

**NAVAJO NATION, DEPARTMENT OF DINE' EDUCATION  
Navajo Head Start (NHS)**

**BID NO. 24-03-3280KS**

**NHS Classroom Furniture and School Supplies for Early Head Start - INFANTS**

**PROPOSAL DUE DATE:** April 12, 2024

**DESCRIPTION:** NHS Classroom Furniture and School Supplies for Early Head Start - INFANTS

**CONTACT PERSON:** Lavine J. Roan, Principal Contract Analyst  
Phone: 928-871-7061  
Fax: 928-871-7866

**~ RETURN PROPOSALS CLEARLY MARKED ~**

**“DO NOT OPEN: BID NO. 24-03-3280KS**

**NHS Classroom Furniture/School Supplies for Early Head Start - INFANTS**

**INCLUDE COMPANY NAME AND RETURN ADDRESS ON BID PACKAGE**

**PROPOSAL & BID SUBMITTAL DEADLINE AND RELEVANT INFORMATION:**

All proposals and bids delivery using UPS or Federal Express, must be physically submitted to:

**PHYSICAL ADDRESS:** Navajo Head Start  
SW of US Highway 264 & Indian Route 12, Suite #2A  
Window Rock, Arizona 86515  
ATTN: Lavine J. Roan, Principal Contract Analyst

**MAILING ADDRESS:** Navajo Head Start  
P.O. Box 3479  
Window Rock, Arizona 86515  
ATTN: Lavine J. Roan, Principal Contract Analyst

COMPLETE CLASSROOM FOR  
EARLY HEAD START INFANTS



REPRESENTATION ONLY. ROOM DIMENSIONS OR MEASUREMENTS MAY VARY.

## SECTION I

### A. RESPONDENT REQUIREMENTS:

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

### B. SCOPE OF WORK:

Navajo Head Start is seeking proposals from qualified firms and vendors to provide Early Head Start Infants Classroom Furniture and school supplies for One (1) Head Start center as follows:

	<b>DISTRICT I -SHIPROCK</b>
	<b>CENTER</b>
1	Nenahnezad

Classroom furniture and school supplies listing as follows:

#### Early Head Start (INFANTS) Classroom Furniture and School Supplies List

	<u>DESCRIPTION</u>	<u>QUANTITY</u>
1	First Steps® Double-Duty Storage Center	1 Each
2	Natural Accents Leaves Classroom Carpet - 6' x 9'	1 Each
3	Giant Soft Building Blocks	1 Each
4	Small Dishwasher - Safe Plastic Basket - Natural (13 1/2"l x 8 1/2"w x 6"h)	1 Each
5	Kid-Tough Trucks	1 Each
6	Soft & Safe Building Blocks	1 Each
7	ABC Blocks	1 Each
8	Stack & Nest Sensory Toys	1 Each
9	Calming Colors® Butterfly Climber	1 Each
10	Look at Me! Balance Bar	1 Each
11	Comfy Round Classroom Carpet - 6' Diameter - Charcoal	1 Each
12	Large Dishwasher-Safe Plastic Basket - Natural (15"l x 13"w x 8"h)	1 Each
13	Soft & Washable Sensory Balls	1 Each
14	See-Inside Activity Balls	1 Each
15	Feel & Roll Bumpy Balls	1 Each
16	First Steps® Play-Top Storage Center	1 Each
17	Comfy Round Classroom Carpet - 6' Diameter - Navy Blue	1 Each
18	Toddler-Tough Table & Chairs Set	1 Each
19	Soft & Safe Pots & Pans	1 Each
20	Soft & Safe Community Helpers	1 Each
21	Soft & Safe Children with Differing Abilities	1 Each

