



The Navajo Nation
Yideeskáadi Nitsáhákees

DR. BUU NYGREN **PRESIDENT**
RICHELLE MONTOYA **VICE PRESIDENT**

REQUEST FOR PROPOSALS
WELLNESS CENTER SOFTWARE SERVICES
RE-BID NO. 25-09-3863DB
DUE DATE: December 12, 2025

Navajo Special Diabetes Program (NSDP) is seeking qualified software suppliers to assist with the planning, optimization, management and placement of the Wellness Center Program in accordance with the terms, conditions and requirements set forth in this Request for Proposal (RFP). Bids must be received by the Navajo Nation Purchasing Service Department at the address below on or before December 12, 2025.

Navajo Special Diabetes Program's Wellness Center Program is looking for a vendor to provide an on-line platform with wellness resources and tools to approximately 1,000 benefit eligible participants. The vendor will need to be able to provide the following contracted services for a period of a 24-month contract with an option for renewal.

The main objectives of the wellness platform and the services provided are to improve health outcomes, engagement and reporting. NSDP will achieve this by increasing the online wellness resources that Wellness Centers offer and driving engagement with the current and future programs. More specifically NSDP is seeking a one-stop shop for benefits and wellness resources, whereas the wellness platform may have a short health or lifestyle assessment or survey in order to customize the site to the individual. With this custom approach, the site would deliver personalized content appropriate to that person, including wellness information and education, activities and challenges, and single sign-on to relevant current and future programs and services.

The proposal format shall include: 1) a narrative outlining the project approach, qualifications, and current workload and capability; 2) a list of past projects completed on the Navajo Nation; 3) a list of three references and phone numbers from recent clients; and 4) copy of Business License and Certificate of Liability Insurance Certifications. The contract will be awarded to the proposer who submits the best proposal in terms of 1) products and services; 2) experience; 3) credentials; 4) project budget and 5) implementation plan and schedules.

Four copies of the proposal shall be submitted in a **sealed envelope** labeled "WELLNESS CENTER SOFTWARE SERVICES" -DO NOT OPEN," to Attn: Darren Begay, Buyer, Navajo Nation Purchasing Services, Administration Building# 1, Window Rock Blvd., Window Rock, Arizona, or mailed to P.O. Box 9000, Window Rock, Arizona 86515. **If the respondent is a Navajo Nation business, then the priority status needs to be written clearly on the outside of the proposal package.** Bid documents and supplemental information regarding the project will be available online www.nooc.org link: Purchasing. If any questions regarding this RFP call 928-871-6532 or email: Radeanna.Comb@navaio-nsn.gov. The due date for the proposal is December 12, 2025, at 5:00 p.m.

Radeanna Comb, Program Manager III
Navajo Special Diabetes Program/NDOH

Date: November 18, 2025



REQUEST FOR PROPOSALS
WELLNESS CENTER SERVICES SOFTWARE
RE-BID NO. 25-09-3863DB
DUE DATE: December 12, 2025

1. INTRODUCTION

Navajo Special Diabetes Program (NSDP) is seeking qualified software suppliers to assist with the planning, optimization, management and placement of the Wellness Center Program in accordance with the terms, conditions and requirements set forth in this Request for Proposal (RFP). Bids must be received by the Navajo Nation Purchasing Service Department at the address below on or before December 12, 2025.

Description of Project Intent:

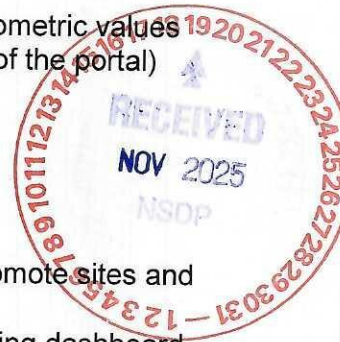
Specifications: Navajo Special Diabetes Program's Wellness Center Program is looking for a vendor to provide an on-line platform with wellness resources and tools to approximately 1,000 benefit eligible participants. The vendor will need to be able to provide the following contracted services for a period of a 24-month contract with an option for renewal.

The main objectives of the wellness platform and the services provided are to improve health outcome, engagement and safety and reduce health care spending. NSDP will achieve this by increasing the online wellness resources that Wellness Centers offer and driving engagement with the current and future programs. More specifically NSDP is seeking a one-stop shop for benefits and wellness resources, whereas the wellness platform may have a short health or lifestyle assessment or survey in order to customize the site to the individual. With this custom approach, the site would deliver personalized content appropriate to that person, including wellness information and education, activities and challenges, and single sign-on to relevant current and future programs and services.

