



The Navajo Nation **DR. BUU NYGREN** *PRESIDENT*
Yideeskáądi Nitsáhákees **RICHELLE MONTOYA** *VICE PRESIDENT*

REQUEST FOR PROPOSALS

TPO Roofing and Gutter System Maintenance and Repair Services

PROPOSAL RE-BID #: 24-09-3476LE

Navajo Special Diabetes Program (NSDP) requests proposals from firms interested in providing services to the Thermoplastic Membrane Roofing Manufactures (TPO) and Gutter Roofing Repair Services on Crownpoint Wellness Center Facility. NSDP intends to seek and obtain professional services by a reputable provider to perform necessary professional maintenance and repair on multiple penetrations of the roof covering and gutter system on Navajo Nation-owned facility, located in Crownpoint, New Mexico within the Navajo Reservation.

Proposers are recommended to visit facility site within and perform a comprehensive assessment of the facility locations prior to submitting a response. The successful proposers will be responsible for providing labor, supervision, materials, equipment, transportation, service, and the shop facilities 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 "TPO ROOFING & GUTTER SYSTEM REPAIR 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 November 8, 2024, 5:00 p.m.**

REQUEST FOR PROPOSALS
TPO Roofing and Gutter System Maintenance and Repair Services
PROPOSAL RE-BID #: 24-09-3476LE

PURPOSE:

Navajo Special Diabetes Program (NSDP) intends to seek and obtain maintenance and repair services on Crownpoint Wellness Center's Thermoplastic Membrane Roofing (TPO) and Gutter System Repair Services by a reputable provider to perform necessary professional services to a Navajo Nation-owned facilities, located within the Navajo Reservation. The purpose of repairing a penetrated TPO roofing and gutter system are to prevent water from entering the building and causing further damage.

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 "TPO ROOFING MAINTENANCE AND GUTTER SYSTEM REPAIR SERVICES" and must be received by 5:00 p.m., November 8, 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.

Bidders who intend to submit proposals will be required to visit the facility listed within and perform a comprehensive assessment of the facilities prior to submitting a response. This will provide an opportunity for the bidder(s) to ask any questions of the proposal and receive clarity of the intent of the proposal through mutual understanding.

OBJECTIVE AND SCOPE:

NSDP wishes to secure timely, consistent, and cost-effective maintenance and repair services, from one contractor, to ensure clean and safe facilities for employees and persons doing business with the contractor. The contractor shall repair the roof covering and gutter system at designated facility site on the Navajo Reservation.

SCOPE OF SERVICES:

The scope of work for repairing a TPO roof covering may include:

- Cleaning: Clean the damaged area
- Priming: Apply a TPO seam primer to the cleaned area
- Patching: Cut a TPO membrane patch that is slightly larger than the damaged area and apply it
- Heat welding: Heat weld the seams
- Seam rolling: Roll the seams
- Checking for leaks: Check for leaks

Other work that may be included in the scope of work for roof repairs includes:

- Repair minor gutter/downspout failures and conduct inspections of gutters, and visible issues with roofing and areas not seen from the ground.
- Adjust gutters as necessary to allow for proper drainage and prevent gutter overflows as needed.
- Comply with all safety as needed to satisfy current city, state, and federal regulations.
- Dispose of all trash and debris generated by the work.
- Furnish all labor, transportation and disposal services, permits, insurance, and equipment.
- Install a safety barrier around the designated work area to prevent unauthorized people from entering the work area.

- The contractor will be responsible for damage incurred to the property as a result of the cleaning process. Provide a site-specific fall prevention plan upon request.
- Use appropriate ladders equipped with stabilizers or tied off.
- Daily cleanup shall be required.

The Contractor shall maintain or have readily available parts and properly trained personnel to support the equipment at the Contractor's cost throughout the duration of the contract. If required, the Contractor shall provide only TPO and Gutter System materials that are new and have the same quality and brand name as that being replaced. Substitutions will be permitted only with prior authorization of the Program Manager or their designated representative.

