

INVITATION FOR BID

BID DUE DATE: August 30, 2024

DESCRIPTION: Mid-Size Color & Black & White Copier/Printer/Scanner
BID NO: 24-08-3462LE

CONTACT: Marlene S. Slim, Program Supervisor
RMD/Duplicating Services Program
Telephone No: (505) 371-5113
Fax No: (505) 371-5109

RETURN ALL RESPONSE TO:

DELIVER TO: THE NAVAJO NATION
Purchasing Services Department
Admin. Building #1, Window Rock Blvd
Window Rock, AZ 86515
ATNN: Lorita Etsitty, Buyer
BID NO: 24-08-3462LE

OR

MAIL TO: THE NAVAJO NATION
Purchasing Services Department
PO Box 3150
Window Rock, AZ 86515
ATNN: Lorita Etsitty, Buyer
BID NO: 24-08-3462LE

(Must identify BID# and Company Name on the outside of all sealed packages/envelope)

Late, facsimiled, or emailed proposals will no be accepted. Late, facsimiled, or emailed proposals will be returned unopened to the firm unrated and firms responding in such fashion shall be considered non-responsive. Use of mail and/or delivery service is at the respondent's own risk. Post mark by due date on package will not substitute for actual, physical receipt of proposal and bid by the deadline.

PLEASE SUBMIT AN ORIGINAL & TWO (2) COPIES OF THE SEALED BID.

**Thank you
Request for Proposal**

Proposal BID Number: 24-08-3462LE

**Records Management Department / Duplicating Services Program
Mid-Size Volume Color & Black & White Copier/Printer/Scan**

The Navajo Nation RMD / Duplicating Services Program is accepting bids from quality vendors to furnish six (6) Mid-Size Volume Copier Color and Black & White Copier/Printer/Scan. The system must be network ready and capable of receiving digital input from and processing digital output on one or more PC workstations through file transfer server and local area networks (LAN) as well as, provide copying and scanning functions.

The Navajo Nation RMD / Duplicating Services Program is soliciting Request for Proposal to purchase the equipment listed above. The duty cycle for the 30 page per minute unit. The cycle for the full color, black and white is 600 x 600 dpi resolution/print up to 1200 x 2400 dpi.

Responders will be responsible for proving labor, supervision, material, equipment, transportation, service and perform installation and maintenance services. The Navajo Nation RMD/Duplicating Services Program intends to award the contract to the responder that can best provide the RMD with the quality services as further described in this Request for Proposal.

The proposal format shall include: (1) production and services, (2) experience, (3) credentials, (4) project budget including Duplicating Services analysis of existing equipment financial obligation, (5) installation plan and schedule, (6) quality references with in our geographic area not to exceed 75 miles.

Interested parties should contact Marlene S. Slim at muslim@navajo-nsn.gov for bid package requirements, scope of work and copier specification(s).

The Navajo Nation reserves the right to reject any and all proposals not within the projected budget and may elect to award the contract not solely on bid amount, though the bidder's qualification. Prospective contract awards shall be subject to the availability of funds.

The Navajo Nation RMD / Duplicating Services Program proposes to receive proposals on **September 6, 2024 by 5:00 p.m.** Any bids received after this date will not be considered and returned to the sender.

BID NO: 24-08-3462LE

Records Management Department - Duplicating Services Program Mid-Size Color & Black & White Copier/Printer

SCOPE OF THE CONTRACT

The Navajo Nation intends to enter a service contract with one (1) responsible and qualified vendor to provide six (6) Mid-Size Color and Black & White Copier/Printer/ Scan.

DEPARTMENT & LOCATION

1. Election Administration – Window Rock, AZ
2. Emergency Medical Services – Window Rock, AZ
3. Food Distribution Program - Ft. Defiance, AZ
4. Division of Natural Resources - Window Rock, AZ
5. Ofc. Of President/Vice-President – Window Rock, AZ
6. Veteran's Administration – Window Rock, AZ

RESPONDENT REQUIREMENTS

The attached specifications shall be constructed as minimum. Should a manufacture's published specifications for the Mid-Size Color and Black & White Copier/Printer/Scan print system. The following criteria shall be considered in making an award:

- 1) Overall cash cost or total cost based on the term of the six (6) Mid-Size Color and Black & White Copier/Printer/Scan with a maintenance and service agreement.
- 2) No Lease cost must be fixed, though Proposal to Purchase
- 3) Conformity to list specifications
- 4) Delivery and Installation of the six (6) Mid-Size Color and Black & White Copier/Printer/Scan within the time schedule
- 5) Service and warranty provided as well as local factory Technicians
- 6) The following items must be included in the bid price:
 - a) All responses include brand name, model number and market introduction date
 - b) Vendor shall make a complete inspection and perform pre-delivery service and adjustments before the system and delivered
 - c) Instructions and training to personnel concerning operation of equipment on a mutually acceptable date as agreed
 - d) Maintenance of the six (6) Mid-Size Color and Black & White Copier/Printer/Scan in good working conditions, including OEM replacement of parts and drums. Bidders must indicate annual cost of maintenance and supplies (excluding paper) on a cost per copy basis
- 7) Meter Reading and Copy Allowance must have email notifications of copy counts, service issues and supply usage
- 8) The bidder shall provide the RMD / Duplicating Services Program with written requirements for installation of the equipment. It is the responsibility of the bidder to

profile the requirements of the site. It is the department/program's responsibility to provide the electrical and site preparation. The bidder shall provide surge suppressors and replacement as required.

- 9) The bidder shall be required to perform all maintenance and repairs necessary to maintain the Mid-Size Color and Black & White Copier/Printer/Scan. Qualified maintenance personnel shall perform equipment maintenance and repairs during regular office hours 8:00 a.m. to 5:00 p.m., Monday through Friday. The maintenance and repairs must be performed within 24 hours of request for service. The maximum allowable downtime for the equipment is 48 hours. Excluded from the requirements are the delays resulting from regularly schedule preventive maintenance, acts of God, accidents, extreme weather conditions, strikes or similar causes. The intention is that necessary repairs are completed timely.
- 10) Taxes all work performed, and services provided 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.)

SCOPE OF WORK

The Navajo Nation RMD / Duplicating Services Program is seeking a vendor that can provide the following services: Number of Machines – There is a need for the procurement of six (6) total machines. Shipping/Standard Delivery & Installation: To include Trade-ins of Konica Bizhub 364E.

- Up to 30 PPM both B&W and Full Color
- 128 SSD, Intel Atom Quad Core 1.9GHz / 4 GB System Memory (8GM with C8170)
- 10/100/1000Base-T Ethernet, High Speed USB 2.0 direct print, NFC, Bluetooth (iBeacon),
- Wi-Fi / Wi-Fi Direct with optional Xerox Dual Band Wireless Kit
- Copy up to: 600x600 dpi / Print up to: 1200x2400 dpi
- PDLs: Adobe PS3, Adobe PDF, PCL 5c/PCL 6
- Single Pass Duplex Auto Doc Feeder: 130 sheets, up to 139 IPM (duplex)
- Bypass Tray: 100 sheets, sizes 3.5x3.9 to 12.6x19
- Tray 1: 520 sheets each, sizes 5.5x7.2 to 11.7x17
- Trays 2-4: 520 sheets each, sizes 5.5x7.2 to 12x18
- Office Fin: 2,000 sheet stacker, 50 sheets stapled, 2 position stapling
- Convenience Stapler: 50 sheets stapling with work surface
- Site, Function or Workflow Customization with Xerox App Gallery and Xerox App Studio
- Print Drivers: Job ID, Bi-directional Status, Job Monitoring, Xerox Global Driver, Application Defaults, Xerox Pull Driver
- Remote User Interface
- Print Features: Print from USB, Print from Cloud Repositories (Dropbox, One Drive and Google Drive), Sample Set, Saved Job, Booklet Creation, Store and Recall Driver Settings, Scaling, Job Monitoring, Application Control, Two-sided Printing, Draft Mode, Long Sheet (Banner) Printing

