



Office of Special Education & Rehabilitation

INVITATION FOR BIDS (IFB)
Re-Bid No. 24-11- 3523GC
FOR PURCHASE OF OSERS TUBA CITY OFFICE

I. INTRODUCTION:

Navajo Office of Special Education & Rehabilitation Services (hereafter referred to as "the Organization") is seeking sealed bids for goods and services needed to purchase office furniture per the specifications outlined in this Invitation for Bids (IFB) for the Tuba City Building.

A mandatory pre-bid conference will be held before the bid submission deadline to provide an overview of the project and address bidder questions.

PRE-BID CONFERENCE

A pre-bid conference will be held on *Friday, March 21, 2025, at 10:00 AM (MST)* at **11 Main Street Tuba City, AZ.** **Attendance is Mandatory.**

During the conference:

- The scope of work, technical specifications, and submission requirements will be shared.
- Vendors will have an opportunity to ask questions.

II. SCOPE OF WORK

The selected vendor will be responsible for supplying and delivering the following furniture items:

- a. Offices
 - L-Shape Desks - Electric height adjustment corner table base
 - a. Credenza
 - b. Overhead storage
 - c. Cabinet Storage
 - Chair Mats Trendsetter 1 per office/reception/observation
 - Office chairs 1 per office
 - Guest chairs 2 chairs per office
 - Small meeting table 1 per office
- b. Observation Room
 - 30" x 60" Deluxe electric height adjustment table base

- office chair
- Commercial Floor Rugs 10x12 *varied sizes
- c. Conference Room
 - 8 – 30” x 60” laminate top table
 - Base – 60”
 - Modesty panel – 60”
 - 20 – chairs
 - 2 – 2 drawer cabinet storage
 - 2 – Smartboard
 - 4 - Charging stations – mobile
 - Office Decors
 - 10 – Standard Mobile Storage cabinets (48x24/84) w/ wheels
 - Window Blinds
- d. Computer Room
 - 4 – 30” x 60” laminate top
 - a. Base – 60”
 - b. Modesty panel – 60”
 - 10 – chairs
- e. Lobby
 - 3 – Sofa (76.5” W x 32” D x 31” H)
 - 6 – Sofa (33.5” W x 32” D x 31” H)
 - 1 – Rectangular Laminate Coffee table w/ black steel rod base
 - 1 – Round Laminate Coffee table w/ black steel rod base
 - Commercial Floor Rugs 10x12 *varied sizes
- f. Reception
 - 1 – Credenza w/ corner extension (Left) 71”W x 24/36”D
 - 1 – Credenza w/ corner extension (Right) 71”W x 24/36”D
 - 2 – Return - Reversible 35”W x 24”D
 - 2 – 2 box / file 22” D -Deluxe Pedestal - Full (15 1/2”W)
 - 2 – Corner Transaction Tops - 12” x 71” (LEFT)
 - 2 – Corner Transaction Tops - 12” x 71” (RIGHT)
 - 6 – Divider Posts - (Black) Divider/Support Post 12”H
 - 4 – Acrylic Panels W/ Black Frame - 71”W x 12”H w/Filler Panel
 - 4 – 3-Drawer Lateral file 42”H - 36”W x 22” D
 - 4 – Locking Laminate Doors in Open Wall Mounted Storage
 - 4 – Hinged Laminate Doors for Open Hutch
 - 18 – Square Drawer Pulls - 128mm
 - Office Decors
 - Window Blinds
- g. Kitchen/Break/Rest Room
 - 6 – Café Chair
 - 2 – Square Café Tables 36”W x 36”D x 29”H
 - Refrigerator
 - Cooking top
 - Shelving
 - 3 – Paper Towel Dispenser
 - 3 – Hand Soap Dispenser
- h. Foyer Area
 - 1 – Bariatric chair

- 2 – Guest bench 44 1/2"W x 20 1/4"D x 18 3/4"H
- 1 – Sliding Door Indoor Bulletin Board - 4' x 3'
- i. Shelving/Storage
 - 10 – 6 Shelf - 31 3/4"W x 13 1/2"D x 80"H
 - 10 – 3 Shelf - 31 3/4"W x 13 1/2"D x 41"H
 - 10 – 4 shelves/4 posts - Black Wire Shelving - 48"W x 24"D x 72"H
 - 2 – Contemporary Floor Stands - 13"W x 16 1/2"D x 49"H
 - 1 – Prestige 2 DuraMax Porcelain Markerboards - 8' x 4'
 - 10 – 3 Drawer w/ lock (fireproof) - 36" W (36"W x 19 3/4"D x 39 5/8" H)
 - 10 – 4 Drawer w/ lock (fireproof)- 36" W (36" W x 19 3/4"D x 51 1/2"H)
 - 5 – kids' bookshelf

