



# DR. BUU NYGREN *PRESIDENT*

# RICHELLE MONTOYA *VICE PRESIDENT*

The Navajo Nation | Yideeskáadi Nitsáhákees

## REQUEST FOR PROPOSALS

At the following Navajo Nation Department of Corrections:  
CHINLE, AZ; KAYENTA, AZ; TUBA CITY, AZ; WINDOW ROCK, AZ AND SHIPROCK, NM DISTRICTS  
Fire Protection System (Annual Inspection / Preventive Maintenance Service)  
BID# 24-01-3215SB

Date: January 29, 2024

### Project Title:

The Navajo Nation Department of Corrections - Chinle, Kayenta, Tuba City, Window Rock and Shiprock Districts Correctional/Detention facilities) is requesting for proposals from firms that are interested and are qualified to provide services to conduct annual inspections of Fire Safety and Protection Systems and provide a 5-years Preventative Maintenance (PM) Service.

Proposal Due Date: **March 01, 2024 @ 12:00 PM.**  
**LATE PROPOSALS WILL NOT BE ACCEPTED**

### Proposal:

All interested and qualified parties are invited to review and respond to this Request for Proposal (RFP). All questions pertaining to the contents of the RFP as a respondent may contact Jimmie Israel, Building Maintenance Supervisor at the Kayenta Department of Corrections Phone: (928) 697-5623 or email: [jimmie.israel@navajo-nsn.gov](mailto:jimmie.israel@navajo-nsn.gov), or Sharon Yellowhair- Principal Accountant at email address: [sharonyellowhair@navajo-nsn.gov](mailto:sharonyellowhair@navajo-nsn.gov). There will be an on-site pre-bid meeting: **February 13, 2024 at Tuba City Adult Corrections Facility and Tuba City Juvenile at 9:00 am and at Kayenta Corrections Facility at 2:00 pm. February 14, 2024 the pre-bid meeting will be held at Chinle Adult Corrections Facility and Chinle Juvenile Facility at 9:00 am. The other two facilities, Window Rock Corrections and Shiprock Corrections Facility will be reading off the Modular Blue Prints which will be provided.**

All parties responding to this bid number are instructed to submit or send three (3) proposals to the following address:

The Navajo Nation Department of Corrections – Kayenta District  
Attention: Jimmie Israel, Building Maintenance Supervisor  
¼ mile West of Milepost 394 US Highway 163  
P.O. Box 4245 Kayenta, AZ 86033

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

**BID# BID# 24-01-3215SB**

Navajo Department of Corrections- Five Corrections/Detention Districts (Chinle, Kayenta, Tuba City, Window Rock, and Shiprock)  
Fire Protection System (Service Repair/Annual Fire Protection Inspection System)

**DO NOT OPEN-BID PROPOSAL**

GENERAL INFORMATION AND GUIDELINES FOR THIS RFP AT FOLLOWING  
NAVAJO NATION DEPARTMENT OF CORRECTIONS FACILITIES:  
CHINLE, KAYENTA, TUBA CITY, WINDOW ROCK AND SHIPROCK DISTRICTS

**1. DESCRIPTION OF THE ORGANIZATION**

The Navajo Nation Department of Corrections – All five districts operate as a correction/detention facility serving adults and juveniles. These facilities have a current fire protection system in place and require annual inspections, services, and replacement of parts as needed each year. The Fire Safety/Protection System will include Fire Alarm penal System, Dry Fire Riser Sprinkler System, Wet Fire Riser Sprinkler System, Kitchen Hood System (include Fusible Links), Fire Hydrant Test, Fire Pump Test (electric / diesel), and Portable Extinguishers, Programming of the Fire Alarm Penal System and Licensed NFPA.

**2. SCOPE OF THE CONTRACT**

The Navajo Nation Department of Corrections – At all five districts intend to enter into one professional services contract with one responsible, qualified, and independent to provide work as described above.

**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 a minimum of 5 years of experience and a history servicing fire protection systems at other detention facilities.
- b. The Navajo Business Opportunity Act 5 NNC § 201, 205 will apply.
- c. All workmanship and materials shall comply with applicable Fire Safety Standards and Codes.
- d. A detailed scope of work and drawings of all work to be done at each site identified above.
- e. Include a W-9 and the Navajo Nation Debarment form.

**4. SCOPE OF WORK**

The Navajo Nation is seeking a Contractor who is qualified to provide and conduct all of the following services:

- a. Inspection and preventive maintenance of detention fire protection systems.
- b. Provide a plan of installation, replacement or maintenance for the fire protection systems.

