




The Navajo Nation  
Yideeskáądi Nitsáhákees

**DR. BUU NYGREN** *PRESIDENT*  
**RICHELLE MONTOYA** *VICE PRESIDENT*

MEMORANDUM

TO : All Bidders

FROM :   
Veronica Clark, Program Manager II  
Navajo Nation WIC Nutrition Program  
Navajo Nation Department of Health

DATE : January 17, 2025

SUBJECT : **ADDENDUM #1**  
**BID NO. RE-BID 24-10-3488GC**

Notice is hereby given with **Addendum One (1)** to Invitation for Bid RE-BID 24-10-3488GC Mobile Medical (WIC) Vehicle with a new Bid Opening date. Please see original and new date as shown below:

1. IFB SCHEDULE DEADLINE:

ORIGINAL DATE:

Invitation for Bids: January 16, 2025

Bids Due: March 14, 2025

**Bid Opening: March 3, 2025**

Location: Admin Bldg #2296, NDOH Conf. Room, Window Rock, AZ

NEW DATE:

Invitation for Bids: January 16, 2025

Bids Due: March 14, 2025

**Bid Opening: March 20, 2025**

Location: Admin Bldg #2296, NDOH Conf. Room, Window Rock, AZ

All other IFB requirements and proposal format remain unchanged. If you have any questions, I can be reached at (928) 871-6698 or [veronicaclark@navajo-nsn.gov](mailto:veronicaclark@navajo-nsn.gov)

**NAVAJO DEPARTMENT OF HEALTH**  
**Navajo WIC Nutrition Program**  
**Invitation to Bid**  
**Re-Bid**

**Bid Number: Re-Bid 24-10-3488GC**

This invitation for a bid is a Competitive Sealed Bid procurement for goods and includes the following:

- A. Name of Project:** Mobile Medical Clinic (WIC) Vehicle
- B. Instruction and information for bid submission (requirements).**

**1. Supplier Qualification:**

- a. Company profile to include priority number as listed on the Navajo Business Opportunity Act Source List of Certified Navajo Business for current month. If not listed, please indicate "Not listed in NBOA source list". Any questions can be directed to (928) 871-6544.
- b. Contractor/vendor will provide competitive bid to include delivery.
- c. Contractor/vendor will comply with all industry standards.
- d. Contractor/vendor will provide an adequate timeframe from start to finish for the completion of the item specified on the bid.
- e. Contractor/vendor must comply with all Federal and State regulations.
- f. Successful bidder must provide the following to the Navajo WIC Nutrition Program, or the bid package will be considered non-responsive:
  - Current W-9
  - Signed Navajo Nation Debarment form (will be sent from Navajo WIC Nutrition Program)

**1. Time and date deadline for submission of bids**

A minimum of five working days after the date of invitation to bid is closing date.

- a. Date and time to submit to bid: **March 14, 2025 by 5:00 p.m.**
- b. Late proposals will not be accepted
- c. The Navajo WIC Nutrition Program reserves the right to reject any or all proposals and waive informalities and minor irregularities in the proposals received.

**2. Bid to be submitted to:**

- a. All responses to this request for proposals may be returned in a sealed envelope.

The Navajo Department of Health  
Navajo WIC Nutrition Program  
P. O. Box 1390  
Attention: Edith M. Snyder, Administrative Services Officer  
Building #2296 (Administrative Building#2)  
Window Rock, AZ 86515

**NAVAJO DEPARTMENT OF HEALTH**  
**Navajo WIC Nutrition Program**  
**Invitation to Bid**  
**Re-Bid**

- b. Bids may be in person or mailed. If mailed, it must be post-marked by the closing date 5:00 p.m. The envelope must be clearly marked on the outside with the following:

**Re-Bid# 24-10-3488GC**

DO NOT OPEN (to be opened by Navajo WIC Nutrition Program)

**c. Form in which the bid is to be delivered**

- Six (6) copies of the bid: one original and five copies
- Print on white

**3. Date, time, & location of bids opening:**

- a. Date: March 20, 2025
- b. Time: 9:00 a.m.
- c. Location: Administration Building #2  
Building No. 2296  
Navajo Department of Health, Conference Room East  
Window Rock, AZ 86515
- d. The Bid Opening shall comply with the procedures as described in Navajo Nation Procurement Rules and Regulations Section III.F.1. to 7: (928) 871-7362 or Navajo Nation Purchasing Department at (928) 871-6316.