III. BID REQUIREMENTS:

All bids must include the following:

1. Scope of Work office furniture to furnish the Tuba City building shall be new.
2. Office furniture shall meet the minimum specifications identified in Attachment A of this solicitation. Deviations to these specifications shall be noted under paragraph XII below.
3. Debarment and Suspension form (Exhibit A)
4. W9 (Exhibit B)
5. Completed Bid Form (Exhibit C)
6. Price Quotation with NN 6% tax (detailed cost breakdown)
7. Delivery Timeline and Terms
8. Warranty information

IV. BID SUBMISSION REQUIREMENTS

- Bids must be submitted in a sealed envelope marked ***“Re-Bid IFB No. 24-11-3523GC – OSERS Tuba City Office”***
- Submission Deadline: ***Friday, April 4, 2025 at 5:00 PM (MST)***
- Delivery Address: ***ATTN: Paula Seanez or Daniel Haven P.O Box 1420 Window Rock, AZ 86515***

V. SHIPPING AND DELIVERY

Office furnishing is to be delivered to the Navajo Nation within 90 days after receiving a signed Purchased Order. Delivery will be made to the Office of Special Education & Rehabilitation Tuba City Office Building at 11 Main Street Tuba City, AZ 86045.

Shipping and delivery costs are considered the responsibility of the bidder and shall be included in the bid proposal.

VI. PREFERENCE OF NAVAJO AND INDIAN-OWNED BUSINESS

Preference for Navajo and Indian-owned businesses will be given under the Navajo Nation Business Opportunity Act, 5 NNC §201 et. Seq. and the Navajo Nation Procurement Act 12 NNC §303. Certification of Navajo Owned Business will be assured by a certificate held by the Navajo Business Regulatory Department.

VII. RESPONSE MATERIAL OWNERSHIP

All material submitted in this IFB shall become the property of the Navajo Nation and will not be returned to the business.

VIII. AWARD OF BID – REJECTION OF BID

The Navajo Nation reserves the right to accept bids all or in part. At the time of acceptance, the Navajo Nation also reserves the right to increase or decrease quantities of any item at the same price bid. The Navajo Nation reserves the right to reject any proposals not within the projected budget.

IX. NOTIFICATION OF AWARD BID

Upon Selection, the winning Bidder will be contacted by the Navajo Nation to arrange the formal contract documents (Purchase Order) to complete the purchase.

X. NAVAJO NATION SALES TAXES

All goods delivered within the territorial jurisdiction of the Navajo Nation are subject to the six percent (6%) Navajo Sales TAX. 24 N.N.C §601 et. Seq. These taxes shall be included and itemized on the FEE schedule for all Bidders.

Bidders shall apply for exemptions of any Federal, State, and local taxes (including Federal Excise Taxes (FET)) at their own cost, including obtaining AZ5000 tax exempt forms in AZ, and equivalent exemptions in NM, Utah, or other US States. The Navajo Nation shall not be responsible for obtaining or providing tax exemptions.

XI. WITHDRAWAL OF BID

No bid proposal shall be withdrawn after the submission of the bid without the consent of the bidder.

XII. DEVIATIONS

Bidders must clearly state any deviations or exceptions to the specifications, terms, or conditions outlined in this IFB. All deviations must be documented in a separate section of the bid proposal, specifying the nature and rationale for each deviation. The contracting authority reserves the right to accept or reject any deviations at its sole discretion.

XIII. BILLING AND PAYMENTS

Billing and payment shall conform with all Navajo Nation Procurement procedures. To receive timely payment, the winning Bidder has an obligation and responsibility to present invoices that are timely and accurate. The payment procedures established by the Division of Finance shall be adhered to and are to begin whenever Goods or Services are delivered and accepted.

XIV. DISCLAIMER

Nothing in this IFB is intended to or shall have the effect of waiving Navajo Nation sovereignty. The Navajo Nation is a sovereign government, and all procurements shall comply with Navajo Nation laws, and regulations, including the Navajo Nation Business Opportunity Act, Navajo Preference in Employment, and applicable federal laws and regulations.