2. SCOPE OF SERVICE

The Contractor shall furnish all materials, labor, equipment, supplies, tools, scaffolding, transportation, superintendence, coordination, insurance as applicable, taxes, permits, weather protection, bonds and all other services, facilities and items necessary for the performance of the Project. The Work includes all materials, labor and equipment necessary or appropriate for the Contractor to complete the Project. General Scope of Work:

- Full software implementation timeline
- Personalized portal customization set-up and development.
- Provide best practice standards and guidelines for wellness portal programs, strategies, and initiatives.
- Provide wellness educational workshops, webinars, and health tracking tools, event registration tool, individual and team challenges, and easy to use nutrition/weight management logs/components. These tools will be updated annually and provide new relevant timely content.
- Lifestyle Management Programs/Health Coaching (including weight, nutrition, exercise, smoking cessation, and stress management).
- Health Risk Assessment (engaging real age model with the ability to integrate biometric values directly into the HRA to generate a personal and specific action plan using tools of the portal)
- Ability to generate personalized wellness goals and target resources to goals.
- Annual Incentive Earning Campaign point tracking and management.
- Mobile app
- Fitness Device/Smartphone Application Integration
- Full admin capabilities, access to summary data, dashboards, and reporting.
- Portal program and communication strategy (including marketing materials to promote sites and challenges)
- Regular consultations with vendor experts, as well as needed consultants regarding dashboard personalization, program objectives, incentive program design, creative ideas to keep portal fresh and engaging from year to year, and assistance troubleshooting technical issues.
- Customer service and end user support.



- Consistent monthly employee utilization reporting to assess engagement.
- Portal provider ensures highest security standards and HIPAA compliance.
- Single sign-on capability or enhanced log-in with multi-factor authentication
- Other potential interests: Health coaching (telephonic and/or web-based), and performance guarantees.
- Be able to provide references for 3 customers who are currently utilizing services (particularly Higher Education clients)
- Upon selection, be able to provide a demo and latest audit reports: SSAE 16 (SOC2), certificate of insurance for Tech E&O, Cyber Crimes insurance, and supplemental independent audit report in regard to cyber security documentation.

Wellness Center Program Information: Please refer to the attached Wellness Operating Plan.

Vendor Questions:

1. Please describe the type of portal tools your company provides?
2. Does your portal feature a wide array of applications and services that stay current with wellness and technology trends?
3. What level of customization is available?
4. What are the portal integration capabilities?
5. Please describe how your company responds to technical issues that the employee or program administrator may encounter? Please include the approximate time frame for response.
6. What type of reporting features will be available to quantify and track results?
7. Is the wellness solution flexible enough to grow and change with the needs of our wellness program over time?
8. Please describe the customer service provided to the program administrator to assist in efforts for the portal to be successful. Please describe the communication you provide to the program administrator about any updates or upgrades to the site.
9. Can the portal support social challenges and custom incentives and rewards?
10. Does your company maintain compliance with HIPAA, GINA, ADA, ERISA, ACA, EEOC, and all other pertinent wellness regulations and health rules?
11. How do you ensure the security of personally identifiable information (PII) and personal health information (PHI)?
12. Is there flexibility in your pricing structures to be able to negotiate final contract cost? Please specify any additional fees for integration, coaching, etc.?

3. QUESTIONS AND INQUIRES

Any inquiries or requests regarding this RFP should be submitted in writing to the designated Program Manager below, inquiries and requests made to other staff will not be responded to

All responses will be in writing and will be distributed to all potential Contractors who receive a copy of this Request for Proposals. The identity of companies who submitted questions will be kept confidential.

Ms. Radeanna Comb, Program Manager III
Navajo Special Diabetes Program
P.O. Box 3748
Window Rock, Arizona 86515
Telephone: (928) 871-6532
Fax: (928) 871-6543
Email: Radeanna.Comb@navajo-nsn.gov



4. CLOSING DATE

Proposals must be received on or before 5:00 p.m., December 12, 2025. Contractors who are mailing their proposals should allow sufficient time for mail delivery to ensure receipt by the specified time. If mailed, it is recommended that proposals be sent by certified mail to the address indicated on the cover sheet of the RFP. NO LATE PROPOSALS WILL BE ACCEPTED.

Four (4) COPY OF PROPOSAL ARE REQUIRED: The three proposals must be delivered in a sealed envelope. The outside of the envelope should be clearly marked with the project name, "Loading Dock & Walkway Repair Services" and the name and address of the firm submitting the proposal. The Proposal Cost must be submitted in separate sealed envelopes and should be marked with "Cost Proposal" and the proper's name. **If the respondent is a Navajo Nation business, then the priority status needs to be written clearly on the outside of the proposal package.**

5. ACCEPTANCE OR REJECTION OF PROPOSALS

The proposal and all conditions therein must remain valid for a period of not less than ninety (90) days to allow for evaluation and award. NSDP reserves the following rights and options:

- a) To reject all proposals that fail to meet the literal and exact requirements of the specifications provided in this RFP document
- b) To accept the proposal that is in the best interest of NSDP facilities
- c) To reject all non-responsive proposals
- d) To waive irregularities in any proposal the NSDP may elect to waive
- e) To reject all proposals without cause

6. NONDISCRIMINATORY PRACTICES

In accordance with Title VI of the Civil Rights Act of 1964, 78 Stat. 252, 42 U.S.C. 2000d-4, the NSDP hereby notifies all bidders that it will affirmatively insure that in regard to any contract entered into pursuant to this advertisement, minority business enterprises will be offered full opportunity to submit bids in response to this invitation and will not be discriminated against on the basis of race, color, sex, or national origin for an award.