22	Link & Go! Magnetic Vehicles	1 Each
23	First Step® Manipulative Storage Center	1 Each
24	Comfy Rectangular Classroom Carpet - 6' x9' - Navy Blue	1 Each
25	Calming Colors® Look-At-Me-Up - Sky Blue	1 Each
26	Sit-Me-Up - Sky Blue	2 Each
27	Medium Safety Wall Mirror (2' x 4')	1 Each
28	Large Dishwasher-Safe Plastic Basket - Natural (15"l x 13"w x 8"h)	1 Each
29	Sensory Star Beanbags -Set of 6	1 Each
30	What's Inside? Soft Feely Box	1 Each
31	Explore & Play Activity Rattles	1 Each
32	See-Inside Sensory Blocks	1 Each
33	First Steps® Play-Top Storage Center	1 Each
34	Color Discovery Boxes	1 Each
35	See-Inside Sorting Bucket	1 Each
36	Giant Star Builders	1 Each
37	Big Knob First Puzzle Set	1 Each
38	My First Pop Beads	1 Each
39	Let's Go Fishing! Playset	1 Each
40	Easy-Twist Animal Builders	1 Each
41	Hide & Seek Discovery Ball	1 Each
42	Puzzle Builders	1 Each
43	Big Knob Learning Puzzle Set	1 Each
44	Singable Songs for the Very Young CD	1 Each
45	My First Tambourines - Set of 4	2 Each
46	Children of the World CD	1 Each
47	All-In-One CD Player with BLUETOOTH®	1 Each
48	Natural Accents Ocean Classroom Carpet - 6' x 9'	1 Each
49	Calming Colors® Pillows - Set of 5	1 Each
50	Classroom-Safe Glider Rocker	1 Each
51	No-Climb Bookstand	1 Each
52	On the Farm Board Book Library	1 Each
53	Best Behavior® Board Book Collection	1 Each
54	Colors & Shapes Board Book Library	1 Each
55	Me & My Family Board Book Library	1 Each
56	Nursery Rhymes Board Book Library	1 Each
57	First Steps® Locking Supply Cabinet	1 Each
58	Washable Fingerpaint - Pint - Set of 10 Colors	1 Each
59	Fingerpaint Paper	1 Each
60	Construction Paper - 9" x 12" Pack - Assorted Colors	5 Each
61	Construction Paper - 12" x 18" Pack - Assorted Colors	5 Each
62	Fully Washable Liquid Tempera Paint Assortment-Pint-Set of 10 Colors	1 Each
63	Nylon-Bristle Paintbrushes - Set of 10	1 Each
64	No-Spill Paint Cups - Set of 10 Colors	1 Each
65	Buy Jumbo Crayons - 8-Color Box	1 Each

66	Dough - Red	1 Each
67	Dough - Green	1 Each
68	Dough - Turquoise	1 Each
69	Best-Buy School Glue - 4-Ounce Bottle	4 Each
70	Super-Safe Color Viewers	1 Each
71	Super-Safe Mirrors	1 Each
72	Giant Sight & Sound Tubes	1 Each
73	First Steps® Cubbies & Coats Storage Center	1 Each
74	Heavy-Duty Safety Crib	3 Each
75	Heavy-Duty Evacuation Crib	1 Each
76	Crib Sheet	8 Each
77	Infant Changer & Storage Center	1 Each
78	See-Inside Bins -Set of 12	1 Each
79	Store-It-All Wall Unit	1 Each
80	Extra 16" Changing Paper Roll	4 Each
81	Handy Bag and Dispenser	1 Each
82	Classic Birch Transition Table	1 Each
83	Classic Birch Transition Chair - 9'	4 Each
84	Easy-Clean Snap-On Tray	2 Each
85	Classic Birch Classroom Chair - 13 1/2"	1 Each
86	Comfy Floor Seat - Red	1 Each
87	Moods & Emotions Poster Pack	1 Each

- Attached is a picture layout of a complete furniture set. Each piece of furniture will have quantity of one (1) each for 1 Center.
- Contractor must deliver and assemble all furniture at each Head Start Center location.
- Contractor must discard all trash without cost to NHS, "EXCEPT" for the old furniture which NHS will retain in its possession.

**RFP Submittal Deadline:**

All Proposals must be received/ mailed / or physically delivered by **April 12, 2024 at 5:00 p.m.** and must be mailed or physically delivered to:

Navajo Head Start  
Attention: NHS Finance Section  
Post Office Box 3479  
Window Rock, Arizona 86515

Courier Service/Delivery to:  
Navajo Head Start  
Attention: NHS Finance Section  
SW Corner of Route 12 &  
Highway 264, Suite #2A  
Window Rock, AZ 86515

**SECTION II**

**The following documents are required and must be submitted:**

1. Navajo Nation Certification Regarding Debarment & Suspension (Attached)
2. Federal Form Tax W-9 (Attached)
3. Licensed, bonded, and current Certificate of Liability Insurance.