- Scan Features: Scan to USB/Email/Network (FTP/SFTP/SMB), Scan to Cloud Repositories (Dropbox, One Drive and Google Drive), Scan File Formats: PDF, PDF/A, XPS JPG, TIFF: Convenience Features: Scan to Home, Searchable PDF, Single/Multi-page PDF/XPS/TIFF, Password-protected PDF, Optical Character Recognition (On-Board OCR).
- Fax Features: Walk-up Fax, Lan Fax, Direct Fax, Incoming Fax Forward to Email, Fax Dialing, Unified Address Book.
- Mobile Connectivity: Near-Field Communications (NFC), Optional, Wifi Direct, Wifi (802.11 b/g/n/ac), Airprint (iOS) including iBeacon (Bluetooth)
- Mobile Printing: AirPrint, Mopria, Xerox Print Service (Android), Google Cloud Print, @PrintbyXerox, Optional: Xerox Workplace Mobil App (iOS/Android)
- Cloud Connectivity: Remote services enabled, native "Print from / Scan To "cloud repositories (Google Drive, Microsoft OneDrive, Google Drive), direct connection to cloud hosted services via optional apps (accessed via Xerox App Gallery app or visit xerox.com/AppGallery).
- N/W Security: IPsec, HTTPS, SFTP & Encrypted Email, McAfee ePolicy Orchestrator, McAfee Enterprise Security Manger, LogRhythm SIEM, Splunk SIEM, N/W Authentication, SNMPv3, SHA-256 Has Message Authentication, TLS 1.1/1.2, Security Certificates Utilizing ECDSA, Automatic Self-signed Certificate, Cisco Identity Services Engine (ISE) integration. Automated threat response through McAfee DXL/Cisco pxGrid integration, Local Authentication (Internal DB), FIPS 140-2
- Device Access: Firmware Verification, User Access and Internal Firewall, Port/IP/Domain Filtering, Audit Log, Access Controls, User Permissions, Smart Card Enablement (Requires optional kit) – CAC/PIV/.NET, Xerox Integrated RFID Card Reader
- Data Protection: Encrypted Storage Drive (AES 256-bit, FIPS 140-2 Validated) and Image Overwrite, McAfee ePolicy Orchestrator, McAfee Integrity Control, Whitelisting, Job Level Encryption
- Document Security: Common Criterial Certification (ISO 15408), Encrypted Secure Print, FIPS Encrypted Print Drivers
- New Possibilities: Many apps and cloud services available and growing
- Other: Xerox Standard Accounting, Flexible & customizable Control, Monitor and regulate copying-printing-scanning-faxing (Pin #'s)
- Maintenance Services: Remote solve phone support to get you up and going right away, tech dispatched on site as needed, Travel, Parts & Labor included. Supplies: All consumables supplies are *included (toners, drums, waste containers, maintenance kits, etc included - *except for paper are not included).
- Networking and Training: On Site Networking assistance and Training included.
- Standard Delivery and Installation Included.

WARRANTY

Specifications regarding warranties on equipment should be included in the bid. Bidder's must include cash price, monthly payment for service/supply cost

TERMS AND CONDITIONS

Nothing in this RFP is intended to or shall have the effect of waiving any privileges or immunities afforded. The Navajo Nation including, but not limited to, Sovereign immunity or official immunity and it is Expressly agreed that the Navajo Nation retains such privilege

The Navajo Nation is a sovereign government, and all contracts entered because of the RFP shall Comply with the Navajo Nation law, rules, and regulations, including the Navajo Preference in Employment Act, and applicable federal law, rules, and regulations.

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.

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.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

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.

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) _____

(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

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OR

Employer identification number

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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.

Sign Here	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.

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-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 and
Suspension**

Applicant acknowledges that to the best of his/her knowledge that their company and principal participants on this contract:

1. Are not debarred, suspended, or otherwise slated for debarment, ineligible and/or excluded from participation on Federal, State, and Tribal Government contracts etc.
2. Are not presently nor have been under criminal indictment or civilly charged by a governmental entity (Federal, State, and Tribal Government) for fraud, forgery, falsification, theft, bribery, destruction of records, receiving stolen property and other criminal offenses in the administration of a government contract.
3. Have not been terminated for cause or convenience by a governmental entity in the administration of a government contract (Federal, State, and Tribal Government).
4. If the Navajo Nation determines that the Certificate provided herein is not true, it will be grounds to terminate the contract and pursue other legal remedies.

Applicant's Address

Name & Signature of Applicant

Type or Print Name

Signature Date



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: _____ <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%; border: none;">INSURER(S) AFFORDING COVERAGE</td> <td style="width: 20%; border: none;">NAIC #</td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #
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 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
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