

REQUEST FOR PROPOSAL
Bid Number: 25-08-3853JB “RE-BID”

Date: February 13, 2026

Project Title: Navajo Division of Behavioral and Mental Health Services – Navajo Regional Behavioral Health Center – Commercial Cleaning , Shiprock, New Mexico.

Project Schedule:

Advertisement of RFP	2/16-27/26
Onsite Pre-Bid Meeting	3/3/26 Time 10 am “Mandatory”

Location: Navajo Regional Behavioral Health Center, Shiprock, New Mexico
Please call (505) 368-1438 for directions (if needed)

Requests for Information Due Date	3/12/26
Bid Due Date	3/19/26

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 via email Melvin Joe, Facility Manager (on site) – NRBHC/DBMHS at melvinjoesr@navajo-nsn.gov or Michael Salabiye, Planner – DBMHS/DOH at msalabiye@navajo-nsn.gov

All parties responding to this bid are instructed to submit or send four (4) proposals (1 original and 3 copy) to the following address: (Please note that the US Postal Service does not deliver to physical addresses, please use Fed Ex or UPS.)

The Navajo Nation
Division of Finance – Purchasing
Attention: James Bennett Jr., Buyer
Administration Building #1
2559 Tribal Hill Dr
Window Rock, Arizona 86515

All responses to this bid shall be sent in a sealed envelope, including a return address, and clearly marked on the outside of the envelope (including Fed Ex or UPS); the following:

BID# 25-08-3853JB “RE-BID” NNDBMHS NRBHC
Commercial Cleaning
Shiprock, NM
DO NOT OPEN-BID PROPOSAL

State your companies 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 Division of Behavioral and Mental Health Services (DBMHS) 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.

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 five (5) years' experience and history with providing the described services.
2. The Navajo Business Opportunity Act 5 NNC § 201, 205 will apply.
3. Federal requirements, if applicable.
4. The onsite pre-bid meeting is a requirement/ mandatory
5. All workmanship and materials shall comply with applicable Safety Codes.

IV. SCOPE OF WORK (See Attached)

V. REQUIREMENTS

The respondent will furnish all requested information as specified in the RFP.

VI. PROPOSAL CONTENT AND REQUIRED INFORMATION

Please utilize the outline described below with four (4) copies.

1. Organizational letter expressing your interest and a brief description of your proposed services. Do not reveal or make reference to the cost in this letter.
2. Organization qualifications and project experience. Include references.
3. Scope of Work
4. Product Specifications.
5. Design (detailed plan depicting layout). Not applicable
6. Schedule
7. Copies of licenses, certifications (**Navajo Business Opportunity Act-NBOA**), insurance certificates, and other relevant documents.
8. Sub-contractor Information, if applicable
 - a. Subcontractor work should not exceed certain percentage of entire project
9. **Costs to be submitted in a separate sealed envelope. Detailed breakdown of costs: Material, Labor, and other applicable costs; State Tax and 6% Navajo Nation Sales Tax.**
10. 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, and minimum five (5) years' work experience. This includes the capabilities to provide all requested services. (20 points)
 - b. Quality of products, 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).
 3. The Navajo Division of Behavioral and Mental Health Services reserve the right to interview respondents if deemed necessary due to tied scores or other legitimate matters.
 - a. This may entail a presentation from the respondent for clarification and/or details on products or other requirements. The presentation will be scheduled to be presented in Shiprock, NM (if necessary). It is 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 DBMHS point of contact: Mr. Melvin Joe, Facility Manager (on site) email address is melvinjoesr@navajo-nsn.gov NRBHC/DBMHS

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 is not bound to enter a contract under the RFP and may issue a subsequent RFP for the same services, and

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.

XIV. OTHER

NRBHC commercial cleaning scope of work

Facility Description: The Navajo Division of Behavioral and Mental Health Services- Navajo Regional Behavioral Health Center (NRBHC) is in Shiprock, NM. The first (or bottom) floor needs thorough cleaning and sanitizing. There have been previous reports of rodent droppings which were cleaned following established criteria and a Pest Company sprayed and set traps (there are no rodent droppings since). The approximate size of the area to be cleaned and sanitized is 16,800 square feet and includes a mechanical room, offices, a commercial kitchen, greeting area, conference room, restrooms, a staff lounge/kitchenette, an elevator, a stairwell, storage, a mailroom and hallways/ corridors.

