



**REQUEST FOR PROPOSALS  
EXERCISE EQUIPMENT  
PROPOSAL BID #: 24-09-3480LE**

Navajo Special Diabetes Program (NSDP) is seeking qualified businesses (VENDOR) having demonstrated experience in commercial athletic/fitness equipment and systems to provide and integrate new fitness equipment for two (2) Wellness Centers located at Dilkon and Window Rock, Arizona. Fitness equipment includes cardio machines, weight machines, free weights, and other accessories. Proposals are being sought for an experienced vendor for specified fitness equipment according to the given timeline.

NSDP will accept proposals for:

- a. Purchase of cardio and strength equipment
- b. Purchase of fitness equipment and accessories listed

NSDP has no preference regarding proposals that contain entertainment options through a personal viewing screen and internet connectivity on cardio equipment.

Prospective bidders may choose to submit a proposal on one or all options. Lease information should include proposed length. The sale proposal should include warranty length. The complete proposal should include fitness equipment recommendation layout plans.

The successful proposers will be responsible for providing labor, supervision, materials, equipment, and service necessary to perform high quality work.

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 "EXERCISE EQUIPMENT" - 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](http://www.nnooc.org) link: Purchasing. If you have any questions regarding this RFP, call 928-871-6532.

The Navajo Nation reserves the right to reject all proposals not within the projected budget and may elect to award the contract not solely in the bid amount but the bidders' qualification. **The due date for the proposal is November 8, 2024, 5:00 p.m.**

#### **Selection Process**

Phase I: Review of written proposals based on the criteria outlined in the RFP. Proposals must include all elements requested in the RFP. Any proposals deemed substantially incomplete will be disqualified.

Phase II: Selected applicants may be invited to meet with NSDP staff to discuss their implementation plan for the fitness area if clarification is needed.

Phase III: A recommendation of VENDOR(S) will be submitted for approval.

## **Overview**

- A. Services Agreement will be entered into for the lease or purchase of cardio and strength equipment and additional items as deemed appropriate.

NSDP reserves the right to: reject any or all responses received as a result of solicitation; to extend the submission due date for; to modify, amend, re-issue, or rewrite this document; and to procure any or all services by other means. Final purchases equipment will be negotiated with the selected vendor in a manner that most meets the needs and achieves financial provisions of the NSDP.

All costs associated with the preparations and responses to this Request for Proposals (RFP) shall be borne solely by VENDOR and at no cost to the NSDP. Submission of a proposal indicates acceptance by the VENDOR of the conditions contained in the RFP unless clearly and specifically noted in the proposal submitted and confirmed in the contract between the NSDP and the VENDOR selected.

## **Request For Proposal (RFP) Requirements**

The proposed solutions shall contain two Components:

1. The proposal shall identify and offer solutions that will enable the NSDP to meet modern standards of cardio equipment including treadmills, lateral movement machines, upright and recumbent bikes, and steppers.
2. The proposal shall identify and offer solutions that will enable the NSDP to meet modern standards of pin select circuit weight machines, and additional items as deemed appropriate.

NSDP staff shall evaluate and rank the proposals using the selection criteria outlined in the RFP. To be considered complete, a summary must be made up of the elements listed under the **Applicant Evaluation Process and Format of RFP** section and submitted accordingly. Proposals may be rejected when and if any section is deemed substantially incomplete.

## **Applicant Evaluation Process and Format of RFP**

Proposals should contain the sections described below. Each section should be concise and adhere to the format set forth below. NSDP may request additional information and/or schedule meetings to clarify or elaborate on the proposal. Please include the section headings and number when providing the relevant information.

### **1. Qualifications, Experience, and History Section**

Please provide a detailed Section that demonstrates qualifications and experience in supplying, installing, and providing training for fitness equipment. This section should highlight evidence outlining VENDORS' levels of experience in the area of exercise, strength training and weightlifting equipment systems working in with municipalities, schools, and other organizations with fitness facilities. This should include company background, past and current operating levels, future and directions.

This Section should include three (3) similar size programs as references with contact information to include names, phone/fax number and email addresses.

