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

BID NO. 24-09-3466GC

NHS VEHICLES PURCHASE

PROPOSAL DUE DATE: September 27, 2024

DESCRIPTION: NHS Vehicle Purchase

CONTACT PERSON: Lavine J. Roan, Principal Contract Analyst

Phone: 928-871-7061

Email: lavineroan@nndode.org

~ RETURN PROPOSALS CLEARLY MARKED ~

"DO NOT OPEN: - NHS VEHICLES PURCHASE

BIDS MUST IDENTIFY BID # AND COMPANY NAME ON THE OUTSIDE OF ALL SEALED BID PACKAGE(S).

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 requirements 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. PURPOSE OF REQUEST:

The Navajo Nation Head Start is seeking proposals to purchase

- 1. Forty (40) WHITE 2024 Terrain, Body Type: Sport Utility vehicles
- 2. Three (3) <u>WHITE</u> 2024 4WD Trucks All with towing packages and Gooseneck Hitch and Fifth wheel. The selection will be based on overall price, services, performance and reliability of vendor.

C. TIMELINES:

The estimated dates and the processing timelines below may be revised as needed. Timeline dates are subject to change:

NHS posts the RFP	September 18, 2024
Proposal Deadline (5:00 PM MST)	September 27, 2024
Evaluation of submitted proposals	October 02, 2024
Notice of conditional selection/Award process (Tentative)	October 04, 2024
Award by the Navajo Nation (Tentative)	October 09, 2024

D. SPECIFICATIONS:

The specifications are attached on class of vehicles required. . Bid price must meet minimum specifications:

40	All Terrain, Body Type: Sport Utility (See Attached Spec Sheet)				
3	Trucks with Towing Package – All Towing Packages and Gooseneck Hitch and				
	fifth wheel.				
	Shipping (If Applicable)				
	Sales Tax				
	Grand Total				

E. PROPOSAL FORMAT:

- 1. One (1) original proposal and three (3) copies must be provided in a "sealed envelope". BIDS MUST IDENTIFY BID # AND COMPANY NAME ON THE OUTSIDE OF ALL SEALED BID PACKAGE(S).
- 2. Each proposal must be accompanied by a letter of transmittal. The letter of transmittal must:

- a) Provide background on company and signed by the person responding to the RFP with contact information.
- b) Description of the vendor's experience and ability to deliver the requested goods and services to the Navajo Nation.
- c) Vendor must include a list of three (3) commercial fleet client references that can be used as references. Selected organizations may be contacted to determine the quality of work and services provided.
- d) Delivery of vehicles will be to the Navajo Nation Fleet Management Department in Window Rock, Arizona.
- e) Description of delivery process, timeline, and contact persons.
- f) Specification sheets for the proposed base vehicle and specifications sheets for the proposed upfit of the base vehicle. This shall be used to determine the responsiveness of your proposal to the scope of work.
- g) Ensure the proposal cost sheet outlines the price of the vehicles, the upfit and any other related expenses as one-unit price extended to forty (40) sports utilities vehicles and one-unit price to the three (3) 4WD trucks. Provide a proposed unit cost for each vehicle as outlined in the scope of work. This unit price should then be applied to the identified number of vehicles. Tax should be a separate line item.
- h) An itemized breakdown of costs should be available in the specifications sheet.
- i) Department of Transportation (DOT) License with inspection requirement.
- j) Completed W-9 Form (Exhibit B)
- k) Certification Regarding Debarment and Suspension (Exhibit C)

F. SELECTION CRITERIA:

The following criteria will be used in the review and evaluation of proposals. The order in which they appear is not intended to indicate their relative important.

SELECTION CRITERIA	MAXIMUM POINTS
Ability to deliver product within the parameters identified in the "Scope of Work" and specifications and quality of product.	50
Price	40
Experience, reputation, and history of successfully completing contracts of this type, meeting projected deadlines, location, integrity, and responsiveness.	10
TOTAL:	100

G. SCOPE OF WORK:

The scope of work is described in Exhibit A.

