



**MEMORANDUM**

**TO** : All Bidders

**FROM** : Paula Seanez, Program Director  
Office of Special Education & Rehabilitation Services

**DATE** : January 13, 2025

**SUBJECT** : **ADDENDUM # 1**  
IFB No. **25-01- 3548GC**

Notice is hereby given with Addendum One (1) to Invitation for Bid# 25-01-3548GC. St. Michael Office Furnishing with a new date to posting of the IFB. There are new dates for the different elements in the schedule.

**1. IFB SCHEDULE DEADLINE:**

ORIGINAL DATES:	Invitation for Bids:	January 7, 2025
	Bids Due:	January 15, 2025
	Bid Opening:	TBD
	Notice of Selection:	TBD

NEW SCHEDULE DATES:	Invitation for Bids:	January 13, 2025
	Bids Due:	January 17, 2025
	Bid Opening:	January 22, 2025
	Notice of Selection:	January 24, 2025

All other IFB requirements and proposal format remain unchanged.

If you have any questions, we can be reached at (928) 871-6338 or [paulaseanez@nndode.org](mailto:paulaseanez@nndode.org).

Thank you,

Office of Special Education & Rehabilitation

**INVITATION FOR BIDS (IFB)**  
**Bid No. 25-01- 3548GC**  
**FOR PURCHASE OF OFFICE FURNISHINGS**

I. BID PROPOSALS

Bid Proposals shall be delivered, electronically or hardcopy by mail to the following individual:

Attention: Grace Coan, Buyer  
Purchasing Services  
Department Admin Building One  
Window Rock, AZ 86515  
EMAIL: [gcoan@nnooc.org](mailto:gcoan@nnooc.org) and [paulaseanez@nndode.org](mailto:paulaseanez@nndode.org)

The Bid Proposal shall be provided in the following format:

1. Submission:
  - a. By EMAIL: Subject Title shall state: “**Bid# 25-01-3548GC (BID FOR PURCHASE OF OFFICE FURNISHING FOR OSERS ST. MICHAEL OFFICE)**”
  - b. By MAIL: Attn: Grace Coan with **Bid# 25-01-3548GC**, mailed to P.O Box 3150 Window Rock, AZ 86515
  - c. By In-Person: Grace Coan Purchasing Department Admin Building One Window Rock, AZ 86515
2. The following documents should be labeled subject to the following name format:
  - a. OSERS St. Michael Office Furnishing \_(Name of Vendor)\_(Name of File) – Electronically ONLY
3. The following documents (files) are required to be submitted as separate file attachments for electronic submission.
  - a. Specifications (Attachment A)
  - b. Navajo Nation Suspension and Debarment Form (Exhibit A)
  - c. W-9 (Exhibit B)
  - d. Vendor Quote

If you have any questions, please contact us at (928) 871-6338.

**New due date for bids is January 17, 2025, at 5:00 pm**

**I. DESCRIPTION OF THE ORGANIZATION**

The Office of Special Education & Rehabilitation Services (OSERS) seeks to enter a service contract with one (1) responsive, qualified, independent consultant/organization to complete the work as described in the scope of work.

The Window Rock OSERS will be moving into a leased building with seven offices to be furnished. (See attached floor plan)

The NNOSERS is soliciting bids under this IFB to purchase and deliver the office furnishing for the St. Michael Office.

The following are additional requirements to be included in the bid and priced, as applicable, with the furniture:

- Standard warranty with terms and conditions
- Optional warranty with pricing (separately).
- Anticipated delivery timeframe.
- The length of the bid price is valid.

**II. BID SCHEDULE**

Issuance of Invitation for Bids:	January 7, 2025
Bids Due:	January 15, 2025
Bid Opening:	TBD
Notice of Selection:	TBD

**III. REQUIREMENTS/SPECIFICATION**

Bidders responding to this solicitation shall ensure the proposal meets the following requirements: See Attachment A

1. Office furniture to furnish the St. Michael building shall be new.
2. Office furniture shall meet the minimum specifications identified in Attachment 1 of this solicitation. Deviations to these specifications shall be noted under paragraph XI below.