**2. Delivery or performance schedule**

- a. Start of project date: April 1, 2025
- b. Completion of project date: August 1, 2025
- c. Cost
- Reasonable cost of **Mobile Medical Clinic (WIC) Vehicle**
  - Navajo Nation tax : 6%

**D. Inspection requirement**

- a. Project may be inspected by the Navajo WIC Nutrition Program at the time of completion of project. The inspection may be from Monday to Friday, 8am to 12 pm  
1 pm to 5 pm

**E. Acceptance requirements**

Project may be tested by the Navajo WIC Nutrition Program.

**F. Contract terms and conditions:**

**a. Warranty**

- I. Provide a standard warranty from the manufacturer
- Maintenance visit (as applicable)
  - Bumper-to-bumper warranty 3 yrs./36,000 miles
  - Corrosion Protection 3 yrs./36,000 miles; rust through 6 yrs./100,000 miles

**NAVAJO DEPARTMENT OF HEALTH**  
**Navajo WIC Nutrition Program**  
**Invitation to Bid**  
**Re-Bid**

- Extended warranty; Powertrain/drivetrain warranty 5 yrs./100,000 miles
- Roadside assistance program 5 yrs./100,000 miles

ii. Provide assurance on warranty work performance.

- b. Bonding
- c. Other Security Requirements
- d. Type of Contract

The Navajo Nation will use the standard Professional Services Agreement for the Procurement of goods and services for this project.

**G. Instructions to bidders**

- a. Visibly mark status as a vendor certified under the Navajo Nation Business Opportunity Act on the outside of the bid packet including Priority 1 and 2.
- b. Visibly mark as “Proprietary” each part of the bid which is proprietary information.

**H. Notification to bidders**

- a. The Navajo Nation is not bound to enter a contract under the invitation for Bids and may issue a subsequent invitation for Bids for the same Goods.
- b. The Navajo Nation is a sovereign government, and all contracts entered because of the invitation for Bids shall comply with Navajo Nation law, rules, and regulations, including but not limited to the Navajo Preference in Employment Act and applicable federal laws, rules, and regulations.

**Procurement specification-Scope of Work.**

- a. Physical, functional, and performance descriptions.  
The contractor shall provide the Navajo WIC Nutrition Program with fair competitive pricing. The contractor should ensure that a service contract for maintenance is also considered. The maintenance contract will coincide with the Navajo Nation fiscal year beginning October 1<sup>st</sup> and ending September 30<sup>th</sup>. The delivery cost will be included in the request for bid.
- b. Navajo WIC Program shall be contacted should the contractor/vendor submitting the bid need additional information or wishes to make modifications to the specifications for the item specified for bid.

**J. Other(s)**

- a. Evaluation Procedures and Criteria
  - I. A review committee will review the proposals received in accordance with the general criteria used herein. The committee may request oral presentations by the contractor/vendor, as necessary.
  - ii. All proposals must be endorsed by the official having authority to bind the proposal to execute the contract.

**b. Project Completion date:**

- i. This project shall be completed by August 1, 2025.



#### STANDARD DIESEL

- Engine-3.0 Turbo Diesel Blue TEC
- Transmission-Automatic/7G-TRONIC
- Brake Assist Plus
- Leather Multifunction Adjustable Steering Wheel
- Alternator-14V/220A
- 24.5 Gallon Fuel Tank
- 12V AGM Battery
- Blind Spot Assist / Attention Assist
- Tire Pressure Monitoring Lamp
- Spare Wheel-Steel

#### EQUIPMENT

- Thermotronic Automatic Climate Control
- Parking Package w-360 Degree Camera
- Exterior Color – Arctic White
- Black Fabric Upholstered Seats (Driver & Passenger)
- MBUX Multimedia System w-7" Touchscreen
- 322 Active Lane Keeping Assist
- Heated Electronic Folding Exterior Mirrors
- Active Distance Assist Distronic
- Rear Air Conditioner Heavy-Duty
- 3rd Generation SCR Emission Control System
- Hill Start Assist

#### STANDARD CLINIC FEATURES

- Floor-Plywood w-Commercial Grade Non-Slip Vinyl
- Superior Cabinetry & Drawers made for mobile use
- Stacking Storage Cabinets
- Positive Chrome Slam Shut Latches on cabinetry & drawers
- (1) AC Powered by Engine
- Rear Heater Powered by Engine
- 2.5 Gas Hot Water Heater-shore powered only
- Pharmaceutical Lock Drawer
- 120V Outlet with 2-USB Ports
- (4) 12V LED Lights
- 2000 Watt Pure Sine Wave Inverter / Charger
- Full Window Privacy Glass Package
- Entrance Grab Handle
- Fire Extinguisher/Smoke/Carbon Monoxide Detector
- (1) 12V SHURflo Water Pump and Filter
- Sliding Side Entry Door –no window
- Dometic 2.3 cu. ft. Refrigerator
- Self Contained Stainless Steel Sink w-Gooseneck Faucet

## Medical Clinic

### Optional Equipment *Including Installation*

#### CLINIC OPTIONS

*Desk w/ area for Printer + laptop*

- Mounted w/drawers secured for mobile use.....
- Exam Light-Sunnex LED Gooseneck Wall Mount; MD#LS708-55RT.....
- Physicians Stool; Midmark Ritter 276 Air Lift.....
- Diagnostic System-Welch Allyn wall mount; Trans w/Instruments & Blood Pressure & 1 cuff...
- Autoclave; Midmark Ultraclave M9 w/Automatic Door; includes upgraded dedicated circuit...
- Glove Box Dispenser; Wire; wall mounted, holds 2 boxes.....
- Exterior Graphics Budget.....typical budget
- Medical Freezer, LabRepCo; CliniCool Silver Series Prime-1.7 cu.ft (requires inverter).....
- Medical Vaccine Refrigerator; LabRepCo-CliniCool Silver Series Prime-1 cu.ft (req. inverter).
- Physician's Scale; Health-O-Meter w/Detecto Wall Mounted Height Rod.....
- Sharps Container; wall mounted w/wire basket.....
- Soap Dispenser; wall mounted.....
- Stereo System; AM/FM/Bluetooth/MP3/Satellite compatible w/4 flush mount speakers.....
- Sundry Jars (4) w/ Custom Anti-Rattle Wall Holder.....
- Surgery Light-Medical Illumination; MI550 LED w/Holder Bracket.....
- TV 24" w/Wall Mount Brackets & Outside Antenna.....
- UV Air Purifier; Wall Mount Unit.....
- Custom Design Fee (non-standard Floor Plan).....
- City Water Fill; for exterior hose connection in lieu of using on-board water.....
- Scene Lighting-2/8x10" LED Clear w/switch at entry.....
- Exterior Outlet; 110V; located near entry.....
- Inverter Pkg-1000W True Sine; Dedicated outlets marked.....
- Awning-Automatic Side Awning w/Remote & Sensors; Choice of Color.....

*Bench for customers seating*

- *Area for infant weightscale + length measuring board*

Navajo Nation WIC mobile unit plan / examples from other WIC agencies.

