

REQUEST FOR PROPOSAL (RFP)
RFP Number: 24-09-3481LE
RESIDENTIAL CARE AND EMERGENCY SHELTER CARE SERVICES

Date: September 30, 2024

Project Title: Navajo Department of Family Services
Residential Care and Emergency Shelter Care Services

Project Schedule:

RFP Issue Date	September 30, 2024
Proposal Due Date	October 30, 2024; 5:00 pm (MST)
	Late proposal will not be accepted
MOA Start Date	January 1, 2025

Proposal:

All interested parties are invited to review and respond to this RFP at their discretion. All questions pertaining to the contents of this RFP contact via email Mrs. Delphina Benallie, Principal Social Worker, Delphina.Benallie@ndcfs.org or Ms. Rhonda Jishie, Contract Analyst, Navajo Department of Family Services; at Rhonda.Jishie@ndcfs.org

All parties responding to this RFP are instructed to submit three (3) proposals, one (1) original and two (2) copies to the following address:

Mailing Address:

Navajo Nation Office of the Controller
Purchasing Department
P.O. Box 9000
Window Rock, AZ 86515
ATTN: Lorita Etsitty, Buyer

Physical Address:

Navajo Nation Office of the Controller
Purchasing Department
2559 Window Rock Blvd.
Administration Bldg. #1
Window Rock, AZ 86515
ATTN: Lorita Etsitty, Buyer

All responses to this RFP shall be sent in a sealed envelope, including a return address, and clearly marked on the outside of the envelope; the following:

RFP # 24-09-3481LE
Navajo Department of Family Services
DO NOT OPEN-RFP PROPOSAL

All material submitted regarding this RFP shall become the property of the Navajo Nation and will not be returned to the respondent.

GENERAL INFORMATION AND GUIDELINES FOR THIS RFP

I. DESCRIPTION OF THE ORGANIZATION

The Navajo Department of Family Services within the Navajo Division for Children and Family Services contracts with the Bureau of Indian Affairs (BIA) under Public Law 93-638, as amended, Indian Self-Determination and Education Assistance Act. Pursuant to 25 CFR 20, NDSS administers social services funds consistent with two basic principles: 1) essential needs—the scope and intent of social services funds for basic living needs or food, shelter and clothing ; 2) Payor of last resort—all other resources must be exhausted before utilizing P.L. 93-638 social services funds.

II. SCOPE OF THE CONTRACT

The Navajo Nation intends to enter into a multi-year Memorandum of Agreement with several qualified and certified organizations and programs to provide non-medical residential and emergency care services for children, adults and elderly, preferably on or near the Navajo Nation.

III. SCOPE OF SERVICES

The Department of Family Services will contract only with non-medical residential care services. The daily unit rate of purchase must be fair and reasonable, reflecting quality of services. Rates must not exceed prevailing and competitive rates for similar services. The following types of residential care services are defined and indicated below:

CHILDREN SERVICES

1. **Residential Care Services:** Residential care services for children with multiple disabilities who are unable to live independently due to skills deficit and who require assistance with daily living skills and personal care. Personal skills development may include toileting, adaptive feeding, bathing, personal grooming, range of motion exercises, etc. Personal care includes grooming, feeding, positioning, bathing, dressing, bedding, etc. The vendor shall only hire qualified and adequately trained staff to conduct residential care services.

2. **Youth/Adolescent Residential/Rehabilitative:** Residential and/or rehabilitative services for youth/adolescents, who exhibit persistent behavioral disorders and who require assistance from others with his/her daily living. Treatment modalities may include behavior modification and other functional skills development to address behavioral and social disorders. The living components shall be small enough to ensure the development of meaningful “interpersonal” relationships among residents and staff. Residential living must be considered “least restrictive.”
3. **Emergency Shelter Care:** Emergency shelter care for children between the ages of 0 to 17 years old, who are in need of immediate protective shelter. Continuous personal care and supervision.

ADULT/ELDERLY SERVICES

Non-Skilled Level Residential Care Services: Non-skilled level nursing care are classified into two sections, Level I and Level II.

