

**NAVAJO DIVISION OF BEHAVIORAL AND MENTAL HEALTH SERVICES
OUTREACH (PROMOTIONAL) ITEMS**

INVITATION FOR BID

BID NO: 25-07-3773GC

AMENDMENT #01 – Imprint Information

BID DUE DATES: **AUGUST 01, 2025, BY 5:00PM MST**
ANY BIDS RECEIVED AFTER THIS DATE/TIME WILL NOT BE ACCEPTED

DESCRIPTION: **NAVAJO DIVISION OF BEHAVIORAL AND MENTAL HEALTH SERVICES
OUTREACH (PROMOTIONAL) ITEMS**

CONTACT PERSON: Tanya Sheperd, Senior Programs & Projects Specialist
Navajo Division of Behavioral and Mental Health Services
Email: tlsheperd@navajo-nsn.gov
Phone: (928) 871-7578

**MUST IDENTIFY BID # AND COMPANY NAME ON THE OUTSIDE OF ALL SEALED BID
PACKAGE/ENVELOPE (UPS OR FEDEX)**

MAIL/DELIVER TO: THE NAVAJO NATION
PURCHASING SERVICES DEPARTMENT
ADMINISTRATION BUILDING #1 – 1ST FLOOR
WINDOW ROCK BLVD
WINDOW ROCK, ARIZONA 86515
ATTN: PURCHASING SECTION
BID NO: 25-07-3773GC

PLEASE SUBMIT AN **ORIGINAL AND TWO (2) COPIES** OF YOUR BID IN A SEALED ENVELOPE AND
CLEARLY MARK ON THE OUTSIDE OF THE ENVELOPE

BID NO: 25-07-3773GC
**NAVAJO DIVISION OF BEHAVIORAL AND MENTAL HEALTH SERVICES
OUTREACH (PROMOTIONAL) ITEMS**

A. PURPOSE OF THIS INVITATION FOR BID (IFB)

The Division of Behavioral and Mental Health Services (DBMHS) is requesting bids from vendors to purchase outreach items and distribute to the public during upcoming DBMHS events and activities. This invitation for bid is intended to solicit bids from prospective qualified vendor(s) on the proposed specification, as identified in Section C.

B. CONDITIONAL GOVERNING THE PROCUREMENT

The Division of Behavioral and Mental Health Services (DBMHS) will comply with all federal and tribal laws and regulations pertaining to the procurement of these items. The DBMHS reserves the right to reject any IFB, in whole or in part. The IFB is not a legal binding agreement, obligation, or contract and any cost incurred by the respondent in preparing, transmitting, presenting or modifying the IFB shall be the responsibility of the respondent. Indian preference will apply to this IFB as well as vendors who should indicate they are Navajo Nation priority one or two vendors.

C. SPECIFICATIONS

QTY	DESCRIPTION	UNIT PRICE	AMOUNT
10,000	Mood Mechanical Pencil (Assorted Colors) Imprint: Navajo Division of Behavioral & Mental Health Services		
10,000	Insulated Large Non-Woven Grocery Tote Bag (Assorted Colors) Imprint: DBMHS Logo (see below)		
10,000	Jubilee Pen (Assorted Colors) Imprint: Navajo Division of Behavioral & Mental Health Services		
10,000	2"x2" Customizable Stickers		
10,000	Paws N Claws Sport Pak (Assorted Animals & Assorted Colors) Imprint: DBMHS Logo (see below)		
10,000	Sonata Glass Pen (Assorted Colors) Imprint: Navajo Division of Behavioral & Mental Health Services		
10,000	2" Hacky Sack Kick Ball (Assorted Colors) Imprint: DBMHS Logo (see below)		
10,000	Palmetto Colored-Lens Sunglasses (Assorted Colors)		