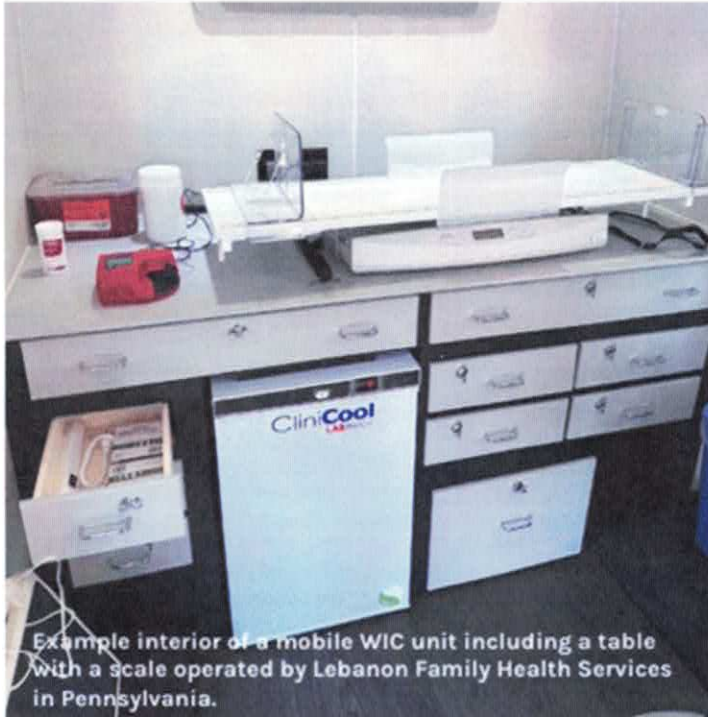
Samples



An example of the Family Health Council of Central



space to  
counsel  
WIC  
participants



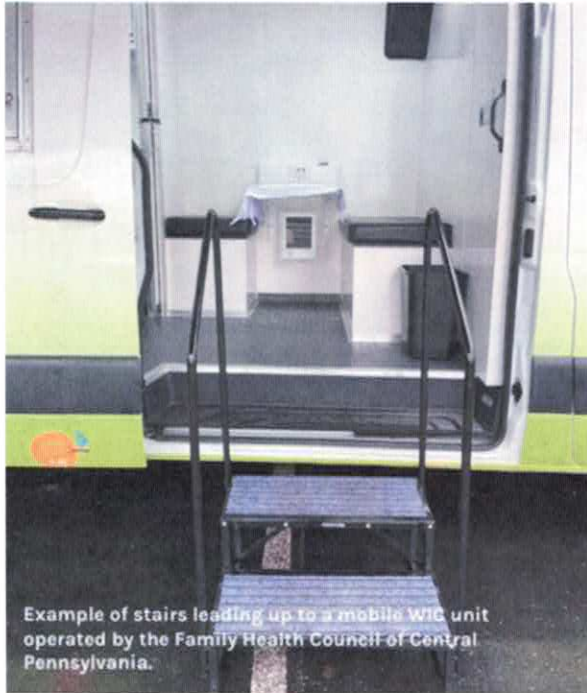
Example interior of a mobile WIC unit including a table with a scale operated by Lebanon Family Health Services in Pennsylvania.

area to  
place measuring  
board  
and hemoglobin  
machine



printer  
&  
laptop  
space





Example of stairs leading up to a mobile WIC unit operated by the Family Health Council of Central Pennsylvania.

Bench  
seating



Marion County Public Health Department mobile WIC unit.



Chickasaw Nation mobile WIC unit.



Family Health Services of Pennsylvania team providing services at a table outside their WIC mobile unit.



DuPage County Health Department mobile WIC unit.



side of the Family Health Council of Central Pennsylvania  
obile WIC clinic.



# Program/Mobile Vehicle Checklist

Adapted from Texas Health and Human Services WIC Guide and South Carolina Department of Health & Environmental Control WIC Toolkit

## Mobile WIC Clinic Inventory

- Baby weight scales
  - Baby length board
- Stadiometer
- Hemoglobin test kit with lab requirements
- Educational materials
- WIC cards
- Clinic stamp
- First aid kit
- Labels
- WIC posters
- Van operating manual
- Cell phone charger
- Manual food instruments
- Personnel contact list
- Van/vehicle
  - Fire extinguisher
  - First aid kit
  - And Justice for All poster

## Other Items

- Fuel
- Welcome to WIC Guides
- Guide to Helpful Programs and Services
- Rights & Responsibility Cards
- Breastfeeding Referral List
- Voter Registration List
  - Voter Registration Cards
- Laminated Health Histories
- Laminated Rights & Responsibilities

## Breastfeeding Equipment & Supplies

- Multi-User Pump
- Manual Pump
- Single-User Pump
- Collection Kit
- Breast Pump Release Forms
- Black Breastfeeding Bags
- Breastfeeding Go-Bag (bras, pamphlets, etc.)

