

Invitation for Bids

BID NO. 24-01-3230KS

The Judicial Branch – Administrative Office of the Courts

Invitation to Bid: Information Kiosks

OVERVIEW:

The Navajo Nation Judicial Branch (NNJB) provides court services, peacemaking, and probation and parole services, to adjudicate cases, resolve disputes, rehabilitate individuals and families, restore harmony, educate the public, agencies, services and other governments in Diné bi beenahaz’ áanii, and protect persons and property pursuant to Navajo Nation laws, customs, traditions, and applicable federal laws. Pursuant to Diné bi beenahaz’ áanii, the NNJB has established a justice system that fully embodies the traditional values and processes of the Navajo People.

The Administrative Office of the Court (AOC) is currently Solicitating Sealed Bids for the Purchase of thirteen (13) Information Kiosks for Navajo Nation Probation Services. The Navajo Nation Probation/Parole Services are located in every district across the Navajo Nation and provide services to the Navajo People. The Judicial Branch Programs and Courts serve the entire Navajo Nation in court and program operations.

AOC is requesting thirteen (13) Informational Kiosks for each Probation and Parol location, with the minimum specification to better serve our customers across the Navajo Nation.

SCHEDULE OF ACTIVITIES:

RFP Due Date: February 01, 2024

Bid Due Date: February 01, 2024

Bid Opening: February 08, 2024

SPECIFICATIONS:

Digital Court Recorders.

13	Free Standing Kiosk PN: H32-90-100 Steel Construction, 19" Touch Screen Monitor, Mini ITx PC w/ 2.7 Ghz Dual core Intel Processor w/ 4. GB Ram, Speakers, WIFI, Windows 10 Pro, 3-year warranty.
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CONTACT FOR DETAIL SCOPE OF WORK

Ben Mariano, Information Technology
Navajo Nation Judicial Branch
Telephone Number: (928) 310-9254
Email address: benmariano@navajo-nsn.gov

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CONTACT PERSON(S):

1. *Kimberly Slim, Buyer* - Navajo Nation Office of Controller - Purchasing Section
P. (928) 871-6141/6316.
2. *Ben Mariano, IT Manager* –Information Technology, Judicial Branch of the Navajo Nation
P. (928) 871-6773, email: benmariano@navajo-nsn.gov
3. *Gwendolyn Keedo, Senior Budget Analyst* – Administrative office of the Courts, Judicial Branch of the Navajo Nation
P. (928) 551-2056, email: gskwilliams@navajo-nsn.gov
4. *Karen Francis, Acting AOC Director* – Administrative office of the Courts, Judicial Branch of the Navajo Nation
P. (928) 871-871-6920, email: karenfrancis@navajo-nsn.gov

All proposals and bids must be physically submitted to:

Delivery via UPS or Federal Express,

Buyer

Navajo Nation Purchasing Department

Administration Building 1

2559 Tribal Hill Dr

Window Rock, Arizona

Delivery via US Mail

the Navajo Nation

Office of the Controller, Purchasing Department

PO Box 3150

Window Rock, AZ 86515 ATTN:

Buyer

- ▶ **Must Identify Bid Number and Company Name on the outside of all sealed package or envelope. Please Submit One Original and Two copies of your sealed bid.**
- ▶ **Any sealed bid received after the closing date and time will not be accepted**

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and will be returned to the sender. Faxed or emailed proposal/bids will not be accepted.

TERMS AND CONDITIONS

1. Bidders must be an Authorized Fully Certified vendor who meets all standards and qualifications. equipment to be delivered in a timely fashion as the bid evaluation shall be based on who is most responsive in compliance with specification and criteria.
 - Bid Price shall include Shipping and Handling to which delivery is made to the Navajo Nation Administrative Office of the Court (AOC), c/o Judicial Branch Information Technology program in Window Rock, AZ.
 - Warranty for the equipment and software purchased by the Administrative Office of the Court (AOC), Judicial Branch.
2. The bid price shall be effective on the date of award and the availability of funds will determine the number to purchase, and additional procurement for like- kind and quality of equipment and software also qualified for bid price.
3. It is the Administrative Office of the Court (AOC) intention is to award the Bid to the lowest Responsible bidder who meets all criteria of bid.
4. Submission of all bids are to include: one original and two (2) copies, be enclosed in one sealed envelope. The outside of the envelope must be clearly marked with the following:
 - Respondent's Name and contact information, RFP Bid Number: BID __, The Judicial Branch – Administrative Office of the Courts, Invitation to Bid: Digital Court Recorders
 - Any sealed bid received after the closing date and time will not be accepted and will be returned to the sender. Faxed or emailed proposal/bids will not be accepted.
 - The Administrative Office of the Court (AOC) shall reserve the right to reject any or all bids or increase or decrease quantity of price.
5. *Certified Navajo Business* - Must Provide proof that business is currently certified by the Navajo Nation – Business Regulatory Department and prioritized under Navajo Nation Council Resolution CAP-37-02 and under the Section 204 (A) (1) and (2) of the revised Navajo Nation Business Opportunity Act.

Instructions to offerors to visibly mark on the outside on the outside of the proposal packages, if applicable, the Offeror's priority status under the Navajo Nation Business

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Opportunity Act. It is the responsibility of the offeror to identify themselves as certified under the Navajo Nation Business Opportunity Act.

6. *Taxes:* All performance under this Contract within the territorial jurisdiction of the Navajo Nation is subject to the six percent (6%) Navajo Sales Tax (24 N.N.C. 601 et seq.).
7. Nothing in the RFP is intended to or shall have the effect of waiving any privileges or immunities afforded. The Navajo Nation includes, but not limited to, Sovereign immunity or official immunity and it is Expressly agreed that the Navajo Nation retains such privileges.
8. The Navajo Nation is a sovereign government and all contracts entered because of the RFP shall comply with the Navajo Nation Laws, rules, and regulations, Navajo Business Opportunity Act and Including the Navajo Preference in Employment Act, and applicable federal law, rules, and regulations.

RFP Exhibits:

Exhibit A: Debarment and Suspension Form

Exhibit B: W-9

Exhibit C: Liability Insurance Form

**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

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.**

Print or type.
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. <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) ▶ _____	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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (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																						
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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 ▶

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.

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
INSURED	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE-DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE