

REQUEST FOR PROPOSALS

RFP Bid No. 25-04-3647GC

PROPOSAL DUE DATE: 4:00 PM MST April 29, 2025

DESCRIPTION: Division of Aging and Long-Term Care Support (DALTCS) is seeking Proposals from qualified, certified vendors to purchase a (1) 2025 vehicle: (1) Crew Cab Silverado 4X4. The vehicle will be used for field support throughout the Navajo Nation to (5) Agencies and (80) Senior Centers.

Bid Number: 25-04-3647GC

Contact Person: Geraldine Brown, Caregiver Resource Specialist
Email Address: Geraldine.Brown@navajo-nsn.gov
Phone: (928) 871-6964

RETURN RESPONSES TO :

Mailing Address : Division of Aging and Long-Term Care Support
PO Box 1390
Window Rock, AZ 86515
ATTN: Geraldine Brown
Bid No. 25-04-3647GC

Physical Address: Division of Aging and Long-Term Care Support
Attn: Geraldine Brown, Caregiver Resources
Specialist
Department of Health
Administration Building 2 #2296
Window Rock, AZ, 86515
Bid No. 25-04-3647GC

Please Submit Four (4) sets of your Proposal

REQUEST FOR PROPOSAL
FOR 2025 Chevrolet Vehicles

SECTION 1

A. RESPONDENT REQUIREMENTS:

All respondents must have the vehicle specifications listed herein, and the bid proposals submitted must reflect in detail the inclusion of these specifications as well as the additional forms required in Section II. Respondents should also provide technical information about the delivery of services required in this Request for Proposal (RFP).

B. SCOPE OF WORK:

Navajo Nation Division of Aging and Long-Term Care Support is accepting proposals from authorized fully certified automotive dealerships to provide one (1) crew cab Silverado 4x4 truck to support services to Senior Centers located in five (5) Agencies –Crownpoint, NM, Shiprock, NM, Chinle, AZ, Ft. Defiance, AZ and Tuba City, AZ.

Navajo Nation Division of Aging and Long-Term Support Services (DALTCS) is requesting the following specifications on the vehicle:

Key Attributes:

One (1) 2025-2026 Chevrolet Silverado 1500 Truck with Off Road Package
4-dr LT Crew cab with standard bed
Heavy duty suspension,
locking rear differential, etc.
Exterior: White or Grey
Interior: Black Windows: Power and Tinted
Wheel & Tires: 10 ply all terrain tires
Drive Type: 4WD
Engine: 5.3L V8
Equipped with Highway safety kit
Manufacturing Warranty 60,000 mileage coverage

BID SCHEDULE OF ACTIVITIES

	RFP Schedule	Date
1	Issue RFP	4/11/2025
2	RFP-Questions Due Email: Geraldine Brown, Caregiver Resource Specialist geraldine.brown@navajo-nsn.gov	4/29/25
3	RFP Proposals Due by 4:00 pm	4/29/25
4	Official Opening of Proposals A. Evaluation and Selection Begins	4/30/25

REQUEST FOR PROPOSAL
FOR 2025 Chevrolet Vehicles

5	Notice of Selection	5/7/25
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Terms and Conditions

1. Bidders must be an Authorized Fully Certified Automotive Dealership who meets all standards and qualifications from the Automotive Manufacture. All vehicles are to be delivered in a timely fashion as the bid evaluation shall be based on who is most responsive in compliance with specification and criteria.
 - a. The BID price shall be FOB (Freight on Board) to which delivery is made to the Navajo Nation Fleet Management Department in Window Rock, Arizona.
 - b. Vehicle will be delivered to the Navajo Nation free from any purchase money, Liens or Security Interest.
 - c. The manufacturer's published warranty for the vehicle shall apply to the vehicle purchased by the Navajo Nation.
2. The bid price shall be effective on the date of the award.
3. NN DALTCS and the Navajo Nation Fleet Management Department will receive, at the delivery of vehicles, all pertinent documents necessary for titling and licensing vehicles, including Manufacturer's Statement of Origin, Odometer statement, etc.
 - a. The Navajo Nation Fleet Management will be registering the vehicle through the Navajo Nation Property Management Department. Payment will be made after the delivery of the vehicle and receipt of all pertinent documents, including invoices. A temporary license sticker must accompany the vehicle upon delivery.
4. It is the intention of the NN DALTCS to award the Bid to the lowest Responsible Bidder who meets all the criteria and key attributes of this bid.
5. The submission of all bids is to include: one original and three (3) copies, to be enclosed in one sealed envelope.
 - a. Respondent's name and contact information, RFP Bid Number: 25-04- 3647GC
 - b. The vehicle name or name(s) is to be written on the envelope.
 - c. Any sealed bid received after the closing date and time will not be accepted and will be returned to the sender. Faxed or emailed bids/proposals will not be accepted.
 - d. NNDALTCS shall reserve the right to reject any or all bids or increase or decrease quantity of price.
6. Certified Navajo Business-Must provide proof that business-must provide proof that business is currently certified by the Navajo Nation Business Regulatory Department and prioritized under the Navajo Nation Council Resolution CPA-37-02 and under Section 204 (A)(1) and (2) of the revised Navajo Nation Business Opportunity Act.
7. Taxes-all performance under this Contract within the jurisdiction of the Navajo Nation is subject to the six percent (6%) Navajo Sales Tax (24 N.N.C.601 et seq).
8. This RFP is not intended to-or-shall have the effect of waving any privileges or immunities afforded. The Navajo Nation Laws, rules and regulations, Navajo Business Opportunity Act and including the Navajo Preference in Employment Act and applicable federal law, rules and regulations, will be observed.