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

NSDP reserves the right to request the contractor supply invoices from suppliers showing the contractor costs. All repair services, if required, shall be conducted in full compliance with all specified standards in a manner equal to or better than the normal safety and security procedures and standards established by NSDP.

At no time shall NSDP facilities or its occupants be placed in jeopardy.

- Work shall be done with a minimum amount of disruption to the diabetes prevention activities.
- Remove and legally dispose of all waste generated by the work
- Remove all unused material brought on site by the bidder.

SELECTION CRITERIA:

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

Capability, Qualifications and References – (30%)

- 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.

Method of Approach – (20%)

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

Price - (50%)

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

QUESTIONS:

Questions should be directed to:

Radeanna Comb, Delegated Program Manager

Navajo Special Diabetes Program

P O Box 3748

Window Rock, Arizona 86515

Email: Radeanna.Comb@navajo-nsn.gov

Telephone: 928-871-6532

Fax: 928-871-6543

SUMMARY:

This RFP is designed to allow qualified service providers to demonstrate their capability of providing TPO Roofing repair 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 November 8, 2024.

Proposals must be addressed in the following manner:

Attn: Lorita Etsitty, Buyer

PROPOSAL RE-BID #: 24-09-3476LE

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
3. TPO Product Information
4. Gutter System Information

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					
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or					
Employer identification 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
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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).

