



REQUEST FOR PROPOSALS
FITNESS CERTIFICATION TRAINING SERVICES
PROPOSAL BID #: 24-09-3474LE

Navajo Special Diabetes Program (NSDP) seeks qualified firms and/or fitness instructors (collectively referred to as “contractor”) to provide in-person and virtual group fitness classes to Navajo Special Diabetes Program employees. Contractor’s fitness instructors shall possess all licenses and professional credentials necessary to perform the services specified in this Request for Proposals (“RFP”). Personal and Group fitness classes may include, but are not limited to, cardio, nutrition, boot camp, strength training, and high intensity interval training (“HIIT”).

The successful proposers will be responsible for providing labor, supervision, materials, equipment, and service necessary to perform high quality work. Proposers may provide an explanation itemizing the extent of their repair service procedure and practices. NSDP intends to award a contract to the proposer that can establish a contractual relationship with a qualified proposer that can best provide the NSDP with quality roofing maintenance and repair services as further described in this RFP.

The proposal format shall include: (1) a narrative outlining the project approach, qualifications, and current workload and capability; (2) a list of past projects completed on the Navajo Nation; (3) a list of three references and phone numbers from recent clients; and (4) copy of License and Insurance Certifications (if available).

The contract will be awarded to the proposer who submits the best proposal in terms of: (1) services; (2) experience; (3) credentials; (4) project budget and (5) implementation plan and schedules.

Four copies of the proposal shall be submitted in a sealed envelope labeled “FITNESS CERTIFICATION TRAINING SERVICES” - DO NOT OPEN,” to Attn: Lorita Etsitty, Buyer, Navajo Nation Purchasing Service, Administration Building # 1, Window Rock Blvd., Window Rock, Arizona, or mailed to P.O. Box 9000, Window Rock, Arizona 86515. Bid documents and supplemental information regarding the project will be available online @ www.nnooc.org link: Purchasing. If any questions regarding this RFP call 928-871-6532 or email: rcomb4224@gmail.com

The Navajo Nation reserves the right to reject all proposals not within projected budget and may elect to award the contract not solely on the bid amount but the bidders’ qualification. **The due date for proposal October 18, 2024, 5:00 p.m.**

for 

Sherylene M. Yazzie, Executive Director
Navajo Department of Health/NSDP

Date: October 8, 2024

REQUEST FOR PROPOSALS
FITNESS CERTIFICATION TRAINING SERVICES
PROPOSAL BID #: 24-09-3474LE

PURPOSE:

Navajo Special Diabetes Program (NSDP) is seeking proposals from one or more qualified vendors with relevant experience and expertise to conduct live, customized, instructor-led professional development trainings for Navajo Nation Wellness Program personnel. NSDP offers fitness classes to at-risk clients to promote healthy behaviors, to support mental and physical health, and to reduce stress. In-person fitness classes are held at the local Wellness Center and virtual fitness classes are held through Zoom. Fitness classes are typically held daily, during lunch hour or after-work hours.

NSDP is expressing interest in the Fitness/Exercise Instructor Certification Training for Wellness Centers. Several of our employees have a strong background in fitness/exercise and a passion for helping others achieve their health and wellness goals. Navajo Special Diabetes Program believes in certifying its employees with credentials.

- Hold a nationally recognized certification in exercise/fitness certification and stay committed to current with the latest industry trends and best practices.
- Develop the ability to create dynamic and motivating workout routines that cater to individuals of all fitness levels.
- Progress skills in providing modifications and alternative exercises to accommodate participants with different fitness abilities and injuries, ensuring that everyone in the class receives a safe and effective workout.
- Build rapport with class participants and create a supportive and inclusive environment where everyone feels welcome and motivated to achieve their fitness goals.
- Promoting the importance of overall wellness and maintaining a healthy lifestyle, inspire and empower individuals to make positive changes in their lives through exercise and proper nutrition.