XV. ALTERNATE SOLUTION OPTIONS

If you have a solution or an option, that you would like to recommend that does not quite fit into any of the Desired Features listed above please feel free to include information about the solution or option, as well as an explanation of why you feel it is a “must have” moving forward. Please provide pricing as you would for all other aspects of the response but outline it in a separate section as an add-on or option.

Attachment A

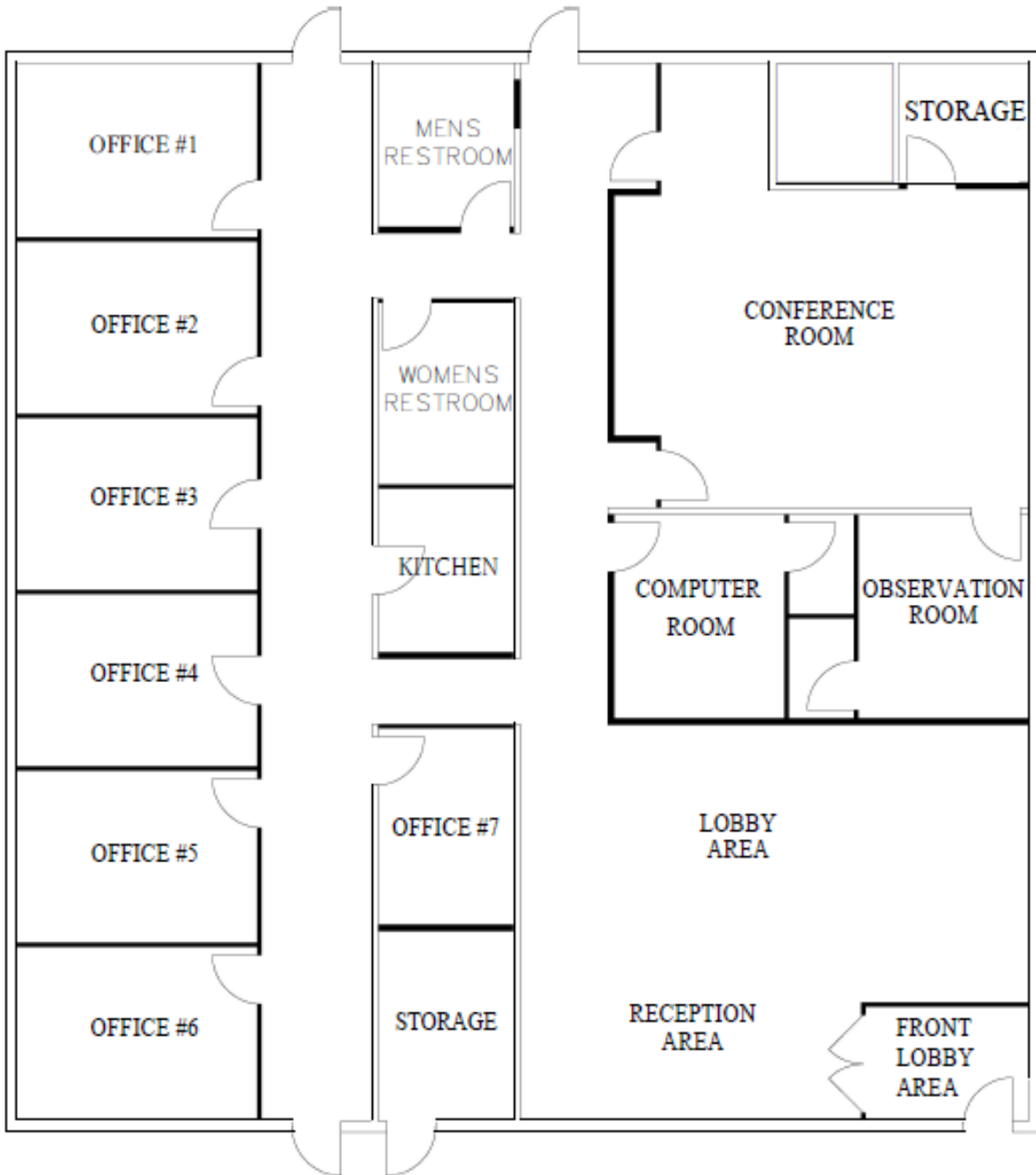


Exhibit A

Form W-9 (Rev. March 2024) Department of the Treasury Internal Revenue Service	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.
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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.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> 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.) </td> <td style="width: 20%;"></td> </tr> <tr> <td style="padding: 5px;"> 2 Business name/disregarded entity name, if different from above. </td> <td></td> </tr> <tr> <td style="padding: 5px;"> 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) </td> <td style="padding: 5px;"> 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) _____ (Applies to accounts maintained outside the United States.) </td> </tr> <tr> <td style="padding: 5px;"> 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"/> </td> <td></td> </tr> <tr> <td style="padding: 5px;"> 5 Address (number, street, and apt. or suite no.). See instructions. </td> <td style="padding: 5px;"> Requester's name and address (optional) </td> </tr> <tr> <td style="padding: 5px;"> 6 City, state, and ZIP code </td> <td></td> </tr> <tr> <td style="padding: 5px;"> 7 List account number(s) here (optional) </td> <td></td> </tr> </table>	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) _____ (Applies to accounts maintained outside the United States.)	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)	
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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.

Social security number				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 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> </table>				
OR				
Employer identification number				
<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> </table>				

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.

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

Exhibit B

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 12 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

Applicant Address

Applicant Address

Applicant Address

Name of individual signing on Applicant's behalf (print)

Title of individual signing on Applicant's behalf

Signature of individual signing on Applicant's behalf

Date

Exhibit C

Bid Form

Navajo Office of Special Education & Rehabilitation Services (OSERS)
Bid Form for Re-Bid No. 24-11-3523GC
Purchase of OSERS Tuba City Office Furniture