## Equipment & Supplies

- Laptop
- Signature Pad
- Card Reader
- Power/Extension Cords
- Laptop
  - Laptop charger cord
- Printer
  - Printer toner
  - Printer paper
- Clipboard
- Dry Erase Markers
- Wi-Fi or Mi-Fi
- Dry Erase Markers
- EBT Cards

## Lab Supplies

- Sterile gloves
- Hand sanitizer
- Alcohol Pads
- Gauze
- Lancets
- Micro-cuvettes
- Band-Aids
- Sharps Container
- Biohazard Bag
- Paper Towels
- Sanitizer Spray
- Barrier Paper

## All Equipment Secured for Travel

- A/C Unit
- Blood Collection Equipment
- Portable Step Stool
- Laptop/Printer
- Safety Triangles
- Stools
- A-frame Chalkboard & Chalk
- Weighing/Measuring Equipment

## Nutritional Education Supplies

- Class List
- Self-Paced NE Lessons

Items that will be available on mobile unit.

## SPECIFICATIONS

### VEHICLE SPECIFICATIONS

- High Roof Model
- Gas Engine
- Electronic 6 Speed Automatic Overdrive with SelectShift
- Driver's Side Air Bags
- Power Steering
- Power Brakes
- Factory Air Conditioning

### VEHICLE DIMENSIONS

(DIMENSIONS SHOWN ARE FOR THE BASE VEHICLE PRIOR TO THE ADDITION OF EQUIPMENT OR OPTIONS)

Exterior Overall Length – 237.6"  
Exterior Overall Width without mirrors – 81.3"  
Exterior Overall Width with mirrors – 97.4"  
Exterior Overall Height – 100.8"  
Wheelbase - 148"

## **CUSTOMIZED EXTERIOR CONFIGURATION**

Vehicle exterior shall receive a full color vinyl graphic package. Graphic material shall be high grade vinyl manufactured specifically for vehicle graphics. Using department shall be responsible for providing Camera Ready artwork. Using department shall be provided a graphics proof layout for approval before work is begun.

Vehicle shall be outfitted with one (1) powered awning mounted to the passenger side of the vehicle. Awning shall be a minimum of 12 ft. in length. Awning fabric color shall be determined by using department prior to order.

Sliding side door window and rear door windows shall be tinted to a dark limo tint.

## **PUBLIC ADDRESS SYSTEM**

One (1) Public Address Amplifier System shall be installed. Unit shall have a minimum output of 60 watts and be powered by the vehicle 12volt DC electrical system.

System shall include one (1) handheld microphone with PTT (Push To Talk) switch.

System shall feature one (1) auxiliary audio input for connection of an Mp3 music player.

System shall be paired with an exterior speaker designed for automotive use.

## **CUSTOMIZED INTERIOR CONFIGURATION**

All walls and ceiling areas insulated with a layer or reflective air bubble insulating mat secured in place with sprayed-in adhesive. An additional layer of spray in, polyurethane expanding foam insulation shall be added to a nominal thickness of two (2) inches.

FRP Panel wall finish applied over 1/4" plywood sub wall. Wall panels are easily cleaned and are chemically resistant to bodily fluids.

Vehicle roof constructed of 1/4" plywood finished in automotive headliner fabric meeting Federal Motor Vehicle Safety Standard 302. Fabric finished headliner color coordinated to match other interior vehicle appointments.

Floor leveled with minimum 1/2" exterior grade AC rated plywood attached to vehicle sub floor with screws spaced no more than 12" apart. Plywood coated with adhesive as recommended by manufacturer (Lonseal) and finished in Loncoin (or equal) one piece rubberized flooring. All edges capped with aluminum trim attached with counter sunk screws.

## **CUSTOMIZED INTERIOR CONFIGURATION (CONT'D)**

An insulated divider curtain shall be installed directly behind the cab mounted drivers and passenger seats. Curtain shall feature hook and loop (Velcro) stripping down the center. Straps shall be provided to hold the curtain open when not in use.