The successful Vendor(s) will propose trainings or a series of trainings for small groups of up to twenty-five (25) staff per session. The sessions should range from 7 to 8 hours each with no more than two (2) scheduled instructor-led courses per month per topic. The trainings may be offered in a virtual format or on-site at the Window Rock Wellness Center located at HWY 264 Building #4496, Navajo Nation Fairgrounds, Window Rock, AZ 86515, however the NSDP prefers on-site, in person formats, if possible.

Training Content and Services: The successful Vendor(s) shall:

- Propose courses with content tailored to the target audience of all program staff, as appropriate.
- Clearly specify the learning goals of each course and the expected outcomes, detailing how the participants will apply the training in the workplace.
- Adapt the courses for a public sector, human-services workforce, adjusting as warranted based on course evaluation and other feedback.
- Deliver the material with an engaging, interactive approach that stimulates learning, active participation, sharing and discussion among staff.
- Propose value-added services, such as post-course resources or follow up consultation with individuals or small groups of individuals as appropriate.

SCOPE OF SERVICES:

Qualifications

Contractor shall regularly and continuously be engaged in the business of providing various fitness certification trainings, leading fitness activities, and providing fitness education for Navajo Special Diabetes Program.

Certifications and Licenses

1. Contractor shall provide fitness certification and certified fitness instructors to teach a variety of classes to improve the overall fitness of Navajo Special Diabetes Program.

- a. Instructors shall be certified and/or licensed by a recognized professional organization in the fitness industry (i.e. American Council on Exercise (ACE), National Strength and Conditioning Association (NSCA), National Academy of Sports Medicine (NASM), American College of Sports Medicine (ACSM))
- b. Instructors shall possess valid certification in First Aid and Cardiopulmonary Resuscitation (CPR).

Fitness Classes

1. Contractor shall develop, coordinate, provide, and facilitate group fitness classes. Fitness classes shall include, but not be limited to Personal Training, Group Exercise Fitness, Indoor Cycling, Boot Camp Fitness, Nutrition, Core Functional Fitness, strength training, yoga, and HIIT. Fitness certification classes shall be:

- a. Eight (8) hour session in length for up to thirty (30) participants per class.
- b. Suitable for all fitness levels and consistently demonstrate beginner and low impact versions as well as more advanced levels of exercises, movements, and routines. New movements should be incorporated into routines in a systematic, step-by-step process.

2. Contractor shall be self-motivated, positive, have excellent communication skills and be able to encourage and motivate participants.

3. Contractor shall have sufficient knowledge, skills and abilities to demonstrate proper technique, correct positions and how to prevent injury.

4. Contractor shall evaluate participants' abilities, needs, and physical conditions, and develop suitable or modified training programs to meet special requirements.

5. Contractor shall arrive for class dressed, clean, neat and ready to conduct the scheduled class.

6. Contractor shall provide its own equipment which includes but is not limited to music and sound equipment for all classes.

Please include travel rates, personal expenses and other applicable fees. NSDP shall fully expect the successful bidder to completely satisfy contract performance requirements.

PROPOSAL SUBMITTAL REQUIREMENTS:

To be considered, each bidder must submit a response to this Request for Proposal (RFP) and respond to the SELECTION CRITERIA identifying your understanding of the services requested. The proposal must be signed, in ink, by an official authorized to bind the bidder to its provision.

Proposals must be marked as "FITNESS CERTIFICATION TRAINING SERVICES" and must be received by 5:00 p.m., October 18, 2024. The bidder is responsible for the timely receipt of their proposal by the Navajo Nation Purchasing Service Department. Bid documents and supplemental information regarding the project will be available online @ www.nnooc.org link: Purchasing. Late or faxed proposals will not be considered.

SELECTION CRITERIA:

Responses to this RFP will be evaluated based upon the following factors as presented to the bid proposals:

Capability, Qualifications and References – (25%)

- The written proposal should indicate the ability of the contractor to meet the terms of the RFP.
- The written proposal should indicate the competence of personnel whom the bidder intends to assign to the project.
- Qualifications will be measured by training and experience, with reference to work experience in facilities of equal or greater size to that described in the RFP.
- Emphasis will be placed upon the qualifications of bidder's project manager.

Course Description & Training Method of Approach – (35%)

- This factor will be judged based upon the Training Plan provided in the Proposal.

