

REQUEST FOR PROPOSAL
Bid Number **25-07-3772DB**

Date: July 11, 2025

Project Title: Navajo Nation Division of Behavioral and Mental Health Services –“NRBHC-Administration Building Handicap Ramp and Building Entrance Renovation Project.” Shiprock, NM

Project Schedule

Advertisement of RFP	07/14/2025 – 07/25/2023
Onsite Pre-Bid Meeting	07/31/2025 10:00 am MST Shiprock NRBHC Administration Building Call (505) 368-1001 for directions
Requests for Information Due Date	08/06/2025 5:00 pm MST
Bid Due Date	08/15/2025 5:00 pm MST

Proposal:

All interested parties are invited to review and respond to this Request For Proposal at their discretion. All questions pertaining to the contents of this RFP as a respondent can contact Melvin Joe Sr., Facility Manager - DBMHS/NRBHC at email: melvinjoesr@navajo-nsn.gov

All parties responding to this bid are instructed to submit or send four (4) proposals one (1) original and three (3) copies to the following address:

The Navajo Nation
Division of Finance-Purchasing
Attention: Darren Begay, Buyer
Administration Building #1
Window Rock Blvd
Window Rock, AZ, 86515.

Responses to this bid shall be sent in a sealed envelope, including a return address, and clearly marked on the outside of the envelope; the following:

Bid 25-07-3772DB NNDBMHS – Shiprock, NM
NRBHC Admin Building HC Ramp and Building Entrance Project
DO NOT OPEN-BID PROPOSAL

NBOA Priority Status (Priority One; Priority Two or Non-Priority Status)

GENERAL INFORMATION AND GUIDELINES FOR THIS RFP

I. DESCRIPTION OF THE ORGANIZATION

The Navajo Nation Division of Behavioral and Mental Health Services is a federally funded program operating outpatient and inpatient counseling services throughout the Navajo Nation.

II. SCOPE OF THE CONTRACT

The Navajo Nation intends to enter into a professional services contract with one (1) responsible, qualified, and independent Contractor to complete all work as described in the attached scope of work. The worksite is in Shiprock, New Mexico at the Navajo Regional Behavioral Health Center.

III. RESPONDENT REQUIREMENTS

All respondents must have the capabilities listed herein, including sufficient detailed information with regard to experience and expertise in meeting the following requirements:

1. A legitimate and credible vendor with a minimum of 5 years' experience and history with construction and renovation services on the Navajo Nation.
2. The Navajo Business Opportunity Act 5 NNC § 201, 205 will apply.
3. All workmanship and materials shall comply with applicable Safety Codes.
4. Detailed site drawings of all proposed work.

IV. SCOPE OF WORK

(See Attached)

V. REQUIREMENTS

The respondent will furnish all required information as specified in the RFP (Section VI. Proposal Content and required Information).

VI. PROPOSAL CONTENT AND REQUIRED INFORMATION

Please utilize the outline described below with 4 copies.

1. Organizational letter expressing your interest and a description of your proposed services. Do not reveal or make reference to the cost in this letter.
2. Organization qualifications and project experience on the Navajo Nation. Include project site(s), and project contact information.
3. Scope of Work
4. Product Specifications including cut sheets.
5. Design (detailed plan depicting layout).
6. Schedule
7. Copies of licenses, certifications (**NBOH Priority Status**), insurance certificates, and other relevant documents.
8. Costs to be submitted in a separate sealed envelope. (Detailed breakdown of costs: Material, Labor, and other applicable costs; Navajo Nation Tax 6%.
9. Compliance: Any proposal that does not adhere to this format and does not address each specification, requirement, or scope of work as outlined, may be deemed non-responsive and rejected on that basis.

VII. EVALUATION PROCESS (pre-qualifying process)

1. Evaluation Criteria

- a. Qualifications, credentials, 5 years work experience and past project experience on the Navajo Nation. This includes the capabilities to provide all requested services. (20 points)
 - b. Quality of workmanship, ability to install, and warranty services. (30 points)
 - c. Project Schedule. (20 points)
 - d. Cost (separate sealed envelope). (30 points)
2. Applicable Federal Requirements (25 CFR 900, OMB Circulars A-87, GSA qualified vendor, etc.).
3. The Navajo Nation Division of Behavioral and Mental Health Services reserves the right to interview respondents if deemed necessary due to tied scores or other legitimate matters. This may entail a presentation from the respondent for clarification and/or details on products or other requirements. The presentation may be scheduled to be presented in Shiprock, NM (if necessary). It is the DBMHS's intention to award one (1) vendor to provide all services as specified.

VIII. TYPE OF CONTRACT

The Navajo Nation will utilize a standard Professional Services Contract for the procurement of goods and services for this project.