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9. **PRIORITY ONE OR TWO: Bidders** will be required to mark on the outside of the sealed proposal package their priority status under the Navajo Nation Business Opportunity Act. This is the bidder's responsibility to identify themselves as certified.
 10. Any sealed bid received after the closing date and time will not be accepted. Faxed bid will not be accepted.
 11. Sealed bid will include the following documents: (1) Navajo Nation Debarment and Suspension Form (Exhibit A) and (2) W-9 Form (Exhibit B).
- C. Sovereignty: The Navajo Nation will not relinquish any of its sovereignty rights.

The Contact Persons:

Geraldine Brown, Caregiver Resource Specialist, NN DALTCS, Telephone number: (928) 871-6964; email: geraldine.brown@navajo-nsn.gov

Submit bids, Mail or Deliver to:

The Navajo Nation DALTCS, Administration Bldg #2 (#2296) Window Rock Blvd.
Attn: Geraldine Brown, FCGP
PO Box 1390, Window Rock, Arizona 86515

See Attachments

1. Exhibit A: Navajo Nation Certification of Debarment and Suspension.
2. Exhibit B: Federal Tax Form: W-9 Form.

NAVAJO NATION CERTIFICATION
Regarding Debarment, Suspension, and
Contracting Eligibility

1. Applicant entity acknowledges that to the best of its knowledge that the Applicant entity, either in its present form or in any identifiable capacity, has not, in accordance with 12 N.N.C. § 361:
 - A. Been convicted of the commission of criminal offenses incident to obtaining or attempting to obtain a public or private contract or subcontract, or in the performance of any such contract or subcontract;
 - B. Been convicted of embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, or other offenses indicating a lack of business integrity or honesty, which currently, seriously, and directly affect responsibility as a Navajo Nation contractor;
 - C. Been convicted under antitrust statutes arising out of the submission of bids or proposals;
 - D. Violated contract provisions, including:
 - i. Deliberate failure, without good cause, to perform in accordance with the contract specifications or within the time limit provided in the contract,
 - ii. A recent record of failure to perform or of unsatisfactory performance with the terms of any contract, or
 - iii. Any other cause so serious and compelling as to affect responsibility as a Navajo Nation contractor, including debarment by another governmental entity.
2. Applicant acknowledges that if the Navajo Nation determines that the executed Certification provided herein is untrue or not wholly accurate, it shall be grounds for the Navajo Nation to terminate the contract and pursue other legal remedies, at the Navajo Nation's discretion.
3. Applicant certifies to the best of its knowledge that it is eligible to do business with the

Navajo Nation, in its present form or in any other identifiable capacity, pursuant to 12 N.N.C. § 1501 and 5 N.N.C. § 301. Applicant also acknowledges that per 12 N.N.C. § 1505, it will not be eligible to contract with the Navajo Nation if deemed ineligible by the appropriate department or entity of the Navajo Nation which receives the Applicant's request for consideration for a business opportunity.

Applicant Name

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

Applicant Address

Title of individual signing on Applicant's behalf

Applicant Address

Signature of individual signing on Applicant's behalf

Applicant Address

Date

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 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. <i>See Specific Instructions on page 3.</i>	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:

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