Interior cabinets shall be fully manufactured of minimum .062, 5052 aluminum and square or rectangular welded steel tubing. Cabinet shelves to feature front retaining lips (minimum ½" high), and be lined with corrugated rubber matting.

Cabinets to have an industrial, thermoset, powder coat finish.

Two (2) Workstations shall be provided.

- Work Surfaces shall be chemically resistant and suitable for use in a medical environment.

One (1) shelf shall be provided, below the forward work desk, to securely mount a department supplied printer.

One (1) cabinet shall be provided for general storage. Countertop above cabinet shall provide a mounting location for a department supplied baby scale and a hemoglobin testing device.

Four (4) overhead cabinets shall be provided. Cabinets shall be lockable.

One (1) bench seat shall be provided with padded base and backrest. Bench shall be large enough for two (2) adults.

Two (2) Task Chairs on five star caster bases with backrests shall be provided. Chairs will be secured at workstations with a transit strap when the vehicle is being driven.

One (1) Dedicated area for department supplied height measurement chart

## **VEHICLE POWER AND LIGHTING**

All wiring shall meet the minimum requirements called out in NEC Article 551.47. DC wiring shall feature unique color coding and identification tags for individual circuits. AC wiring shall utilize the standard Load, Neutral, Ground color coding.

Two (2) PC1800 AGM Batteries shall be installed.



Auxiliary 12V DC Systems protected by Master Fuse(s) located at the Auxiliary Battery and by individual re-settable Circuit Breaker/Switches and/or fuses individually rated for each branch circuit.

Auxiliary Battery to be charged by vehicle alternator when engine is running. A Solid State Isolation Circuit (160 amp minimum rating) shall be installed between vehicle battery/alternator and auxiliary battery.

One (1) 3000 Watt Inverter / Charger shall be provided. Inverter shall be equipped with an integrated, automatic power transfer switch that will switch power to shore power feed when available and automatically shut down the inverter.

One (1) Shore Power 30 amp-120 volt (3 wire) Power Input with spring loaded cover to be corrosion resistant type designed for use in damp and wet locations.

One (1) 30 amp-120 volt (3 wire) Shore Power Connection Cord, 25' minimum length with locking connector.

One (1) 30 amp to 20 amp adapter shall be provided for battery charging

One (1) Panelboard Circuit Breaker Box with resettable type circuit breakers (fuse protection not acceptable). Boxes installed in accordance with NEC article 551-45. All branch circuits shall be protected against overcurrent in accordance with NEC article 551-

One (1) exterior mounted GFI protected 120V AC Duplex Outlet shall be mounted at rear passenger side of the vehicle. Mounted in exterior rated, weather resistant housings with spring loaded covers.

Four (4) Interior mounted duplex power outlets shall be provided, one (1) duplex outlet at each desk area, one (1) duplex outlet at the printer location and one (1) duplex outlet at the baby scale and hemoglobin tester.

Four (4), High Intensity LED Light fixture shall be mounted in the main cabin.

Four (4), four inch round, recessed 4K White, High Intensity LED Light fixtures shall be mounted below the overhead cabinets.

Two (2) 4K White, 192 Lumen, 3.12 Watt, Wall Mount, Swivel LED Reading Lights with Brushed Nickel Finish mounted at the baby scale and hemoglobin counter.

# 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.<br/>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 <b>one</b> of the following seven boxes.<br><br><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<br><br><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .<br><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.<br><br><input type="checkbox"/> Other (see instructions) _____ | <b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br><br>Exempt payee code (if any) _____<br><br>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____<br><br><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>  |   |  |  |  |   |   |  |  |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td></td> <td></td> </tr> </table> |   |  |  |  | - | - |  |  |
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| <b>or</b>  |   |  |  |  |   |   |  |  |
| <b>Employer identification number</b>  |   |  |  |  |   |   |  |  |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td></td> <td></td> <td></td> </tr> </table>                              |   |  |  |  | - |   |  |  |
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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 |
|------------------|--------------------------|------|

## 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

**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