**A. Proposal Format:**

1. Respondent(s) must indicate on the Bid Package Envelope if they are priority one or two vendor with the Navajo Nation.
2. All proposals must be typewritten on standard 8-1/2 X 11 paper and placed within a hard report cover (NO BINDERS) with tabs delineating each section. Larger paper is permissible for charts, maps, or the like.
3. An original RFP response and three (3) copies must be provided in a sealed envelope.
4. The proposal must be organized and indexed in the following format:
  - a. A letter of Transmittal
  - b. Statement of Qualifications
  - c. Proposal on Contract approach
  - d. Proposed Cost (Sealed in Separate Envelope)
5. Each proposal must be accompanied by a letter of transmittal. The letter of transmittal must:
  - a. Provide background on company.
  - b. Identify the name of the person responding to the RFP.



- c. Identify the name, title, and telephone numbers of person authorized to negotiate on behalf of the organization(s).
  - d. Identify the names, files, and telephone numbers of person to be contacted for clarification.
  - e. Explicitly indicate acceptance of the conditions governing this procurement.
  - f. Signed by the person responding to the RFP; and
  - g. Acknowledge receipt of all amendments to the RFP.
6. The respondent must submit a statement of qualifications to include:
- a. A resume.
  - b. Number of years of experience working with Navajo Nation government or other government entities.
  - c. Provide three (3) references. Each reference must include the name, address, and telephone number of a contact person who can describe in detail, the quality, quantity, and substance of services provided.
  - d. The respondent must provide a Certificate of Liability Insurance
7. Respondent must provide proposal on contract approach.
- a. Provide in detail how they would accomplish the objectives described in the scope of work.
  - b. Provide number of employees in the company/organization.
  - c. Provide Resume & Credentials of each Employee including Certificates, Diploma and/or Degrees.
8. Respondent must provide a **DETAILED COST** by item.

- B. REJECTION OF PROPOSALS:** The Navajo Nation reserves the right to waive any informalities or irregularities in the RFP or reject any or all proposals whenever such rejection is deemed in the best interest of the Navajo Nation.
- C. PROCUREMENT OF RFP:** This procurement shall be conducted in accordance with all applicable Navajo Nation laws and regulations including the Navajo Business Opportunity Act. All applicable rules, regulations, and laws shall also be followed. Prospective Vendors shall familiarize themselves with Navajo Nation regulations prior to submitting responses to this RFP and may request a copy of Navajo Nation procurement regulations from the NHS Principal Contract Analyst at any time up to the Deadline for Proposals.
- D. INQUIRIES:** Any inquiries regarding this RFP should be submitted in writing to Lavine J. Roan, Principal Contract Analyst, Principal Contract Analyst. Only written responses to questions will be considered official. Questions will be directed to Lavine J. Roan at 928-871-7061 or email: [lavineroan@nndode.org](mailto:lavineroan@nndode.org). **Questions regarding this procurement will be accepted until 5:00 p.m. on April 10, 2024.**
- E. AMENDED PROPOSALS:** A respondent may submit an amended proposal before the deadline for receipt of proposals. Such amended proposals must be a complete replacement for a previously submitted proposal and must be clearly identified in the transmittal letter.

- F. PROPOSAL SUBMISSION:** Proposal must be received on or before **5:00 p.m. April 12, 2024.** Respondents who are mailing their proposals should allow sufficient time for mail delivery to ensure receipt by the date specified. If mailed, it is recommended that proposals be sent by certified mail to the address indicated on the cover sheet of the RFP. **Late proposals will not be accepted.**
- G. REJECTION OF PROPOSALS:** NHS reserves the right to reject all proposals. This RFP may be canceled at any time and all proposals may be rejected in whole or in part when the NHS Assistant Superintendent determines it is in the best interest of the Navajo Nation.
- H. PROPRIETARY INFORMATION:** Any restriction on the use of data contained within any proposals must be clearly stated in the proposal. Proprietary information submitted in response to this RFP will be handled in accordance with applicable purchasing procedures. Each page of the proprietary material must be labeled or identified with the word “proprietary” or “confidential”.
- I. RESPONSE MATERIAL OWNERSHIP:** All material submitted regarding this RFP shall become property of the Navajo Nation and will not be returned to the respondent. Responses received will be retained by NHS and may be reviewed by any person after final selection has been made. NHS has the right to use any or all system ideas presented in reply to this RFP. Disqualification or non-selection of a respondent or proposal does not eliminate this right.
- J. INCURRING COSTS:** Any cost(s) incurred by the respondent in preparing, transmitting, presenting, or modifying the proposal or material for this RFP shall be the responsibility of the respondent.
- K. SUFFICIENT APPROPRIATION:**  
A contract awarded because of this RFP is contingent upon the availability of funds. A contract may be terminated or reduced in scope if sufficient funds do not exist. Sending written notice to the Vendor shall affect such termination or reduction in scope. The NHS Director of Educational Services decision to terminate or reduce the scope due to insufficient appropriations shall be accepted as final by the Vendor.
- L. EVALUATION PROCEDURES AND SELECTION CRITERIA.**
1. An evaluation team will evaluate the proposals received in accordance with the general criteria used herein. Respondents should be prepared to provide any additional information the team feels necessary for the fair evaluation of proposals.
  2. Failure of a respondent to provide any information requested in the RFP may result in disqualification of the proposal. All proposals must be endorsed with the signature of a responsible official having the authority to bind the respondent to the execution of a contract.
  3. The sole objective of the review team will be to select the respondent who is most responsive to the needs of NHS. The specifications in this RFP represent the minimum performance necessary for a response. Based on the evaluation Criteria established in this RFP, the review team will select and recommend the respondent who best meets this objective. If there is only one responsive bid, the NHS Assistant Superintendent may elect to evaluate the RFP solely.
  4. Evaluation Criteria: The following criteria will be used by a review committee in the selection process for contract award.