This Section should also include information and/or appropriate documentation showing that the vendor has complied with state and local laws to conduct business within the State of Arizona, and the applicant has complied with applicable law, including but not limited to holding a valid business license and paying appropriate taxes.

### **2. Integration Capabilities Section**

This Section will provide an outline of their current capabilities to provide, install, and integrate fitness and weight equipment that aligns with the information. NSDP will not entertain products that would require alterations to the facility to accommodate the vendor's product. VENDOR should verify that they will provide a representative on site to supervise the complete installation of the equipment and document the start of the warranty period.

### **3. Cost of Products and Services Section**

This Section will provide proposed costs for commercial grade fitness equipment, including installation, shipping, and applicable taxes. Proposals will include additional costs of service for any training required as part of the purchase of equipment. Proposals MUST include cost to the NSDP and a demonstration of affordability of financing options.

#### **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 "EXERCISE EQUIPMENT" 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](http://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 the 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 at:

Radeanna Comb, Program Manager III

Navajo Special Diabetes Program

P O Box 3748

Window Rock, Arizona 86515

Email: [rcomb4224@gmail.com](mailto: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 November 8, 2024.**

Proposals must be addressed in the following manner:

Attn: Lorita Etsitty, Buyer

**PROPOSAL BID #: 24-09-3480LE**

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 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. Dilkon Wellness Center Exercise Equipment Listing
4. Window Rock Wellness Center Exercise Equipment Listing

**Dilkon - Equipment List (10/15/2024)**

TYPE:	Brand	Equipment ID	Equipment Name	Quantity	Unit
CARDIO	ICG	IC-LFICGIC6-01	Life Fitness ICG IC6 Indoor Cycle	2	each
	Life Fitness	INPM-SL-XF-13	PowerMill with SL Console	1	each
	Life Fitness	INR-SL-XF-13	Integrity+ Recumbent Lifecycle Bike with SL Console	2	each
	Life Fitness	PRF-ROW-LCD-01	Heat Row	1	each
	SciFit	SONE03	Step One Recumbent Stepper (Premium Seat	1	each
	SciFit	PRO230-INT	Pro2 Total Body Exerciser (Premium Seat)	1	each
Subtotal				8	
STRENGTH	Hammer Strength	HS-ADC	Hammer Select Assist Dip / Chin	1	each
	Hammer Strength	HS-ADC-7002	Hammer Select Assist Chin Dip SE Upgrade	1	each
	Life Fitness	OP-HAA	Axiom Hip Abductor/Adductor	1	each
	Life Fitness	OP-LP	Axiom Leg Press	1	each
	Life Fitness	OP-LR	Axiom Pulldown/Row	1	each
	Life Fitness	OP-MP	Axiom Multi-Press	1	each
	Life Fitness	OP-SHR	Axiom Front Shroud Option	5	each
	Life Fitness	OP-SLCE	Axiom Seated Leg Curl/Extension	1	each
	Life Fitness	CMDAS	Dual Adjustable Pulley with Stabilization	1	each
	Subtotal				13
TOTAL				21	

**INSTALLATIONS FEES:**

**NAVAJO NATION SALE TAX 6% CHARGES ON INSTALLTION FEES:**

**SHIPPING AND HANDLING FEES:**

**GRAND TOTAL COST:**

**Window Rock - Equipment List (10/15/2024)**

TYPE	Brand	Equipment ID	Equipment Name	Quantity	Unit
CARDIO	ICG	IC-LFIGIC6-01	Life Fitness ICG IC6 Indoor Cycle	11	each
	Life Fitness	INA-TSL-XF-13	Total Body Arc Trainer with SL Console	1	each
	Life Fitness	INC-SL-XF-13	Integrity+ Upright Lifecycle Bike with SL Console	1	each
	Life Fitness	INPM-SL-XF-13	PowerMill with SL Console	2	each
	Life Fitness	INR-SL-XF-13	Integrity+ Recumbent Lifecycle Bike with SL Console	1	each
	Life Fitness	INT-SL-XF-14	Integrity+ Treadmill with SL Console	8	each
	Life Fitness	INX-SL-XF-13	Integrity+ Elliptical Cross-Trainer with SL Console	4	each
	Life Fitness	PRF-ROW-LCD-01	Heat Row	1	each
	SciFit	PRO230-INT	Pro2 Total Body Exerciser (Premium Seat)	1	each
	SciFit	SONE03	Step One Recumbent Stepper (Premium Seat)	1	each
<b>Subtotal</b>				<b>31</b>	

