter of transmittal. The letter of transmittal must:
 - a. Provide background on company.
 - b. Identify the name of the person responding to the RFP.
 - c. Identify the name, title, and telephone numbers of person authorized to negotiate on behalf of the organization(s).
 - d. Identify the names, files, and telephone numbers of person to be 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.
- 6. The respondent must submit a statement of qualifications to include:
 - a. A resume.
 - b. Number of years of experience working with Navajo Nation government or other government entities.
 - c. Provide three (3) references. Each reference must include the name, address, and telephone number of a contact person who can describe in detail, the quality, quantity, and substance of services provided.
 - d. The respondent must provide a Certificate of Liability Insurance.
- 7. Respondent must provide proposal on contract approach.
 - a. Provide in detail how they would accomplish the objectives described in the scope of work.
 - b. Provide number of employees in the company/organization.
 - c. Provide Resume & Credentials of each Employee including Certificates, Diploma and/or Degrees.
- 8. Respondent must provide a **DETAILED COST** for all services.
- **B. REJECTION OF PROPOSALS:** The Navajo Nation reserves the right to waive any informalities or irregularities in the RFP or reject any or all proposals whenever such rejection is deemed in the best interest of the Navajo Nation.
- C. PROCUREMENT OF RFP: This procurement shall be conducted in accordance with all applicable Navajo Nation laws and regulations including the Navajo Business Opportunity Act. All applicable rules, regulations, and laws shall also be followed. Prospective Vendors shall familiarize themselves with Navajo Nation regulations prior to submitting responses to this RFP and may request a copy of Navajo Nation procurement regulations from the NHS Principal Contract Analyst at any time up to the Deadline for Proposals.
- **D. INQUIRIES:** Any inquiries regarding this RFP should be submitted in writing to Lavine J. Roan, Principal Contract Analyst, 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:

<u>lavineroan@nndode.org</u>. Questions regarding this procurement will be accepted until 5:00 p.m. on November 13, 2024.

- E. AMENDED PROPOSALS: A respondent may submit an amended proposal before the deadline for receipt of proposals. Such amended proposals must be a complete replacement for a previously submitted proposal and must be clearly identified in the transmittal letter.
- F. PROPOSAL SUBMISSION: Proposal must be received on or before 5:00 p.m. November 15, 2024. Respondents who are mailing their proposals should allow sufficient time for mail D elivery 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.
- G. REJECTION OF PROPOSALS: NHS reserves the right to reject all proposals. This RFP may be canceled at any time and all proposals may be rejected in whole or in part when the NHS Assistant Superintendent determines it is in the best interest of the Navajo Nation.
- **H. PROPRIETARY INFORMATION:** Any restriction on the use of data contained within any proposals must be clearly stated in the proposal. Proprietary information submitted in response to this RFP will be handled in accordance with applicable purchasing procedures. Each page of the proprietary material <u>must</u> be labeled or identified with the word "proprietary" or "confidential."
- I. RESPONSE MATERIAL OWNERSHIP: All material submitted regarding this RFP shall become property of the Navajo Nation and will not be returned to the respondent. Responses received will be retained by NHS and may be reviewed by any person after final selection has been made. NHS has the right to use any or all system ideas presented in reply to this RFP. Disqualification or non-selection of a respondent or proposal does not eliminate this right.
- J. INCURRING COSTS: Any cost(s) incurred by the respondent in preparing, transmitting, presenting, or modifying the proposal or material for this RFP shall be the responsibility of the respondent.

K. SUFFICIENT APPROPRIATION:

A contract awarded 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.

L. EVALUATION PROCEDURES AND SELECTION CRITERIA.

1. An evaluation team will evaluate the proposals received in accordance with the general criteria used herein. Respondents should be prepared to provide any additional information the team feels necessary for the fair evaluation of proposals.

- 2. Failure of a respondent to provide any information requested in the RFP may result in disqualification of the proposal. All proposals must be endorsed with the signature of a responsible official having the authority to bind the respondent to the execution of a contract.
- 3. The sole objective of the review team will be to select the respondent who is most responsive to the needs of NHS. The specifications in this RFP represent the minimum performance necessary for a response. Based on the evaluation Criteria established in this RFP, the review team will select and recommend the respondent who best meets this objective. If there is only one responsive bid, the NHS Assistant Superintendent may elect to evaluate the RFP solely.
- 4. Evaluation Criteria: The following criteria will be used by a review committee in the selection process for contract award.

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Initial	Point	(inte	eria:
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a. Presentation of Response 1-20 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. Cost of Service 1-20 points

Total possible points = 100

- M. 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.
- 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. 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.
- **Q. SOVEREIGNTY:** The Navajo Nation will not relinquish any of its sovereignty rights.

Form W-9 (Rev. March 2024) Department of the Treasury internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for Instructions and the latest information.

Give form to the requester. Do not send to the IRS.

	re you begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below. 1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)											
	2 Business name/disregarded entity name, if different from above.											
Print or type. See Specific Instructions on page 3.	only one of the following seven boxes. Individual/sole proprietor					Exe Co coo	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) [Applies to accounts maintained outside the United States.]					
ď		dress (number, street, and apt. or suite no.). See instructions. y, state, and ZIP code	Requester's name and address (optional)									
	7 Lis	t account number(s) here (optional)										
Par	tl	Taxpayer Identification Number (TIN)										
Enter	your Ti	N in the appropriate box. The TIN provided must match the name given on line 1 to av	old	So	cial s	ecurit	y r	umbe		_		
reside	nt alien	olding. For individuals, this is generally your social security number (SSN). However, it, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other rour employer identification number (EIN). If you do not have a number, see How to ge					- 2		<u></u>	-		
TIN, la	, .			or	mloss	or Idor	-414	instine		na fa	200	
Note:	If the a	ccount is in more than one name, see the instructions for line 1. See also What Name	and	E	proy	er identification number					=	
		tive the Requester for guidelines on whose number to enter.				**						
Par	t II	Certification										
Under	penalt	les of perjury, I certify that:										
2. I an Ser	n not si vice (IR	er shown on this form is my correct taxpayer identification number (or I am waiting for abject to backup withholding because (a) I am exempt from backup withholding, or (b) (s) that I am subject to backup withholding as a result of a failure to report all interest subject to backup withholding; and	I have r	not b	een	notifie	ed	by the	Inte	өгт		
3. I an	n a U.S	citizen or other U.S. person (defined below); and										
4. The	FATC/	A code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	ng is cor	rect.								
becau	se you sition or	instructions. You must cross out item 2 above if you have been notified by the IRS that have falled to report all interest and dividends on your tax return. For real estate transacti abandonment of secured property, cancellation of debt, contributions to an individual ref erest and dividends, you are not required to sign the certification, but you must provide y	ons, iten Irement	n 2 d arrar	oes i	not ap nent (II	ph RA	/. For a	mort , ger	tga ner	ge int alty, p	erest pald ayments
Sign Here		gnature of 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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership Interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Cat. No. 10231X Form W-9 (Rev. 3-2024)

NAVAJO NATION CERTIFICATION

Regarding Debarment, Suspension, and

- **Contracting Eligibility**
- 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:
 - Deliberate failure, without good cause, to perform in accordance with the contract specifications or within the time limit provided in the contract.
 - 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.
- 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