- c. Provide warranty service on all applicable products and services.
- d. Provide a 5-year of preventive maintenance schedule to maintain the fire safety/protection systems, service, repairs, and conduct annual inspections of the fire safety equipment at each site identified above. Provide a budget for replacements of parts and equipment for each of the five years.
- e. Provide a detailed scope of work in Section 14.

## **5. REQUIREMENTS**

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

## **6. PROPOSAL CONTENT AND REQUIRED INFORMATION**

Please utilize the outline described below:

- a. Letter of Interest by the organization expressing an interest and a brief description of your proposed services. (DO NOT reveal or refer 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: Kayenta Township Tax 7% and 6% at all other locations).*
- c. Organization qualifications and project experience on the Navajo Nation as well other locations off the Nation, include project site(s) and point of contact information for each job listed.
- d. Scope of Work.
- e. Product Specification including cut sheets.
- f. Service repair (detailed plans).
- g. Inspection Schedule.
- h. Copies of licenses, certifications, and insurance certificates.
- i. Compliance: Any proposal that does not adhere to this format and does 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, credentials and 5 years work experience on the Navajo Nation and other locations. This includes the capabilities to provide all requested services. (5 points)

- ii. Quality of products, ability and warranty services. (30 points)
  - iii. Project Schedule. (20 points)
  - iv. Maintenance service plan (15 points)
  - v. Navajo or Indian Preference. (05 points)
  - vi. Cost (separate sealed envelope). (25 points)
- b. Applicable Federal Requirements (25 CFR 900, OMB Circular A-87, GSA qualified vendor, etc.)
- c. The Navajo Nation Department of Corrections-at all five districts reserve the right to interview respondents if deemed necessary in tied scores situations 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 Kayenta, AZ (if necessary). It is the Kayenta DOC's intention to award One (1) Professional Services Contract to the most qualified vendor to provide all services as specified.

#### **8. TYPE OF CONTRACT**

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

#### **9. 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.

#### **10. TECHNICAL DIRECTION**

The Navajo Nation Department of Corrections point of contact is Jimmie Israel, Building Maintenance Supervisor, for inquiries related to specifications for the fire protection system and other matters. Questions and answers will be shared with all respondents. Sharon Yellowhair, Principal Accountant email address: [sharonyellowhair@navajo-nsn.gov](mailto:sharonyellowhair@navajo-nsn.gov) or Jimmie Israel, Building Maintenance Supervisor email address: [jimmie.israel@navajo-nsn.gov](mailto:jimmie.israel@navajo-nsn.gov).

#### **11. PAYMENT AND SUBMISSION OF INVOICES**

The Navajo Nation Professional Service Contract will describe this section.

#### **12. 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 Request for Proposal.

### 13. AGREEMENTS TERMS AND CONDITINS

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

### 14. OTHER

#### SCOPE OF WORK

#### ❖ Objective

- To yearly Annual Inspection and Preventative Maintenance of fire safety/protection system at all the Navajo Nation Department of Corrections – All five Districts are presently in operation. This will include of service Fire Alarm Panel, Wet or Dry Fire Riser System, Fire Pump House (electric and diesel pump), also Kitchen Hoods and Fire Hydrant with the latest technology at this time. This project will include Fire inspection System and a five-year Preventative Maintenance plan. Removal of old portable fire extinguisher equipment and replace with new and updated fire systems by NFPA code.

#### ❖ General Guidelines:

- Replace all inoperable batteries inside service panel and malfunction parts equipment.
- Add additional extra portable fire extinguisher as needs in the locations.
- Clear all trouble codes on alarm panels to all Corrections Facilities.

#### ❖ Equipment at the Facilities:

- Tuba City Corrections District (Adult / Juvenile):
  - Tuba City Adult Correction Facility
    - Master Fire Alarm Panel
    - 01 Wet Fire Riser System
    - 01 Dry Fire Riser System
    - Kitchen Hood system
    - Portable Fire Extinguisher
      - ◆ 45 Potable Fire Extinguishers
      - ◆ 01 K6- Class K
  - Tuba City Juvenile Facility
    - Master Fire Alarm panel (MS-9600 Addressable)
    - 1 Wet Fire Riser System
    - 1 Dry Fire Riser System
    - Kitchen Hood System
    - Portable Fire Extinguisher
      - 23 Portable Fire Extinguishers
      - 01 K6-Class K

- Kayenta Corrections District Adult / Juvenile
  - Master Fire Alarm Control Panel (Notifier)
  - 3 Annunciator Panel (Notifier)
  - 1 Wet Fire Riser System
  - 2 Dry Fire Riser Systems
  - 5 Fire Hydrant
  - 2 Pump House (Electric Pump / Diesel Engine)
  - 14 Fire Alarm Pull Station (only key operated)
  - Kitchen Hood System
  - Portable Fire Extinguisher:
    - ◆ 26 Portable Fire Extinguishers
    - ◆ 01 CO2 Hydro-static
    - ◆ 01 K6-Class
  