Scope of work:

Commercial kitchen, a mail room and staff break room: Mop and sanitize all floor areas including floor drains. Clean and sanitize all kitchen equipment, fixtures and appliances. Clean and sanitize all walls, baseboards (report any holes, penetrations and especially any traces of rodents, insects or reptiles. Clean all vents (diffusers) and return air grills. Clean and sanitize all doors, door hardware (handles), thresholds and windows. Dust and wipe all light fixtures. Report any damaged or soiled ceiling tiles.

Offices, a storage room, greeting area and conference room: Deep clean by shampoo and sanitize all carpeted floor areas. Clean and sanitize all furniture, equipment and fixtures. Clean and sanitize all walls, baseboards (report any holes, penetrations and especially any traces of rodents, insects or reptiles. Clean all vents (diffusers) and return air grills. Clean and sanitize all doors, door hardware (handles), thresholds and windows. Dust and wipe all light fixtures. Report any damaged or soiled ceiling tiles.

Restrooms: Mop and sanitize all floor areas including floor drains. Clean and sanitize all restroom equipment, fixtures and appliances. Clean and sanitize all walls, baseboards (report any holes, penetrations and especially any traces of rodents, insects or reptiles. Clean all vents (diffusers) and return air grills. Clean and sanitize all doors, door hardware (handles), thresholds and windows. Dust and wipe all light fixtures. Report any damaged or soiled ceiling tiles.

General: Must provide own cleaning supplies and equipment. Must wear personal protective equipment (PPE's). You will be responsible for moving furniture to thoroughly clean the area and put furniture back. Must have the ability to provide material safety data sheets (MSDS) information for any cleaning agents and/or chemicals being utilized. The Navajo Nation Procurement Policies and Procedures, including Navajo Preference shall be applied.

End Scope of Work

NAVAJO NATION CERTIFICATION
Regarding Debarment, Suspension, and Contracting Eligibility

 Consultant/Project Name

 Work Location

1. Applicant acknowledges, in accordance with the Navajo Nation Procurement Act, 12 N.N.C. §§ 301-80, to the best of its knowledge, Applicant, in either its present form or in any other identifiable capacity, that it has not:
 - a. been convicted in any jurisdiction for the commission of a criminal offense incident to obtaining, or attempting to obtain, a public or private contract or subcontract, or in the performance of such Contract or subcontract;
 - b. been convicted in any jurisdiction for embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, or any other offense indicating a lack of business integrity or business honesty which currently, seriously, and directly affects responsibility as a Navajo Nation Contractor;
 - c. been convicted in any jurisdiction under any antitrust statute arising out of the submission of offers;
 - d. violated contract provisions, such as having:
 - i. deliberately failed, without good cause, to perform in accordance with the purchase description or within the time limit provided in the contract; or
 - ii. a record of failure to perform, or of unsatisfactory performance, with the terms of one or more contracts; or
 - e. been determined to be ineligible to conduct business with the Navajo Nation under the Navajo Business Opportunity Act, 12 N.N.C. §§ 201-380;
 - f. submitted bad offers where such offers are lower than the expected price, or overstate the Applicant's qualifications; and
 - g. engaged in any other cause so serious and compelling as to affect Applicant's responsibility as a Navajo Nation Contractor, including debarment or suspension by another government.
2. Applicant certifies that the individual named below is authorized to represent Applicant for purposes of the declarations in this certification, and that all such declarations are made on behalf of Applicant and all of its owners, partners, officers, members, employees, officials, agents, or parties-in-interest;
3. Applicant acknowledges that, if the Navajo Nation determines this executed Certification is untrue or not wholly accurate, the Navajo Nation shall have grounds terminate the contract award or contract and pursue other legal remedies, at the Navajo Nation's discretion.
4. Applicant certifies that, to the best of its knowledge, 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. §§ 1501-16 and 5 N.N.C. §§ 201-380.
5. Applicant 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

 Printed name individual signing on Applicant's behalf

 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) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
	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.

Social security number					
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Employer identification number					
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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.

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	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