Initial Point Criteria:

- |                                     |             |
|-------------------------------------|-------------|
| a. Presentation of Response         | 1-20 points |
| Completeness                        |             |
| Clarity of Presentation             |             |
| Organization of Presentation        |             |
| Understanding NHS Objectives        |             |
| b. Statement of Qualifications      | 1-20 points |
| List of three (3) Client References |             |
| c. Technical Requirements           | 1-20 points |
| Project description                 |             |
| Projected accomplishments           |             |
| d. Project Management               | 1-20 points |
| Project Management Experience       |             |
| Schedule/Project Plan               |             |
| Staffing                            |             |
| Related Experience                  |             |
| Education - Credentials             |             |
| e. Cost of Service                  | 1-20 points |

**Total possible points = 100**

- M. STANDARD CONTRACT:** The Navajo Nation reserves the right to incorporate standard contract provision into any contract negotiations because of a proposal submitted in response to the RFP.
- N.** Contractor shall comply with Federal Awards Guidelines:
- a. §200.330 - Reporting on real property.
  - b. §200-331 – Subrecipient and Contractor determinations.
  - c. §200.338 – Restrictions on public access to records.
- O. TAX:** All appropriate taxes should be included in the cost of services including the Navajo Sales Tax. All work performed within the territorial jurisdiction of the Navajo Nation is subject to the Navajo Sales Tax at the prevailing rate, on gross receipts for all work performed within the territorial jurisdiction of the Navajo Nation pursuant to 24 N.N.C. §§601 et seq., and the Navajo Nation Sales Tax Regulations §§6.101 et seq., as amended from time to time, except that work performed within the To’Nanees’Dizi Local Government (“Tuba City Chapter”) or the Kayenta Township is subject to their respective local sales taxes as amended from time to time. In addition to being subject to Navajo Nation Sales Tax, the CONSULTANT is subject to local sales tax on gross receipts for all work performed within a governance-certified chapter that imposes a local sales tax pursuant to a duly enacted local tax ordinance and the Uniform Local Tax Code, 24 N.N.C. §§150 et seq.
- P. SOVEREIGNTY:** The Navajo Nation will not relinquish any of its sovereignty rights.

## **SECTION III**

### **A. RESPONDENT REQUIREMENTS:**

All respondents must have, as a minimum, the capabilities listed herein, and the bid proposals submitted must reflect in detail the inclusion of these services as well as the additional forms required in Section II. Respondent should also provide technical information of delivery of services required in this RFP.

# 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.

<b>Print or type.</b> See <i>Specific Instructions</i> on page 3.	<p><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.)</p>	
	<p><b>2</b> Business name/disregarded entity name, if different from above.</p>	
	<p><b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><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</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .</p> <p><b>Note:</b> 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.</p> <p><input type="checkbox"/> Other (see instructions) _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right;"><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p><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"/></p>	
	<p><b>5</b> Address (number, street, and apt. or suite no.). See instructions.</p>	<p>Requester's name and address (optional)</p>
	<p><b>6</b> City, state, and ZIP code</p>	
	<p><b>7</b> List account number(s) here (optional)</p>	

## 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>									
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<b>or</b>									
<b>Employer identification number</b>									
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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.

<b>Sign Here</b>	<p>Signature of U.S. person</p>	<p>Date</p>
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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

**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