	Imprint: Navajo Division of Behavioral & Mental Health Services		
10,000	Frosted Die Cut Plastic Bag (15"x18"x4") Imprint: DBMHS Logo (see below)		
6,000	Multi-Color Umbrella Hat Imprint: DBMHS Logo (see below)		
5,000	Rabbit Skins Infant Contrast Trim Terry Bib (Assorted Colors) Imprint: DBMHS Logo (see below)		
5,000	14oz Double Wall Camping Mug w/ Handle (Assorted Colors) Imprint: DBMHS Logo (see below)		
5,000	Chelsea Teddy Bear Bean Bag Buddies 6" Plush (Assorted Animals/Colored Bibs) Imprint: DBMHS Logo (see below)		
5,000	Wild Smilez Mechanical Pencil (Assorted Colors) Imprint: Navajo Division of Behavioral & Mental Health Services		
5,000	Tri-Colored Pen and Highlighter Set Imprint: DBMHS Logo (see below)		
4,000	Holiday Sport Pack (Assorted Themes/Colors) Imprint: DBMHS Logo (see below)		
2,000	Izzy 40oz Steel/PP Liner Travel Mug (Assorted Colors) Imprint: DBMHS Logo (see below)		
2,000	Sunshade (27" H x 56" W) Imprint: DBMHS Logo (see below)		
2,000	62" RPET Golf Umbrella w/ Reflective Trim (Assorted Colors) Imprint: DBMHS Logo (see below)		
2,000	Shed Rain 42" Mini Manual Compact Umbrella (Assorted Colors) Imprint: DBMHS Logo (see below)		
2,000	Best Buddy Tools® Phone Hand Strap (Assorted Colors) Imprint: Navajo Division of Behavioral & Mental Health Services		
2,000	Venture Collapsible Cooler Bag Imprint: DBMHS Logo (see below)		
2,000	5K Water Bottle - 12 Oz. (Assorted Colors) Imprint: DBMHS Logo (see below)		
2,000	RPET Foldaway Carryall Tote Bag (Full Color Digital) (Assorted Colors) Imprint: DBMHS Logo (see below)		

2,000	Lip Balm Ball w/Moisturizer - Comfort Holder (Assorted Colors/Assorted Flavors) Imprint: DBMHS Logo (see below)		
1,500	8.5"x11" FSC Mix Remark 1-Subject Notebook (Assorted Colors) Imprint: DBMHS Logo (see below)		
1,500	Non-Woven Curve Padfolio (Assorted Colors) Imprint: DBMHS Logo (see below)		
1,500	Desk in a Box Imprint: DBMHS Logo (see below)		
1,000	Parker Sling Bag Imprint: DBMHS Logo (see below)		
1,000	Crucial Care RPET Outdoor Kit (Assorted Colors) Imprint: DBMHS Logo (see below)		
1,000	Rectangle Nylon-Covered Hol/Cold Pack Imprint: DBMHS Logo (see below)		
1,000	OTTO CAP Straw Lifeguard Hat w/Adjustable Cord with Embroidered Patch Imprint: DBMHS Logo (see below)		
5,000	Surf Stands Imprint: DBMHS Logo (see below)		
5,000	Metal 9 LED Flashlight (Assorted Colors) Imprint: DBMHS Logo (see below)		
5,000	Energize Portable Power Banks Imprint: DBMHS Logo (see below)		
5,000	Reborn – 18oz. Double Wall Stainless Steel Bottle – Laser (Color: Teal) Imprint: DBMHS Logo (see below)		
5,000	6"x6" Ultra Oppor Fiber Microfiber Cleaning Cloth in Vinyl Pouch – Full Color Imprint: DBMHS Logo (see below)		
5,000	Brain Stress Ball (Assorted Colors) Imprint: DBMHS Logo (see below)		
5,000	Sweet Heart Stress Reliever (Assorted Colors) Imprint: DBMHS Logo (see below)		
3,000	RPET Cooling Towel (Color: Light Blue) Imprint: DBMHS Logo (see below)		
3,000	Round Mirror (Assorted Colors) Imprint: DBMHS Logo (see below)		

6,000	12"W x 12" H x 6" Gusset – "Matterhorn" Clear Vinyl Stadium Tote Bag (Color: Purple) Imprint: DBMHS Logo (see below)		
5,000	White Patch Handle Bags Imprint: DBMHS Logo (see below)		
	SHIPPING (IF APPLICABLE)		
	SALES TAX		
	GRAND TOTAL		

**Substitutions are acceptable for like or same item.

BIDS ARE TO BE ON COMPANY LETTERHEAD WITH UNIT PRICE, SUBTOTAL, NAVAJO SALES TAX (6%), SHIPPING, IF APPLICABLE, AND GRAND TOTAL. If shipping to the Navajo Nation, bids must include Navajo Sales Tax of 6%.

BIDS MUST INCLUDE NAVAJO NATION CERTIFICATION REGARDING DEBARMENT & SUSPENSION AND W-9 FORMS.

Imprint: DBMHS Logo. In the event, the logo does not fit the imprint area, the wording "Navajo Division of Behavioral and Mental Health Services" shall be used OR "NDBMHS"



**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
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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

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