1. Non-skilled Level I residential cares services are for those individuals who require supervisory care, assisted living and who require minimal assistance with daily living. Supervisory care must be provided in a least restrictive environment.
2. Non-skilled Level II residential care services are for those consumers who require a moderate level of nursing care that due to advanced age, infirmity, physical conditions, or mental impairment cannot be cared for in their own home by family members. Individuals are in need of personal care and assistance with daily living. The facility must employ qualified nursing care staff (RNs, LPNs, and CNAs) supervised by licensed personnel as required by respective State’s standards and protocols. Skill care or acute care patients are not covered under this agreement.

Residential Care Services: Residential care services for adults with multiple disabilities who are unable to live independently due to skills deficit and who require assistance with daily living and personal care. Personal skills development may include adaptive feeding, bathing, toileting, personal grooming, semi-independent living, money management, community integration, etc. Individual service plans are developed based on client needs.

Religion and/or Cultural Relevant factors: **Because** consumers are freely allowed to choose and practice religious affiliations, modern or traditional, which the facility will be required to take into consideration. In the matter of Navajo traditional beliefs, the facility shall make available the practice of purification rites in the event there is a death at the facility. The facility shall also allow the use of certain curing and healing herbs necessary for ceremonies. All arrangements for respective traditional ceremonies shall be cleared and approved by the Department of Family Services assigned case manager and immediate family members. The ceremonies will be planned on a case-by-case basis, to include the case manager, consumers, and relatives. Promote involvement in culturally appropriate activities and periodically provide cultural meals and attire, i.e. clothing, jewelry etc.

IV. REQUIREMENTS

The respondent must comply with the Drug-Free Workplace Act of 1988 (41 U.S.C. § 8102 et. seq.) and the Pro-Children Act of 2001, 20 U.S.C. §§ 7181 through 7184; prohibit harassment based on race, sexual orientation, gender, gender identity (or expression), religion, and national origin; and furnish all requested information as specified in this RFP.

V. PROPOSAL CONTENT AND REQUIRED INFORMATION

It is important to submit all requested narratives, declarations, and documents in the same order as presented in the eight (8) major areas listed below. An abstract of your program services and activities is requested to better represent and portray the capabilities of your facility.

Utilize the outline described below in a proposal with one (1) original and two (2) copies. 3-hole punched, not stapled, tabbed and inserted in a binder. Font size shall be 12-point type and in Times New Roman font and double line space for narrative sections. All pages shall be numbered and printed one-sided. Margins shall be no less than 1" around the perimeter of each page and each section separated by tabs. Do not include additional information beyond what is requested by this RFP, such as brochures or flyers. Please mark "Proprietary" on each proposal as to what is deemed as proprietary information. Please also indicate the Navajo Business Opportunity Act priority status.

The overall development of your proposal will have much weight on the evaluation received. For the eight (8) major areas listed below, describe each in narrative form on how you will provide the necessary work to facilitate and accomplish the services. Brevity is advised but not at the denial of completeness, substance and relevance. Each proposal must be completed and assembled in the following order:

1. **Abstract of Proposal (Brief summary of proposal)** (2 points)

2. **Direct Service Delivery:** (50 points)
 - a. **Goals and objectives**
 - b. **Method and procedures to accomplish goals and objectives.**
 - c. **Complete Scope of Services in its entirety. Description and type of care services and the type of setting with the number of children and/or adult consumers you propose to provide services to.**
 - d. **Projected unit cost for each service**
 - e. **Number, type and age of consumers to be served**
 - i. **Funded by P.L. 93-638**
 - ii. **Funded by other sources**
 - f. **Describe cultural relevant factors in service delivery.**
 - g. **Consumer records system:**
 - i. **Admission records procedures**

- ii. Progress records
- iii. Incident/Accident reports
- iv. Consumer income and allowance records
- v. Consumer attendance records and leave policy
- vi. Policy and procedures for consumer grievances, hearings, appeals.
- vii. Termination of consumer services and care