H. TERMS AND CONDITIONS:

- a) **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.
- b) 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.
- c) 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 September 25, 2024.
- d) 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.
- e) PROPOSAL SUBMISSION: Proposal must be received on or before 5:00 p.m. September 27, 2024. 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. <u>Late proposals will not be accepted.</u>
- f) **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.
- g) **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".
- h) **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.
- i) **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.
- j) **SUFFICIENT APPROPRIATION:** A contract awarded because of this RFP is contingent upon the availability of funds.
- k) 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.

- I. 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.
- J. 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.
- K. SOVEREIGNTY: The Navajo Nation will not relinquish any of its sovereignty rights.

L. COMPENSATION:

- a) Present detailed information for the identified goods and services, inclusive of Navajo Nation sales tax at 6 percent (6%) [24 NNC § 201 et seg.]. The Navajo Nation will not pay any other tax associated to this service purchase.
- b) If terms are used, provide definitions of routine versus non-routine tasks; fixed costs versus variable costs, and how costs are applied.
- c) If you question regarding the applicability of this tax, please contact the Office of the Navajo Tax Commission, Compliance Department, at 928-871-6681.
- d) Payment by NHS for the goods and services will only be made after the identified goods and services have been delivered and accepted by authorized NHS representatives. This includes acceptance of the vehicles according to specifications, and the receipt of all pertinent documents, including invoice.
- e) All vendors must have a 2024 Department of Treasury Internal Revenue Service Form W-9 on file with the Navajo Nation to accommodate payment. Itemized billings shall be submitted containing information specified in Exhibit A.
- f) The total cost of all specified elements should be identified as a single line item.

M. LICENSE REQUIREMENT

- a) Vendor must be licensed in the Navajo Nation if performing goods and services on the Nation or they must be licensed in the state where the goods and service will be provided.
- b) The Navajo Nation may require the vendor with which a contract is established, prior to the commencement of work, to provide evidence of appropriate professional liability insurance and worker's compensation coverage.

EXHIBIT A

SCOPE OF WORK

VEHICLE SPECIFICATIONS

1. Forty (40) – 2024 Terrain, Body Type: Sport Utility vehicles:

- 1) White
- 2) Seat trim, perforated leather appointed
- 3) Seatback passenger side, flat folding
- 4) Seat, driver 9-way power with 2-way power lumbar
- 5) Power window w/ express driver up/down
- 6) Air conditioning, dual zone automatic climate control
- 7) Driver info display, 4.2" multi-color
- 8) Audio system, 16 speaker
- 9) Headlamps, LED
- 10) Daytime running lamps, LED
- 11) Tail lamps, LED signature
- 12) Rear liftgate, PWR hands free
- 13) Front fog lamps
- 14) Remote vehicle start
- 15) GMC Pro safety
- 16) Intellibeam-auto high beam
- 17) Following distance indicator
- 18) Forward collision alert
- 19) Lane, keep assist with lane departure warning
- 20) Automatic emergency braking
- 21) Front pedestrian braking
- 22) Theft deterrent system unauthorized entry
- 23) Tire pressure monitor, w/ tire fill alert (EXCL spare)
- 24) HD rear vision camera
- 25) 3 years remote access plan; OnStar & WI-FI data capable
- 26) USB charging-only ports, 2
- 27) SiriusXM audio with SXM trial subscription
- 28) Remote keyless/remote open
- 29) Infotainment system with 8" diag HD color touchscreen, voice recognition, Bluetooth audio streaming, wireless apple carplay & wireless android auto capable, in-vehicle apps and personalization capable
- 30) USB Data Ports, 2
- 31) Cargo Package
- 32) 3 Year /36,000 mile bumper to bumper warranty

- 33) 5 year/60,000 mile, powertrain limited warranty, roadside assistance & Courtesy transportation, first maintenance visit whichever comes first
- 34) Tire, compact spare
- 35) Hill descent control
- 36) Stabilitrak-stability control system w/ traction control
- 37) Wheels, 18 painted aluminum
- 38) Recall notices