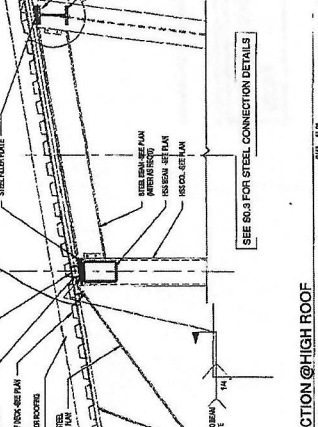
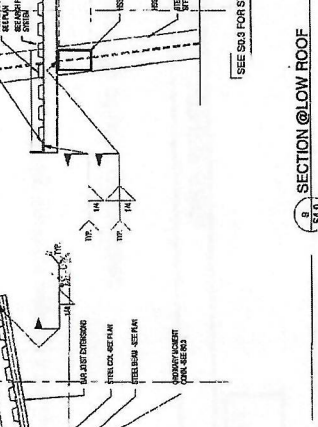
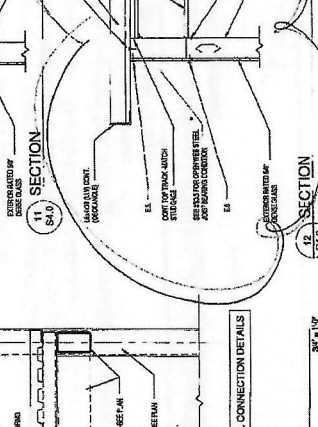
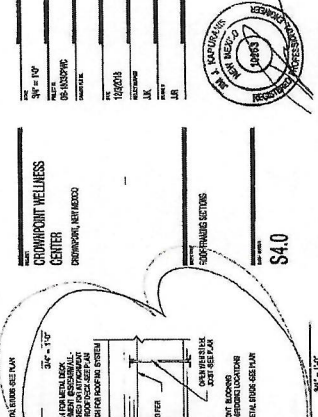
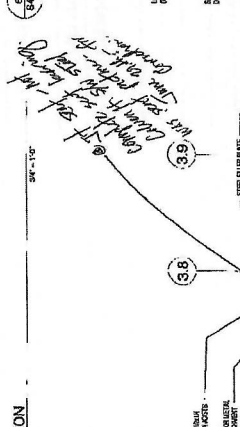
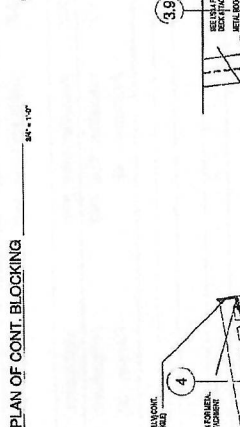
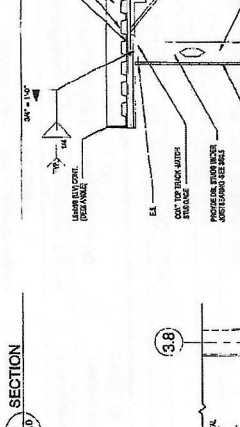
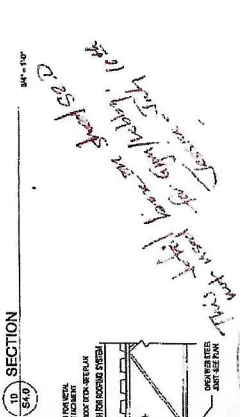
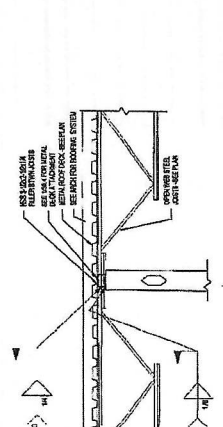
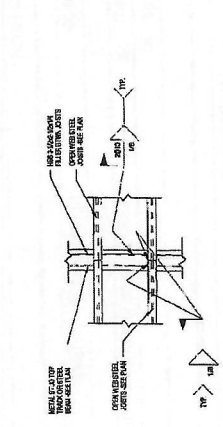
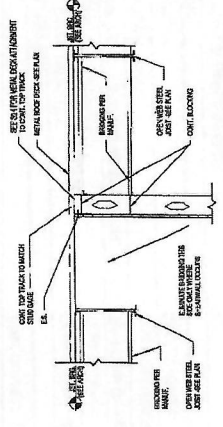
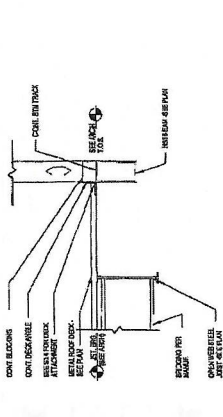
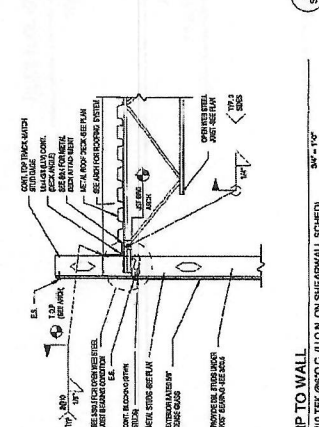
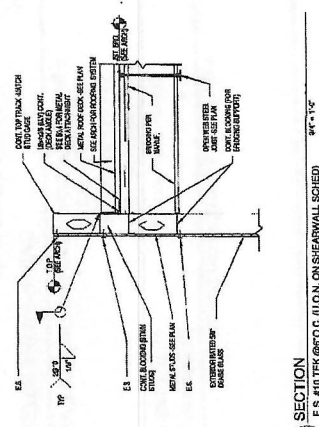
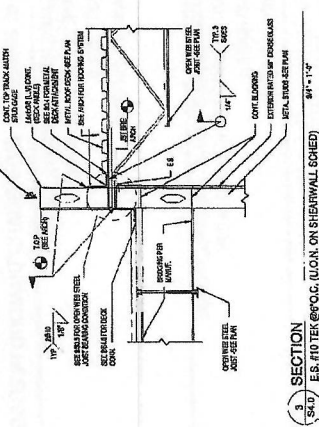
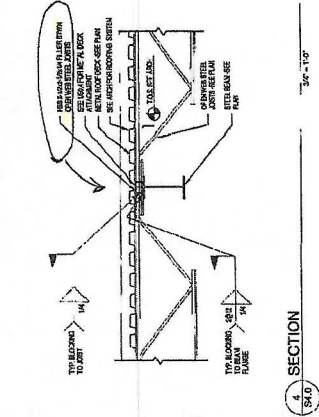
Purpose of Form

