

NAVAJO DEPARTMENT OF HEALTH
Navajo WIC Nutrition Program
Invitation to Bid
Bid

Bid Number: 25-07-3783SB

This invitation for a bid is a Competitive Sealed Bid procurement for services and includes the following:

- A. Name of Project:** Releveling of Navajo Nation WIC Nutrition Prog. Chinle Clinic
B. Instruction and information for bid submission (requirements).

1. Supplier Qualification:

- a. Company profile to include priority number as listed on the Navajo Business Opportunity Act Source List of Certified Navajo Business for current month. If not listed, please indicate "Not listed in NBOA source list". Any questions can be directed to (928) 871-6544.
- b. Contractor/vendor will comply with all industry standards.
- c. Contractor/vendor will provide an adequate timeframe from start to finish for the completion of the item specified on the bid.
- d. Contractor/vendor must comply with all Federal and State regulations.
- e. Successful bidder must provide the following to the Navajo WIC Nutrition Program, or the bid package will be considered non-responsive:
 - Current W-9
 - Signed Navajo Nation Debarment form (will be sent from Navajo WIC Nutrition Program)
- f. A purchase order is required for payment.

1. Time and date deadline for submission of bids

Date and time to submit to bid: **Aug. 15, 2025 by 5:00 p.m.**

- a. Late proposals will not be accepted
- b. The Navajo WIC Nutrition Program reserves the right to reject any or all proposals and waive informalities and minor irregularities in the proposals received.

2. Bid to be submitted to:

- a. All responses to this request for proposals may be returned in a sealed envelope.

Navajo Nation Dept. of Health
Navajo Nation WIC Nutrition Program
P. O. Box 1390
Attention: Tashina Begay, Prog. & Project Specialist
Building #2296 (Administrative Building#2)
Window Rock, AZ 86515

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- b. Bids may be in person or mailed. If mailed, it must be postmarked by the closing date 5:00 p.m. The envelope must be clearly marked on the outside with the following:

Bid#25-07-3783SB

DO NOT OPEN (to be opened by Navajo WIC Nutrition Program)

c. Form in which the bid is to be delivered

- Six (6) copies of the bid: one original and five copies
- Print on white

3. Date, time, & location of bids opening:

- a. Date: Aug. 18, 2025
b. Time: 9:00 a.m.
c. Location: Administration Building #2
Building No. 2296
Navajo Department of Health, Conference Room East
Window Rock, AZ 86515
d. The Bid Opening shall comply with the procedures as described in Navajo Nation Procurement Rules and Regulations Section III.F.1. to 7: (928) 871-7362 or Navajo Nation Purchasing Department at (928) 871-6316.

2. Delivery or performance schedule

- a. Start of project date: Sept. 8, 2025
b. Completion of project date: Sept. 26, 2025
c. Cost
-Reasonable cost of Releveling of Navajo Nation WIC Nutrition Prog. Chinle Clinic
-Navajo Nation tax : 6%

D. Inspection requirement

- a. The project may be inspected by the Navajo WIC Nutrition Program at the time of completion of the project. The inspection may be from Monday to Friday, 8am to 12 pm & 1 pm to 5 pm

E. Acceptance requirements

Project must be evaluated by the Navajo WIC Nutrition Program.

F. Contract terms and conditions:

a. Requests

1. One year warranty of completed leveling.
2. The contractor will determine the best course of action for moving our Navajo Nation WIC Nutrition Program clinic trailer from its current location.

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3. The contractor needs to temporarily turn off the water, sewer, electricity, and gas to our clinic trailer.
 4. Our clinic trailer will need to be disassembled to complete the leveling if necessary.
 5. The contractor will determine if dirt will need to be removed or if the utilization of a crane will be needed to lift the trailer.
 6. The contractor will reassemble and level our clinic trailer in its current position.
 7. The cement blocks and metal support supporting our clinic trailer must be placed accurately to support our clinic trailer.
 8. Tiles need to be analyzed to ensure our clinic was leveled properly.
 9. The clinic trailer walls, and wooden foundation must be resealed for the safety of our clients and staff.
 10. The tape and texture of the interior of our building must be completed after the building is leveled and sealed.
 11. When the leveling and sealing of our clinic trailer is completed, the contractor must reconnect the water, sewer, electricity, and gas and ensure they are working properly.
- b. Bonding
 - c. Other Security Requirements
 - d. Type of Contract
- The Navajo Nation will use the standard Professional Services Agreement for the Procurement of services for this project.

G. Instructions to bidders

- a. Visibly mark status as a vendor certified under the Navajo Nation Business Opportunity Act on the outside of the bid packet including Priority 1 and 2.
- b. Visibly mark as "Proprietary" each part of the bid which is proprietary information.

H. Notification to bidders

- a. The Navajo Nation is not bound to enter a contract under the invitation for Bids and may issue a subsequent invitation for Bids for the same services.
- b. The Navajo Nation is a sovereign government, and all contracts entered into because of the invitation for Bids shall comply with Navajo Nation law, rules, and regulations, including but not limited to the Navajo Preference in Employment Act and applicable federal laws, rules, and regulations.

Procurement specification-Scope of Work.

- a. Physical, functional, and performance descriptions.

The contractor shall provide the Navajo WIC Nutrition Program with fair competitive pricing. The contractor should ensure that a service contract for maintenance is also considered. The maintenance contract will coincide with the Navajo Nation fiscal year

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beginning October 1st and ending September 30th. The delivery cost will be included in the request for bid.

- b. Navajo WIC Program shall be contacted should the contractor/vendor submitting the bid need additional information or wish to make modifications to the specifications for the item specified for bid.

J. Other(s)

- a. Evaluation Procedures and Criteria
 - I. A review committee will review the proposals received in accordance with the general criteria used herein. The committee may request oral presentations by the contractor/vendor, as necessary.
 - ii. All proposals must be endorsed by the official having the authority to bind the proposal to execute the contract.

b. Project Completion date:

- i. This project shall be completed by Sept. 26, 2025.

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. 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 <i>How to get a TIN</i> , later. Note: If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	<table><tr><td colspan="9">Social security number</td></tr><tr><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td></tr><tr><td colspan="9">or</td></tr><tr><td colspan="9">Employer identification number</td></tr><tr><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td></tr></table>	Social security number													-					or									Employer identification number													-				
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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	<table><tr><td>Signature of U.S. person</td><td>Date</td></tr></table>	Signature of U.S. person	Date
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