2. Three (3) 2024 3500 HD, Regular Cab, Long Bed, WT, 4WD - with gooseneck hitch and fifth wheel.

- 1) White
- 2) 18" steel painted silver wheels Standard
- 3) 18" LT275/70R18E all-terrain, blackwall tires
- 4) 40/20/40 split-bench front seat with under-seat storage Standard
- 5) Jet Black, Vinyl seat trim
- 6) 6.6L V8 gas engine Standard
- 7) Chevrolet infotainment 3 system with 7" diagonal color
- 8) Touchscreen Standard
- 9) Allison 10 speed automatic transmission Standard
- 10) Inside rearview auto-dimming mirror
- 11) 3.73 rear axle ratio
- 12) Durabed
- 13) 11,300 lbs. GVWR
- 14) Black outside power-adjustable vertical trailering mirrors with power folding/manual extending auto-dimming driver upper glass
- 15) Work Truck Convenience Package
- 16) Gooseneck ball
- 17) Chain tiedown kit with case
- 18) Hitch platform to accept Gooseneck or 5th wheel hitch
- 19) Hitch platform with tray to accept ball and stamped box holes with caps installed
- 20) Box mounted 7-pin trailer harness
- 21)Black, textured, non-skid surface that helps minimize cargo shifting
- 22) Covers the bed interior surface below side rails, front bed top rail, gauge hole plugs and tie-downs
- 23) Chemically bonded, the sprayed-on liner permanently bonds to the truck bed, providing a watertight seal
- 24) Trailer hitch
- 25) Trailering hitch platform
- 26) 7-wire electrical harness and 7-pin sealed connector for connecting trailer's lights and brakes
- 27) Integrated with the antilock brake system
- 28) Measured brake force signaling to electric-controlled trailer brake systems
- 29) Trailer gain and output displayed in the driver information center

(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.

Befor	е у	bu 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 centity's name on line 2.)	wner's n	ame o	n line	1, and	enter th	e busi	ness/di	sregarded				
Print or type. See Specific Instructions on page 3.	2	Business name/disregarded entity name, if different from above.												
	3b	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. Individual/sole proprietor						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.) and address (optional)						
		state, and ZIP code account number(s) here (optional)												
Par	t I	Taxpayer Identification Number (TIN)												
Enter	you	r TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	ust match the name given on line 1 to avoid					Social security number						
backup withholding. For individuals, this is generally your social security number (SSN). However, for 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 <i>How to get a</i>				or				_						
TIN, la	ter.			_	ployer identification number									
Note:	lf ti	ne account is in more than one name, see the instructions for line 1. See also What Name	and		ioye.	I	T			$\overline{}$				
		o Give the Requester for guidelines on whose number to enter.				-								
Par	t II	Certification												
Under	ре	nalties of perjury, I certify that:												
2. I an Ser	n no	mber shown on this form is my correct taxpayer identification number (or I am waiting for ot subject to backup withholding because (a) I am exempt from backup withholding, or (b) of (IRS) that I am subject to backup withholding as a result of a failure to report all interest of oper subject to backup withholding; and	I have n	ot be	en no	otified	by the	Interr						
3. I an	۱a	U.S. citizen or other U.S. person (defined below); and												
4. The	FA	TCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reportin	g is con	rect.										
becau acquis	se y itio	ion instructions. You must cross out item 2 above if you have been notified by the IRS that you have failed to report all interest and dividends on your tax return. For real estate transaction or abandonment of secured property, cancellation of debt, contributions to an individual return interest and dividends, you are not required to sign the certification, but you must provide you	ons, item irement :	n 2 do arrang	es no geme	t app nt (IR/	ly. For m 4), and, (iortga gener	ige inte ally, pa	rest paid, yments				
Sign Here		Signature of U.S. person	ate											
Gei	16	ral Instructions New line 3b has b	een add	led to	this	form.	A flow-	throu	gh enti	ty is				

Section references are to the Internal Revenue Code unless otherwise

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.

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

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:
 - 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