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



DATE: 12/10/2018 11:21:31 AM

14.8' height of wall



DATE: 12/10/2018 11:21:31 AM

SECTION @ LOW ROOF

SECTION @ HIGH ROOF

Handwritten notes:
 10' height of wall
 14.8' height of wall
 14.8' height of wall
 14.8' height of wall

CROWPOINT WELLNESS CENTER
 CROWPOINT, NEW MEXICO

DATE: 12/10/2018
 DRAWN BY: J.L.
 CHECKED BY: J.L.
 PROJECT NO.: 198003

SECTION @ LOW ROOF

SECTION @ HIGH ROOF



Quality You Can Trust...From
North America's Largest Roofing Manufacturer!™

Guarantee Services
1 Campus Drive
Parsippany, NJ 07054

EVERGUARD NOTICE OF AWARD CONFIRMATION

Status: Guarantee Issued

Status as of: 04/28/20

Issue Date: 03/24/20

Type of Guarantee: EVERGUARD DIAMOND PLEDGE 20

GAF Guarantee No: G2019-00012386

1. BUILDING NAME, ADDRESS, PHONE:

CROWNPOINT WELLNESS CENTER
NAVAJO ROUTE 9
CROWNPOINT, NM 87313

2. ROOFING CONTRACTOR'S NAME, ADDRESS, PHONE:

JMC CONSTRUCTION LLC
3555 Rio Grande Blvd NW
Albuquerque, NM, 87107
Contact: JONATHAN ABEITA Phone: 505-350-4203
Fax: Email: jmcabeita@gmail.com

3. BUILDING OWNER'S NAME, ADDRESS, PHONE:

BUREAU OF INDIAN AFFAIRS NAVAJO NATION
NAVAJO ROUTE 9
CROWNPOINT, NM 87313

4. SPECIFIER'S NAME, ADDRESS, PHONE:

Building Description - Usage, Height, etc.:

Usage: MEDICAL/HEALTHCARE

Height: 22

Length: 142

Width: 108

of Buildings: 1

Roof Access: ROOF HATCH

Project Details:

Start Date: 07/29/19

Compl. Date: 02/24/20

Specification #: TFANI60

AIS Project #: AD0034477

Total Squares: 87.00

Roof Slope: 1/4"

Project Type: NEW CONSTRUCTION

Test Cuts Completed: No

Moisture Scan Completed: No

Deck Type: Steel

Steel: Indicate Gauge 20

Thickness:

Multiple Deck: No

Insulation:

Insulation Supplied by GAF: No

Insulation Adhesive:

Layer 1: Product Type: EnergyGuard Polyiso
Insulation

Thickness: 3.3"

Insulation Size: 4'x8'

Attachment: Loose Laid

Layer 2: Product Type: EnergyGuard Polyiso

Thickness: 3.3"

Insulation Size: 4'x8'

Attachment: Loose Laid

Layer 3: Product Type: EnergyGuard HD
Fastner: Drill-Tec #14

Thickness: 1/2"

Insulation Size: 4'x8'

Attachment: Mechanical Fastened

Field: 16

Perimeter: 24

Corner: 32

Roof Assembly:

Membrane Type: EVERGUARD TPO 60 MIL

Fully Adhered:

Type: EverGuard #1121 Bondi

GAF GUARANTEED CONTRACTOR:

Please verify the information above is correct. Changes made after the guarantee has been issued are subject to a fee. Remember, only material manufactured or marketed by GAF are eligible for guarantee.

Territory Manager: Troy Stodard/Gilberto Contrera

We require the following information before issuance of your guarantee:

* FINAL INSPECTION REPORT

* FINAL INSPECTION RATING

For final inspection please call: GAF Field Services : 888-532-5767

Statement of Account:

Project Balance:
\$0.00

If you have any questions please contact Guarantee Services or your Territory Manager

Email: SWGuarantee@GAF.com Phone: [800] 766-3411 Fax: [973] 628-4165

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