STRENGTH	Hammer Strength	ELT-HR-STRD	HD Elite iD Standard Half Rack	1	each
	Hammer Strength	HS-ABC	Hammer Select Abdominal Crunch	1	each
	Hammer Strength	HS-ABC-7002	Hammer Select Abdominal Crunch SE Upgrade	1	each
	Hammer Strength	HS-BC	Hammer Select Biceps Curl	1	each
	Hammer Strength	HS-BC-7002	Hammer Select Biceps Curl SE Upgrade	1	each
	Hammer Strength	HS-BE	Hammer Select Back Extension	1	each
	Hammer Strength	HS-BE-7002	Hammer Select Back Extension SE Upgrade	1	each
	Hammer Strength	HS-FLY	Hammer Select Pectoral Fly / Rear Deltoid	1	each
	Hammer Strength	HS-FLY-7002	Hammer Select Pectoral Fly / Rear Deltoid SE Upgrade	1	each
	Hammer Strength	HS-SLC	Hammer Select Seated Leg Curl	1	each
	Hammer Strength	HS-SLC-7002	Hammer Select Seated Leg Curl SE Upgrade	1	each
	Hammer Strength	HS-LE	Hammer Select Leg Extension	1	each
	Hammer Strength	HS-LE-7002	Hammer Select Leg Extension SE Upgrade	1	each
	Hammer Strength	HS-PD	Hammer Select Lat Pulldown	1	each
	Hammer Strength	HS-PD-7002	Hammer Select Pulldown SE Upgrade	1	each
	Hammer Strength	HS-SLP	Hammer Select Seated Leg Press	1	each
	Hammer Strength	HS-SLP-7002	Hammer Select Seated Leg Press SE Upgrade	1	each
	Hammer Strength	HS-SP	Hammer Select Shoulder Press	1	each
	Hammer Strength	HS-SP-7002	Hammer Select Shoulder Press SE Upgrade	1	each
	Hammer Strength	HS-TE	Hammer Select Triceps Extension	1	each
	Hammer Strength	HS-TE-7002	Hammer Select Triceps Extension SE Upgrade	1	each
Hammer Strength	HSSM	Smith Machine	1	each	
Life Fitness	OP-HAA	Axiom Hip Abductor/Adductor	1	each	
Life Fitness	OP-SHR	Axiom Front Shroud Option	1	each	
<b>Subtotal</b>				<b>24</b>	

GROUP EXERCISE	Life Fitness	FCTX-CCCC	Synrgy360XS Cable-Cable-Cable-Cable	1	each
	Life Fitness	RP	Rope Pull - Power Pivot	1	each
	Life Fitness	SB	Stall Bars	1	each
	Life Fitness	TRX	Suspension Chin w/ TRX Suspension Trainer	2	each
<b>Subtotal</b>				<b>5</b>	

FREE WEIGHTS	TKO	143SCO-CM	Olympic 2 in Quick Clip Weight Collar	4	each
<b>Subtotal</b>				<b>4</b>	

<b>TOTAL UNITS:</b>				<b>64</b>	
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**INSTALLATION FEES:**

**NAVAJO NATION SALE TAX 6% CHARGES ON INSTALLATION FEES:**

**SHIPPING AND HANDLING FEES:**

**GRAND TOTAL COST:**

**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](http://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.

<b>Print or type.</b> <b>See Specific Instructions on page 3.</b>	<b>1</b> 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.)	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> 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) <b>Note:</b> 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)	<b>4</b> 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>
	<b>3b</b> 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"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> 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.

<b>Social security number</b>					
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<b>Employer identification number</b>					
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**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.

**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).

**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