

**REQUEST FOR PROPOSAL  
SIDEWALK REPAIR  
RFP BID# 25-06-3743SB  
Navajo Nation Division of Aging and Long-Term  
Care Support, Fort Defiance Agency**

**DESCRIPTION**

**Navajo Nation Fort Defiance Agency, Division of Aging and Long-Term Care Support (DALTCS)** is seeking proposals from qualified companies for Sidewalk Repair for St. Michael Senior Center.

**CONTACT PERSON:**

Any questions or inquiries can be directed to: Lesita T. Desiderio,  
Program Supervisor II, DALTC  
Telephone Number: (928) 729-4460  
EMAIL: [Lesita.desiderio@navajo-nsn.gov](mailto:Lesita.desiderio@navajo-nsn.gov)

**PROPOSAL SUBMITTAL INFORMATION AND DEADLINE**

Sealed bids will be received NO LATER than 5:00 pm MST on July 15, 2025. Proposals shall conform to the RFP instructions. **Late proposals will not be accepted.**

**Please submit (3) copies of the Request for Proposal, including (2) sealed Cost Proposals.** All proposal submittals shall be postmarked on or before the closing date. Responses to this Bid shall be sent in a sealed envelope, including a return address, and clearly marked on the outside of the envelope in the following context:

**RFP BID# 25-06-3743SB**

THE NAVAJO NATION  
Fort Defiance Agency  
Division of Aging of Long-Term Care Support  
PO Box 1519  
Fort Defiance, AZ 86504

Instructions to Bidders to visibly mark on the outside of the proposal package, the RFP Bid Number, Company Name and Bidders' Priority Status (PRIORITY 1 OR PRIORITY 2) under the Navajo Nation Business Opportunity Act. It is the responsibility of the Bidder to identify themselves as certified under the Navajo Nation Business Opportunity Act.

All proposals become the property of the Fort Defiance Agency, Division of Aging and Long-Term Care Support. DALTCS will not return any proposals or make any copies of the proposal available to anyone for any purpose other than those described in the RFP packet.

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**Navajo Nation Division of Aging and Long-Term Care Support**  
PO Box 1519 Fort Defiance, AZ 86504 \* Bldg. No. 3780 Fort Defiance Blvd.  
Tel: 928. 729.4458 Fax: 928. 729.4461



Cost Proposals should explicitly identify and state all costs associated to the completion of all proposed services in this RFP. In the event of multiple awards, cost(s) should be detailed and stated separately for each location.

**TAX:** All appropriate taxes should be included in the cost of services, including the Navajo Nation Sales Tax. All work performed within the territorial jurisdiction of the Navajo Nation is subject to the Navajo Sales Tax of 6% (24 N.N.C Section 601 et. Seq.)

### **BID OPENING INFORMATION**

The bid packages will be opened and reviewed by the Bid Evaluation Team on or by July 15, 2025. The selected companies will be notified by the Division of Aging and Long-Term Care Support, Program Supervisor II, Lesita T. Desiderio, by July 15, 2025.

The Navajo Nation is a sovereign government, and all contracts entered as a result of the RFP shall comply with all Navajo Nation laws, rules and regulations, including the Navajo Preference in Employment Act and Navajo Nation Procurement Rules and Regulations. The Navajo Nation will not waive its sovereignty status.

### **SCOPE OF SERVICES**

The Division of Aging and Long-Term Care Support is seeking contractor(s) to complete sidewalk repair associated with water and ice damage at the **St. Michael Senior Center**.

The scope includes the following:

1. Concrete sidewalk repairs outside the north side of the facility.
2. Pricing shall include lift, round protection, safety barriers, labor, and materials.
3. Pricing shall include the removal of surplus materials, slate scraps, and debris.

The sidewalk will be restored to good condition, including all finishing work and seating.

### **Recommended Repair Site:**

1. St. Michael Senior Center sites is Hwy 264 South Crest Road Bldg #5000-22, St. Michael Chapter Compound, St. Michael, AZ 86511

The Proposal for bid shall indicate the delivery dates of proposed services. Please include travel rates, personal expenses and other applicable fees. DALTCS shall fully expect the successful bidder to completely satisfy contract performance requirements.



**RFP INFORMATION**

The issuance of a solicitation does not obligate DALTCS to pay for any bid/proposal preparation cost incurred by the bidder.

DALTCS's obligation under any contract is contingent upon the availability of funds to pay for contract services.

Processing of Payments – The payment procedures established by OOC / Division of Finance shall be adhered to and are to begin whenever Goods or Services are delivered and accepted.

**REQUIRED DOCUMENTATION**

The Bidder is responsible for submitting all required documentation, including the following attachments:

1. Navajo Nation Suspension & Debarment Form
2. W-9 for Company



**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](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.

Print or type. See Specific Instructions on page 3.	<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 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) _____	<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.)
	<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.

**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.

<b>Social security number</b>									
				-					
or									
<b>Employer identification number</b>									
				-					

**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
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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