- Chinle Corrections District (Adult / Juvenile):
  - Chinle Adult Correction Facility
    - 1 Master Fire Alarm Panel (EST3 Control)
    - Annunciator Panel (control)
    - 1 01 Wet Fire Riser System
    - 1 Dry Fire Riser System
    - Kitchen Hood system
    - 4 Fire Hydrants
    - Portable Fire Extinguisher
      - ◆ 23 Potable Fire Extinguishers
      - ◆ 01 K6- Class K
  
  - Chinle Juvenile Facility
    - Master Fire Alarm Panel
    - 01 Wet Fire Riser System
    - 01 Dry Fire Riser System
    - Kitchen Hood system
    - Portable Fire Extinguisher
      - ◆ 16 Potable Fire Extinguishers
      - ◆ 01 K6- Class K
  
- Window Rock Detention District:
  - 1 Wet Fire Riser
  - Portable Fire Extinguisher
    - 4 Portable Fire Extinguishers
    - 1 K6 – Class K

- Shiprock Corrections District:
  - 1 Wet Fire Riser
  - Portable Fire Extinguisher
    - 4 Portable Fire Extinguishers
    - 1 K6 – Class K
  
- ❖ Annual Fire Alarm System Inspection - Per NFPA 72
  - A complete function test of the control panel and all related circuits.
  - All smoke detectors, heat detectors, duct detectors will be tested.
  - Control panel switches, lights, wiring terminations will be checked and batteries will be load tested.
  - Repair all troubles codes on the service fire alarm panel.
  
- ❖ Annual Fire Sprinkler System Inspection (wet or dry system) – Per NFPA 25
  - All control valves will be exercised and sealed.
  - All inspector tests valves will be operated and waterflow alarm will be confirmed.
  - The fire sprinkler riser will be inspected for signage, valve position, and spare head box will be inventoried.
  - Water pressure will be recorded including residual pressure during a main drain flow tested.
  - All visible pipe and fire sprinkler heads will be inspected for corrosion, damage, foreign material, obstructions and correct spacing.
  
- ❖ Annual Portable Fire Extinguisher Inspection
  - Verify that the pressure gauge reads are in the operable range.
  - Check the cylinder for damage.
  - Service includes inspection of designated place; evaluate visibility and access.
  - Determine the next service date of the cylinder (to include 6-year teardown or hydro testing) by service tags.
  
- ❖ Semi- Annual Kitchen Hood System Inspection – Per NFPA 17A and 96
  - The detection system is then checked for proper operation and all fusible links are replaced.
  - System control panel is inspected and maintained for proper set up and functionality.
  - A visual inspection of the system is done looking for proper coverage of the nozzle, make sure that they are spaced properly for the current set up, checking the agent distribution piping for damage or corrosion.
  - Agent tanks are inspected for agent quantity and checked for required internal work (hydrostatic test) date.
  - Verifying that there are no obstructions to the flow of agent at release.



- ❖ Annual Fire Pump Test and Inspections (electric pump / diesel engine pump)
  - The test will be conducted using the available suction water supply.
  - Pump suction and discharge pressure measurements will be used to determine the total pump output.
  - The inspection of the electric or diesel fire pump will be conducted under minimum, rated and peak flow of fire pump by controlling the quantity of water discharged.
  - The fire pump and associated control equipment will be energized and suction water will be flowed for the time require to take the required measurements and meet the requirements of the test.
  
- ❖ Annual Fire Hydrant Test and Inspection
  - The valve will be fully exercised and flow test will be performed.
  - Fire hydrant will be visually inspected for proper components and general operating condition.
  - Flow readings will be taken and recorded and a hydrant flow test will be calculated and the results will be note.
  -
  
- ❖ Five-years annual inspection and preventive maintenance on Fire Protection System.

\*END OF SCOPE OF WORK\*

**Exhibit A**  
**IRS form W-9 (2018 version)**

**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> <hr/> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <hr/> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> 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) ► _____  <b>Note:</b> 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 <b>not</b> 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><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p><b>6</b> City, state, and ZIP code</p> <hr/> <p><b>7</b> List account number(s) here (optional)</p> <hr/>	<p>Requester's name and address (optional)</p> <hr/>

**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:

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.

<b>Sign Here</b>	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](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.*

## **Exhibit B**

# **Navajo Nation Debarment and Suspension**

**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