1. Bidder Information

- **Company Name:** [Bidder's Company Name]
- **Address:** [Street Address, City, State, ZIP Code]
- **Phone Number:** [Bidder's Contact Number]
- **Email Address:** [Bidder's Email]
- **Authorized Representative:** [Full Name]
- **Title:** [Representative's Title]
- **Navajo or Indian-Owned Business Certification:** [Yes/No] (Attach Certification if applicable)

2. Bid Proposal

- **Total Bid Amount (Including 6% Navajo Sales Tax) (USD):** \$[Total Amount]
- **Breakdown of Costs (Attach Detailed Price Quotation – Exhibit D):**

Item/Service	Quantity	Unit Price	Total Price
[Item 1]	[Qty]	[\$Price]	[\$Total]
[Item 2]	[Qty]	[\$Price]	[\$Total]
Grand Total (Including Navajo Nation Sales Tax 6%)			[\$Total]

3. Acknowledgment of Addenda

The undersigned acknowledges receipt of the following addenda and has taken them into account in preparing this bid:

- Addendum No. [#] – Date Received: [MM/DD/YYYY]
- Addendum No. [#] – Date Received: [MM/DD/YYYY]

4. Deviations and Exceptions

Bidders must clearly state any deviations or exceptions to the specifications, terms, or conditions outlined in this IFB. All deviations must be documented in the space below or attached as a separate sheet, specifying the nature and rationale for each deviation.

- [Specify deviation] – [Rationale]
- [Specify deviation] – [Rationale]

The contracting authority reserves the right to accept or reject any deviations at its sole discretion. If no deviations are listed, the bidder certifies full compliance with the IFB requirements.

5. Bid Submission Requirements Checklist

The following documents are included with this bid submission:

- ✓ **Completed Bid Form (Exhibit C)**
- ✓ **Detailed Price Quotation (Including Navajo Nation 6% Tax)**
- ✓ **Debarment and Suspension Form (Exhibit A)**
- ✓ **W-9 Form (Exhibit B)**
- ✓ **Delivery Timeline and Terms**
- ✓ **Warranty Information**

6. Shipping and Delivery Commitment

- **Delivery will be made within [Number] days after receiving a signed Purchase Order.**
- **Bidder agrees to deliver all goods to:
Office of Special Education & Rehabilitation – Tuba City Office
11 Main Street, Tuba City, AZ 86045**
- **All shipping and delivery costs are included in the bid total.**

7. Certifications and Compliance

By signing below, the bidder certifies that:

- The information provided is accurate and complete.
- The bidder agrees to all terms and conditions of the IFB.
- The bidder complies with all applicable laws and regulations, including Navajo Nation procurement laws.
- The bid includes Navajo Nation 6% Sales Tax, as required by 24 N.N.C §601 et. Seq.
- If selected, the bidder will adhere to Navajo Nation procurement procedures for invoicing and payment processing.

8. Signature

I, the undersigned, hereby submit this bid and certify that I am an authorized representative of the bidder.

Authorized Representative's Name: [Print Name]

Signature: _____

Date: [MM/DD/YYYY]