IX. PERIOD OF PERFORMANCE

The period of performance will be determined and negotiated based on the schedule proposed by the respondent and the contract implementation date.

X. TECHNICAL DIRECTION

The Navajo Nation DBMHS point of contact is Melvin Joe Sr., Facility Manager, NRBHC for inquiries related to the project and other matters. Questions and answers will be shared with all respondents. Mr. Joe's email address is melvinjoesr@navajo-nsn.gov

XI. PAYMENT AND SUBMISSION OF INVOICES

The Navajo Nation Professional Services Contract will describe this section.

XII. RIGHTS

The Navajo Nation reserves the right to reject any and all proposals, in whole or in part based on the requirements set forth in this RFP.

XIII. AGREEMENT TERMS AND CONDITIONS

The Navajo Nation Professional Services Contract will provide all the legal and contractual obligations, terms, and requirements of this project.

The Navajo Nation is a sovereign government and all contracts entered into as a result for the RFP shall comply with the Navajo Nation law, rules and regulations, including the Navajo Preference in Employment Act, and applicable federal law, rules, and regulations. This procurement and any RFP with respondents that may result shall be governed by the laws of the Navajo Nation and applicable federal law. Nothing herein shall be constructed as a waiver of the Navajo Nation's sovereign immunity. In addition, the Navajo Nation Business Opportunity Act will apply to the RFP.

The Navajo Nation Professional Services Contract will provide all other legal and contractual obligations, terms, and requirements of this project.

IXX. OTHER

NRBHC Administration Building
HC Ramp and Entrances Renovation Project
Scope of Work
July 10, 2025

The Navajo Regional Behavioral Health Center (NRBHC) located in Shiprock, NM is seeking a "Design/Build" Firm/Contractor to design and construct a concrete ramp, which will include demolition of an existing concrete ramp. Assure compliance with the American with Disabilities Act (ADA), into the main entrance to the NRBHC Administration Building (Red Modular Building NE of the main center). The DBMHS desires the removal of the existing main entrance doors and vestibule- to be replaced with a motorized sliding door (one or two doors) and an automatic (motion detected) door opener (requires electrical work). There are four other existing doors which need automatic door openers (push button) for emergency egress from the inside to the outside.

1. Concrete ramp:

- a. Evaluate existing concrete ramp and site conditions. Provide a design/construction document for review.
- b. The existing sidewalk (landing) will remain and serve as the base of the new ramp.
- c. The new concrete ramp shall comply with ADA standards in regard to ramp width, slope, landings (at required intervals), rise, handrails, edge protection, handrails, slip-resistant surface, lighting and be constructed from durable, weather resistant materials that can withstand the intended use and traffic.
- d. The existing sidewalk alongside the building will serve as the top of the ramp (with landing).
- e. The approximate rise from the base to the top is approximately 4'.
- f. Field verification is required.
- g. The ramp maybe one straight run or have 1 or more 180° degree turns. Additional site (earth) work and cost will determine our choice.

2. Entrances:

- a. The DBMHS desires replacement of the existing main entrance doors and removal of the existing vestibule. The front main entrance door to the administration building to be replaced with a motorized sliding door (one or two doors) and an automatic door opener.
- b. There are four other existing doors which need automatic door openers (push button) for emergency exits from the inside to the outside.
- c. These items will require electrical work.

3. The main building (2301) has a courtyard in the middle of the building and a west entrance into the Outpatient Treatment area. The CARF (Commission on Accreditation of Rehabilitation Facilities) cited the center for non-ADA compliance to the two entrances into the courtyard and the entrance into the Outpatient lobby. Although there are ADA compliant means to get to the other side of the building, the

DBMHS desires to renovate the door areas to ADA compliance, including door swings, automatic door openers, ramps and sidewalks (if necessary).

4. Two Handicap client rooms identified as Room 208 and Room 719 were also cited for not having handicap railing/ handgrips at bedsides. Installation of handicap railing/ handgrips bedside in two rooms.

5. Price quote is to broken down by: Equipment, Supplies and Material; Labor; Sub-total, Taxes and Grand Total.

6. Any additional work not described in this scope of work can be submitted as "bid alternates", we are not ADA compliance experts and may have inadvertently left out an important item needed.

As built drawings will be available for viewing at the site.

Warranty and workmanship information for materials and workmanship to be provided to site.

Vendor will be responsible for disposal of debris at the location.

VENDORS WILL BE RESPONSIBLE TO VERIFY MEASUREMENTS AND ALL OTHER NECESSARY INFORMATION ON SITE. Contact Melvin Joe, Sr. at (505) 368-1001 (Main) or (505) 368-1445 (Office) to schedule appointments for follow-up walk through inspections (if needed).

End Scope of Work

**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. See Specific Instructions on page 3.	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)	

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:

- 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.

Sign Here	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.

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