**IV. SHIPPING AND DELIVERY**

The delivery of office furnishing is to be delivered to the Navajo Nation within 90 days after receiving a signed Purchased Order. Delivery will be made to Office of Special Education & Rehabilitation St. Michael Professional Office Building 2, Suites 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, and 116 in St. Michael, AZ 86511.

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

**V. 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.

**VI. 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.

**VII. 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.

**VIII. 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.

**IX. 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.

**X. WITHDRAWAL OF BID**

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

**XI. DEVIATIONS**

All specifications listed in Attachment 1 are intended to be the preferred design and performance requirements. Where deviations from the specification are necessary, Bidder will annotate equivalent reliability or performance. If there is insufficient room for detailing a deviation, please indicate “see deviation” and attach, clearly indicating the requirement on any such

attachments. Failure to detail all such deviations will provide a basis for rejection of the entire proposal. Substantial deviations will not be considered.

## **XII. 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.

## **XIII. 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.

## **XIV. SCOPE OF WORK – REQUIREMENT FOR OFFICE AREA FURNISHINGS**

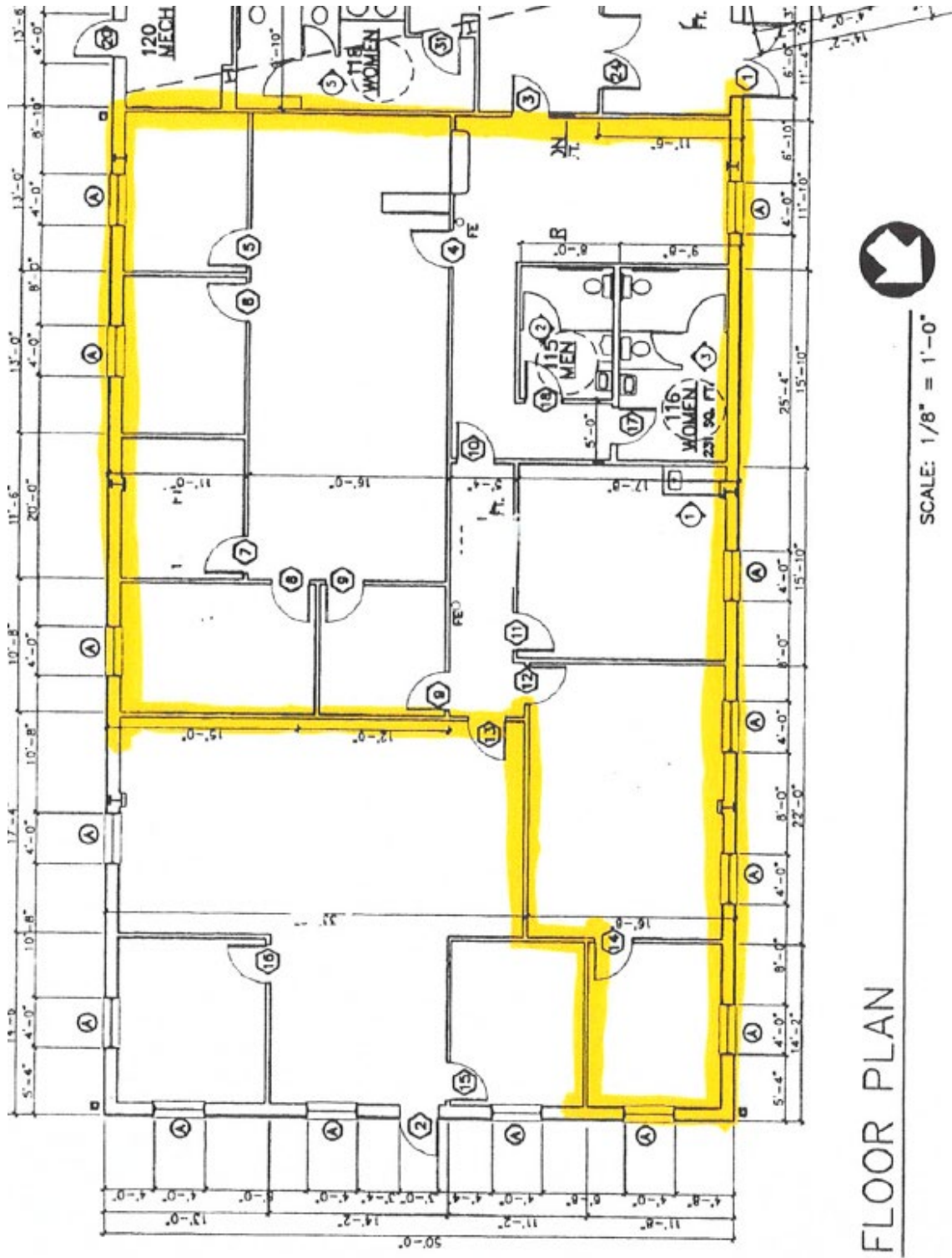
- a. **Offices** (26 staff at office location). office approx. 2,858 sq/ft.
  - a. Desks Electric height adjustment
  - b. Chairs
  - c. File Storage Cabinets
  - d. Chair Mats
  