3. Personnel Management – Administration: (10 points)

- a. Organization Chart for CY 2024
- b. Job/Position descriptions of personnel with qualification requirements
- c. Staffing plan: Staff/Consumer ratio for each service (include use of Navajo staff)
- d. Statement of Assurance that Personnel policies and procedures are on file at your facility
- e. Staff development plans

4. Financial Management – Administration: (13 points)

- a. Copy of Financial Audit Report for Year 2023
- b. Copy of active (current) registration of the Federal System for Award Management (SAM) for the organization. Must be less than one month old.
- c. Balance Sheet, Statement of Cash Flow and Income Statement for the Vendor's immediate previous fiscal year.
- d. Please provide a cost/price comparison between your current rate, your proposed rate and how it compares to your state's rate for the services you provide in accordance with this RFP's scope of services
- e. Percentage breakdown of ALL funding sources.
- f. Clear explanation of application of consumer resources and how they are managed.
- g. Sustainability Plan – how the applicant will plan to continue providing services should future funding not be available under this RFP.

5. Property Management – Administration: (10 points)

- a. Copy of Proof of Non-Profit status (must be within 2 years of this RFP).
- b. Identify and submit copy of Workers' Compensation and all Insurance coverage as stated below.
Insurance coverages:
 - 1. Commercial General Liability coverage, ISO CG 0001 Form or equivalent with minimum limits of \$1,000,000 per occurrence, \$2,000,000 aggregate;
 - 2. Auto Liability minimum limit of \$1,000,000 per accident and should include non-owned autos;
 - 3. Workers' Compensation coverage with statutory benefits and Employer's Liability coverage with minimum limits of \$1,000,000/\$1,000,000/\$1,000,000.

4. **Professional Liability/Abuse/Molestation Liability with limits no less than \$1,000,000 per claim. Professional Liability coverage should be on claims made basis and the retro date should be no later than the start date of the project/agreement.**
 5. **The Navajo Nation shall be named as additional insured for general and auto liability coverages only.**
 6. **The Respondent is to carry Professional Liability Insurance with limits no less than \$1,000,000 per claim; Professional Liability coverage should be on a claims made basis and the retro date should be no later than the start date of the contract/Memorandum of Agreement.**
 7. **All coverages should include a waiver of subrogation. All coverages should include a waiver of subrogation. All coverages should be primary and the Navajo Nation's coverage non-contributory.**
- c. **Statement to assure that applicable licenses and certificates (including applicable state licenses and certificates) for Environmental Requirements are posted and/or on file, including but not limited to:**
- i. **fire/safety inspection**
 - ii. **sanitation permits/certification**
 - iii. **food handlers permits/certificates**
 - iv. **Material Safety Data Sheets (MSDS) requirements**
- d. **Statement to assure inventory management**
- i. **Listing of equipment/property purchased with federal ('638 Social Services) funds by description, value, and location (include vehicles).**
6. **Governing Body (8 points)**
- a. **Authorization letter to apply for this RFP and to enter into MOA from January 1, 2025 to December 31, 2027 by the applicant's governing body.**
 - b. **Articles of Incorporation and By-Laws (Submit copies)**
 - c. **Membership and Qualifications: list of current Board of Directors, position, number of years served, expertise and email address.**
 - d. **Role: Participation, Responsibility and Decision-Making.**
 - e. **Minutes from last Board of Director's Meeting (must be current).**
 - f. **Statement to assure an active record of Minutes of Board Meetings, Decisions, Resolutions.**
7. **The Navajo Business Opportunity Act, 5 NNC §§ 216 et. Seq. will apply. (4 points)**

- a. **Copy of Certificate of Authority by Navajo Business Regulatory Department : proof of Corporate or LLC registration with the Navajo Nation:**
 - b. **Certificate of Good Standing from Navajo Business Regulatory Department**
8. **Assurance statement that required, periodic reports will be submitted in timely fashion. (3 points)**
- a. **Quarterly narrative program report will be submitted to the DFS office by the 15th day of the following month.**
 - b. **Quarterly financial statements will be monitored on-site.**

Any proposal that does not adhere to this format and does not address each specification, requirement, or scope of work as outlined, may be deemed non-responsive and rejected on that basis.