7. LIABILITY

NSDP assumes no responsibility or liability for the cost incurred by the contractor prior to the signing of an agreement. Total liability of NSDP is limited to the terms and conditions of any contract resulting from this RFP.

8. INDEMNIFICATION

The contractor shall indemnify and hold harmless the NSDP and its agents and employees, from and against all claims, damages, losses, and expenses, including attorney fees arising out of or resulting from the performance of the work, which includes all labor, materials and equipment required to produce the services required by the contract, provided that any such claim, damage, loss or expense:

- 1) is injury to or destruction of tangible property (*other than the work itself*), including the loss of use resulting there from; and

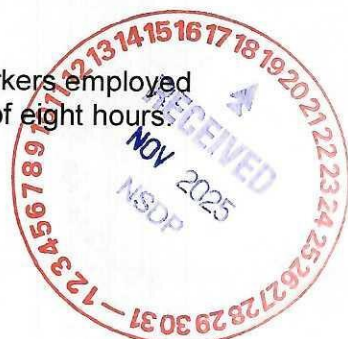
- 2) is caused in whole or in part by any negligent act or omission of the contractor, any subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, regardless of whether or not it is caused in part by a party indemnified hereunder.

The contractor assumes full responsibility and liability for compliance with all local, state, federal laws and regulations applicable to the contractor and its employees, including, but not limited to, compliance with the Occupational Safety and Health Act of 1970.

9. PREVAILING WAGES

Each worker performing Work under this Contract shall be paid at a rate not less than the prevailing wage as defined in the Labor Code. The contractor shall post a copy of the applicable prevailing rates at the Worksite. This Project is subject to the prevailing wage requirements applicable to the locality in which the Work is to be performed for each craft, classification or type of worker needed to perform the Work, including employer payments for health and welfare, pension, vacation, apprenticeship and similar purposes.

Each Contractor and Subcontractor must pay no less than the specified rates to all workers employed to work on the Project. The schedule of per diem wages is based upon a working day of eight hours. The rate for holiday and overtime work must be at least time and one-half.



The Contract will be subject to compliance monitoring and enforcement by the Navajo Nation Office of Navajo Labor Relations. A certified copy of an employee's payroll record shall be made available for inspection or furnished to the employee or his or her authorized representative on request.

10. GENERAL PROPOSAL REQUIREMENTS

The proposals shall include the following:

- Name of firm or company, business address, name of contact person, telephone number, fax number and email address *(if applicable)*.
- Price of service per facility and aggregate.
- References, especially government organizations, preferably governmental entities in Arizona or New Mexico.
- Description of your firm, personnel and services provided.
- Reason(s) why you believe your firm should provide these services to NSDP.
- Copies of all applicable licenses and insurance certificate *(i.e., worker's compensation, general liability, unemployment compensation, etc.)*.

Any other pertinent information that you believe will assist NSDP in understanding your company and assurances if awarded the contract, i.e., most recent financial statement, bonding certificate. Changes made to the RFP as the result of a response by NSDP, to questions or concerns raised through correspondence with prospective bidders, will be in writing and provided to each bidder. All information contained in the proposal is subject to disclosure.

11. SELECTION CRITERIA

Responses to this RFP will be evaluated based upon the following factors as presented in the bid proposals:

Capability, Qualifications and References – (30%)

The written proposal should indicate the ability of the contractor to meet the terms of the RFP.

The written proposal should indicate the competence of personnel whom the bidder intends to assign to the project.

Qualifications will be measured by training and experience, with reference to work experience in facilities of equal or greater size to that described in the RFP.

Emphasis will be placed upon the qualifications of the bidder's project manager.

Method of Approach – (20%)

This factor will be judged based upon the Work Plan provided in the Proposal.

Price - (50%)

This factor will be based on the total cost and the per hour rate of the service.

12. GENERAL CONDITIONS

In the event the premises specifically described herein are partially destroyed or damaged so that they are not used in whole or part, the fees set forth in the contract shall be proportionately reduced based on the remaining duties and functions described in the Schedule of Duties.