- c. **Conference Room**
  - a. Conference room tables (quantity determined by table size and available square footage.
  - b. Conference room chairs.
  
- d. **Reception Area**
  - a. 1 – desk
  - b. 1 – chair
  - c. 2 – 3 file storage cabinet
  - d. 1 – Bariatric chair
  - e. 1 – Guest bench
  
- e. **Kitchen/Breakroom**
  - a. 4 – Café Chair
  - b. 2 – Square Café
  - c. Open to suggestions
  
- f. **Shelving/Storage**  
*\*(open to suggestions)*
  - a. 6 – 6 Shelving
  - b. 4 – 3 Shelving
  - c. 6 – 4 shelves/4 posts - Black Wire Shelving
  - d. 1 – Sliding Door Indoor Bulletin Board - 4' x 3'

- e. 2 – Contemporary Floor Stands
- f. 1 – Prestige 2 DuraMax Porcelain Markerboards - 8' x 4'
- g. 10 – 3 Drawer w/ lock
- h. 10 – 4 Drawer w/ lock

**XV. Alternate Solutions and 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

<b>Form W-9</b> (Rev. March 2024) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer                  Identification Number and Certification</b> Go to <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a> 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.	<p><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.)</p> <p><b>2</b> Business name/disregarded entity name, if different from above.</p> <p><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.</p> <p> <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)                 </p> <p><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"/></p> <p><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) _____                      (Applies to accounts maintained outside the United States.)</p> <p><b>5</b> Address (number, street, and apt. or suite no.). See instructions. Requester's name and address (optional)</p> <p><b>6</b> City, state, and ZIP code</p> <p><b>7</b> List account number(s) here (optional)</p>
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**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 [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
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**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.

<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



# 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 PROPOSAL

(SAMPLE)

TO: Navajo Nation Office of Special Education & Rehabilitation Services

FROM:

_____	(Name of Bidder)
_____	(Address)
_____	(City, State, Zip Code)
_____	(Telephone Number)
_____	(E-Mail Address of Bidder's Representative(s))
_____	(Name(s) of Bidder's Authorized Representative(s))

1. Bid Proposal:



1.	Base Bid Amount	
2.	Office Space for 26 staff	
3.	Reception Area	
4.	Conference Room	
5.	Kitchen	
6.	Storage Area	
	Owner's Allowance	
	Total Bid Proposal Amount (Lines 1-7)	

- 1.1 Bid Proposal Amount. The undersigned Bidder proposes and agrees to perform the Contract including, without limitation, providing and furnishing any of the labor, materials, tools, equipment, and services necessary to complete in a workmanlike manner all of the Work and other obligations required by the Contract Documents for the sum of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_) (Line 8 of Table above). The Bidder confirms that it has checked all of the above figures and understands that neither the district nor any of its agents, employees, or representatives shall be responsible for any errors or omissions on the part of the undersigned Bidder in preparing and submitting this Bid Proposal. The Bidder confirms that the bid proposal includes the Owner's Non-Specified Allowance in the amount of \_\_\_\_\_ (\$ \_\_\_\_\_).