VI. EVALUATION PROCESS

The Nation will conduct a comprehensive, fair and impartial evaluation of all Proposals received in response to this RFP. Each Proposal will be analyzed to determine overall responsiveness and qualifications under the RFP. A proposal opening will be conducted in Window Rock, Arizona with the evaluation team.

Evaluation Team: the Nation will select an evaluation team. The evaluation team will be responsible for reviewing and scoring proposals to determine whether or not the proposals meet the needs and request of the Nation according to this RFP.

Evaluation of Proposals: the evaluation of proposals will be performed by an evaluation team. Proposals not scoring 70 points or above will not be considered for an award. Funding received through the Nation are to be used strictly for activities listed in the RFP and respondent's proposal.

- A. **Applicable Federal Requirements and Funding Awarded under this RFP**
 - 1. **In the acceptance of Federal Funds, the Navajo Department of Family Services is required to comply with all Federal and Navajo Nation Laws and Regulations. All funds awarded under this RFP will be made with 100% federal funds. All applicable federal laws, regulations and rules governing federal awards will apply to an awarded applicant. All awards are subject to federal appropriations.**

- B. The Navajo Department of Family Services reserves the right to interview respondents if deemed necessary due to tied scores or other legitimate matters.
1. This may entail a presentation from the respondent for clarification and/or details on services or other requirements. The presentation will be scheduled to be presented virtual to the Navajo Department of Family Services office located in Window Rock, AZ (if necessary). It is the Navajo Department of Family Services' intention to award organizations or entities to provide all services as specified in the scope of services.

VII. TYPE OF CONTRACT

The Navajo Nation will utilize a Memorandum of Agreement (MOA) for the procurement of services for this project.

VIII. PERIOD OF PERFORMANCE

The period of performance will be from January 1, 2025 to December 31, 2027.

IX. TECHNICAL DIRECTION

The Navajo Department of Family Services point of contact are Mrs. Delphina Benallie, Principal Social Worker, Delphina.Benallie@ndcfs.org or Ms. Rhonda Jishie, Contract Analyst, Rhonda.Jishie@ndcfs.org, for inquiries related to this RFP and other matters.

X. PAYMENT AND SUBMISSION OF INVOICES

The Memorandum of Agreement will describe this section.

XI. RIGHTS

The Navajo Nation reserves the right to reject any and all proposals, in whole or in part, based on the requirements set forth in this RFP.

XII. AGREEMENT TERMS AND CONDITIONS

This RFP does not commit the Nation to enter into a contract under this RFP and may issue a subsequent RFP for the same service, award any services related to this RFP, nor does it obligate the Nation to pay any costs incurred in preparation or submission of a proposal or in anticipation of a contract.

The Navajo Nation is a sovereign government and all contracts entered into as a result of this RFP shall comply with the Navajo Nation law, rules and regulations, including the Navajo Preference in Employment Act, and applicable federal law, rules, and regulations. This procurement and any RFP with respondents that may result shall be governed by the laws of the Navajo Nation and applicable federal law. Nothing herein shall be constructed as a waiver of the Navajo Nation's sovereign immunity. In addition, the Navajo Nation Business Opportunity Act will apply to this RFP.

The Memorandum of Agreement will provide all other legal and contractual obligations, terms, and requirements of this project.

XIV. SCHEDULE OF EVENTS

Following is a schedule of events regarding this RFP:

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|---|----------------------------------|
| A. RFP Issue Date | September 30, 2024. |
| B. Proposal Due | October 30, 2024; 5:00 pm (MST). |
| C. Review and Evaluation Period | October 30 – November 1, 2024 |
| D. Notification Period | November 6, 2024. |
| E. Negotiation and Contract Development | November 7-8, 2024. |
| F. MOA Start | January 1, 2025 . |

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 <i>Specific Instructions</i> 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.		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>	
	<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) _____				
	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									
-				-					
or									
Employer identification number									
-									

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

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