Insurance required during the entire length of agreement is as follows:

1. Worker's Compensation coverage per statutory requirements

2. Liability coverage as follows:

Bodily Injury Property Damage: \$1 million per person

\$1 million each accident

\$1 million each aggregate

\$1 million aggregate

ATTACHMENTS:

- W-9 Form (Revise 2024)
- NN Certification Regarding Debarment, Suspension, and Contracting Eligibility Form
- NN Certification Regarding Non-Collusion Form
- NN Certification Responsibility for Subcontractors



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 <i>Specific Instructions</i> 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	
<div></div>	<div></div>
or	
Employer identification number	
<div></div>	<div></div>

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

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



NAVAJO NATION CERTIFICATION
Regarding Non-Collusion

Consultant/Project Name

Work Location

In accordance with Navajo Nation Procurement Act, 12 N.N.C. §§ 301-80, Applicant, in either its present form or in any other identifiable capacity, certifies and acknowledges the following:

1. Applicant is submitting an offer that is genuine and not collusive or a sham to the Navajo Nation for the above-named Project;
2. Applicant is fully informed regarding the preparation and required content of its offer, including all pertinent circumstances governing submission of its offer to the Navajo Nation;
3. Applicant has in no way colluded, conspired; connived; or agreed, directly or indirectly, with any other entity, offeror, or person regarding the proposed contract for the Project, to:
 - a. submit a sham offer to the Navajo Nation, or
 - b. refrain from submitting an offer to the Navajo Nation;
4. Applicant has not in any manner, directly or indirectly, sought by agreement or collusion, or communication or conference, with any other entity, offeror, or person, to:
 - a. fix any price or fee relating to its offer or of any other entity, offeror, or person, or
 - b. fix any price, overhead, profit, reimbursement, or cost element of its offer, or that of any entity, offeror, or person;
5. Applicant has not, through any collusion, conspiracy, connivance, or unlawful written or oral agreement, secured any advantage against the Navajo Nation or against any other entity, offeror, or person interested in the proposed contract for the Project;
6. 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;
7. all statements set forth herein, and in its offer submitted to the Navajo Nation, are true; and
8. 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.

Applicant Name

Printed name individual signing on Applicant's behalf

Applicant Address

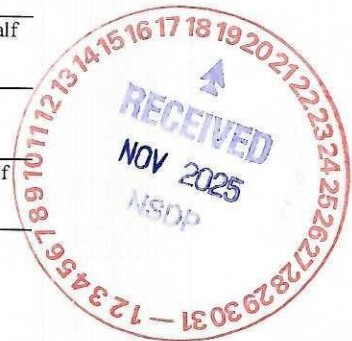
Title of individual signing on Applicant's behalf

Applicant Address

Signature of individual signing on Applicant's behalf

Applicant Address

Date



NAVAJO NATION CERTIFICATION

Responsibility for Subcontractors

Consultant/Project Name

Work Location

In accordance with Navajo Business Opportunity Act, 5 N.N.C. §§ 201-15, Applicant, in either its present form or in any other identifiable capacity, certifies and acknowledges the following:

1. Applicant has submitted/is submitting an Offer to the Navajo Nation for the above-named Project;
2. the signatory below is authorized to represent the Applicant for purposes of the declarations set forth herein, and that all such declarations are made on behalf of said Applicant and all of its owners, partners, officers, members, employees, officials, agents, or parties-in-interest;
3. as of the date of signature below, said Applicant intends to use the subcontractors listed on the attached document, titled "Exhibit 1", for the above-named Consultant/Project;
4. none of the subcontractors so listed are debarred, suspended, or otherwise ineligible to receive a contract from the United States federal government, any state government, or the Navajo Nation;
5. none of the subcontractors are debarred, suspended, otherwise slated for debarment, ineligible and/or excluded from participation on any government contracts, including but not limited to federal, state, and tribal government contracts;
6. none of the subcontractors are, nor have they been, under criminal indictment or civilly charged by a governmental entity for fraud, forgery, falsification, theft, bribery, destruction of records, receiving stolen property, or other criminal offenses in the administration of a government contract;
7. none of the subcontractors have been terminated for cause or convenience by a governmental entity in the administration of a government contract; and
8. Applicant shall assume all legal responsibility for the work of all subcontractors on the Consultant/Project, including performing all subcontractors' duties as necessary or replacing any subcontractors as necessary in keeping with Navajo Nation laws, in order to guarantee Applicant is submitting an offer that is genuine and not collusive or a sham to the Navajo Nation.

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



Responsibility for Subcontractors

Subcontractor Name

Contact Information

A blank sheet of white paper with horizontal blue ruling lines. In the bottom right corner, there is a red circular stamp. The stamp contains the word "RECEIVED" at the top, followed by "NOV 2025" and "MSDP" at the bottom. The numbers 1 through 20 are arranged around the inner edge of the circle, corresponding to the days of the month. The stamp is partially cut off by the right edge of the page.