Price - (40%)

- This factor will be based on the total firm cost with breakdown of labor cost, expense cost and supplies/materials cost of the services.

QUESTIONS:

Questions should be directed to:
Radeanna Comb, Program Manager III
Navajo Special Diabetes Program
P O Box 3748
Window Rock, Arizona 86515
Email: rcomb4224@gmail.com
Telephone: 928-871-6532
Fax: 928-871-6543

SUMMARY:

This RFP is designed to allow qualified service providers to demonstrate their capability of providing Fitness Certification Training Services to NSDP.

- Three copies of completed proposals must be received, including the full fixed Cost of service no later than **5:00 p.m. on October 18, 2024.**

Proposals must be addressed in the following manner:

Attn: Lorita Etsitty, Buyer
PROPOSAL BID #: 24-09-3474LE
Navajo Nation Purchasing Services
Administration Building #1, Window Rock Blvd., Window Rock, Arizona,
or mailed to P.O. Box 9000, Window Rock, Arizona 86515.

Format: Proposals should be 8 1/2 inches x 11 inches, bound in a single document and organized in sections following the other specified under contents.

OTHER CONSIDERATIONS:

NSDP reserves the right to reject all proposals. This Request for Proposals does not commit NSDP to award a contract, pay any costs incurred in the preparation of proposals, or to procure or contract for supplies or services.

NSDP reserves the right to negotiate with any qualified source or to cancel, in part of or in its entirety, this Request for Proposals, if it is in the best interest of NSDP to do so. NSDP may require the selected bidders to participate in negotiations, and submit such price, technical or other revisions of the proposal that may result from negotiations.

NSDP's obligation under any contract is contingent upon the availability of funds to pay for contract services. Processing of Payments – The payment procedures established by OOC / Division of Finance shall be adhered to and are to begin whenever Goods or Services are delivered and accepted.

The Navajo Nation is a sovereign government, and all contracts entered because of the RFP shall comply with all Navajo Nation laws, rules and regulations, including the Navajo Preference in Employment Act and Navajo Nation Procurement Rules and Regulations. The Navajo Nation will not waive its sovereignty status.

REQUIRED DOCUMENTATION

The Bidder is responsible for submitting all required documentation, including the following attachments:

1. Navajo Nation Suspension & Debarment Form
2. W-9 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.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	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.	
	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. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

	Social security number					
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: 1px solid black; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: 1px solid black; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
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	or					
	Employer identification number					
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: 1px solid black; text-align: center;">-</td> <td style="width: 90%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
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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.

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).

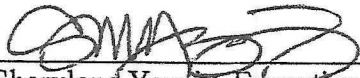
Purpose of Form

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



MEMORANDUM

TO : ALL CONCERNED

FROM: 
Sherylene Yazzie, Executive Director
Navajo Department of Health

DATE: July 29, 2024

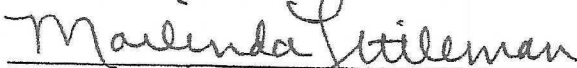
SUBJECT: Standing Delegation of Authority

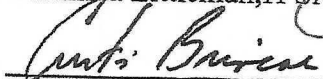
Effective immediately, the personnel listed below in the order of succession will have delegated interim authority to handle routine duties and responsibilities for the Navajo Department of Health (NDOH) during my absence from office.

This delegation will be for administrative purposes only and authorizes staff delegated to execute all documents pertaining to routine duties and responsibilities, in addition to attending all requested meetings, etc. However, this delegation will not include any major decisions related to personnel, contract negotiations, or fiscal matters that will require my personal attention.


Your assistance and cooperation will be appreciated. If you should have any questions, please contact me at (928) 871-6350 or email: SheryleneM.Yazzie@navajo-nsn.gov.

ACKNOWLEDGEMENT:


Marlinda Littleman, H SA, DALTCS


Curtis Briscoe, Program Supervisor, BCCP


Michele Morris, Legislative Analyst, NDOH


Dorthene Edison, Sr. Management Analyst, NDOH

Cc: Patrick Sandoval, Chief of Staff, OPVP