

**INVITATION TO BID (ITB)  
HUERFANO CHAPTER  
SMALL SUV PURCHASE  
BID 25-12-3943SB**

**INTRODUCTION**

The **HUERFANO** Chapter, located in NM, is seeking to procure one **1 New SMALL SUV or Equivalent..** The Navajo Nation Capital Projects Management Department (CPMD) will serve as the project managing entity for this procurement on behalf of the **HUERFANO** Chapter. CPMD invites all qualified vendors to submit bids for the requested **1 NEW SMALL SUV or Equivalent.** The truck will be **procured through a Purchase Order.**

**GENERAL REQUIREMENTS**

All participating auto dealers must be authorized, fully certified, and licensed automotive dealerships that meet all the requirements outlined in this ITB. All vehicles must be new, unused, and current model year. Manufacturer's standard new vehicle warranty shall be included. Dealerships must arrange and pay for transportation and delivery to the designated location.

Capital Projects Management Department will not accept bids from 3<sup>rd</sup> Party Vendors.

**BID SUBMITTAL REQUIREMENTS**

1. Due DECEMBER 12, 2025, 2025 at 4:00 p.m.
2. Certified Priority Vendors must include a current Contract and Purchase Certification Certificate of Eligibility from the Business Regulatory Department.
3. Signed and dated Affidavit of Non-Debarment and Non-Suspension (Attachment A).
4. Bid(s) are to be itemized and emailed to [syazzie@nndcd.org](mailto:syazzie@nndcd.org).

Bids not meeting the submittal requirements will be considered unresponsive and rejected.

All Bids submitted shall constitute **the submitting Party's acknowledgement and acceptance of all requirements and conditions governing this procurement**, including all applicable Navajo Nation laws and regulations. Applicable State and Federal laws shall also apply to this procurement and any agreement resulting from this procurement.

**Interpretation and Correction of Bids Documents**

1. Bidders shall promptly notify the Project Manager of any ambiguity, inconsistency, or error, which they may discover upon examination of the Bid Documents.
2. Bidders requiring clarifications or interpretation of the Bid Documents shall make a written request to the Project Manager at least one (1) calendar day(s) prior to the date for the receipt of the Bids. Requests for clarifications received less than one day before the date for the receipt of bids will not be addressed by the Procurement Officer.
3. Any interpretation, correction or change of the Bid Documents will be made by Addendum. Interpretations, corrections or changes of Bid Documents made in any other manner will not be binding, and Bidders shall not rely upon such interpretations, corrections or changes.

**ADDENDUM TO ITB**

The CPMD reserves the right to issue written addendum to this ITB at any time as circumstances require.

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1. All who are known by the Procurement Officer to have received a complete set of Bid Documents will be notified of any Addenda, and issued one.
2. Each bidder shall ascertain, prior to submitting their bid, they have received all Addenda issued.

**WITHDRAWAL OF ITB**

The Navajo Nation CPMD reserves the right to withdraw this ITB at any time, for any reason and is not obligated to award a contract in response to this ITB. This ITB does not commit the Owner to reimburse any costs incurred by the Bidder in the preparation of Bids or for procurement of supplies. The Owner intends to award this project to the vendor whose bid represents the best value. The Owner reserves the right to reject any and all bids, to waive any informalities or irregularities and to award the contract to the Bidder whose bid it deems to be in the best interest of the Owner.

**SPECIFICATION OF HEAVY EQUIPMENT**

1. NEW SUV  
4X4 OR 2X2  
2.5 L OR EQUIVALENT  
GAS  
4 DOOR  
AUTOMATIC  
AWD/2WD

**WARRANTY COVERAGE**

- MANUFACTURE STANDARD WARRANTY

**SCHEDULE OF PROCUREMENT EVENTS**

- Last Day for Inquiries – December 12, 2025 @ 2:00 pm
- Deadline for Submission of Bids – December 12, 2025 @ 4:00 pm
- Bid Opening –December 13, 2025, 2025 In Window Rock AZ. ●

**BID SELECTION**

Notification of selection and non-selection will be sent out to all bidders who submitted. The Navajo Business Opportunity Act will be applied in the selection of the vendor. A W-9 will be requested of the selected vendor to complete purchase order documents.

**PROCUREMENT OFFICER CONTACT**

The Contact information is as follows for the Procurement Officer:

Selina Yazzie  
Account Maintenance Specialists  
Capital Projects Management Department

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[syazzie@nndcd.org](mailto:syazzie@nndcd.org)

All inquiries regarding this procurement are to be directed to the Procurement Officer only. Inquiries that are made with other individuals regarding this procurement will be labeled as lobbying, and lobbying is not allowable. Submittals from vendors who commit this infraction will be considered unresponsive. The Owner(s) and Business Regulatory Department will be notified and it will be documented in bid tally sheet.

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SMALL SUV PURCHASE  
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**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 Debarment, Suspension, and Eligibility Form – NNDOJ/TFU.14Jul22  
Page 1 of 2

**INVITATION TO BID (ITB)  
HUERFANO CHAPTER  
SMALL SUV PURCHASE  
BID**

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

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HUERFANO CHAPTER  
SMALL SUV PURCHASE  
BID**

<b>Form W-9</b> (Rev. March 2024) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer Identification Number and Certification</b>  Go to <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a> for instructions and the latest information.	<b>Give form to the requester. Do not send to the IRS.</b>																																																		
<b>Before you begin.</b> For guidance related to the purpose of Form W-9, see <i>Purpose of Form</i> , below.																																																				
<b>Print or type.</b> <i>See Specific Instructions on page 3.</i>	<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.)																																																			
	<b>2</b> Business name/disregarded entity name, if different from above.																																																			
	<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.  <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) _____ <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. <input type="checkbox"/> Other (see instructions)																																																			
	<b>4</b> 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.)																																																			
	<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"/>																																																			
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions.																																																			
	<b>6</b> City, state, and ZIP code																																																			
<b>7</b> List account number(s) here (optional)																																																				
<b>Part I Taxpayer Identification Number (TIN)</b>																																																				
<p>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.</p> <p><b>Note:</b> 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.</p>																																																				
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="10" style="text-align: center;"><b>Social security number</b></td></tr><tr><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td></tr><tr><td colspan="10" style="text-align: center;"><b>or</b></td></tr><tr><td colspan="10" style="text-align: center;"><b>Employer identification number</b></td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>			<b>Social security number</b>																				<b>or</b>										<b>Employer identification number</b>																			
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<p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"><li>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</li><li>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</li><li>I am a U.S. citizen or other U.S. person (defined below); and</li><li>The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</li></ol> <p><b>Certification instructions.</b> 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.</p>																																																				
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20%;"><b>Sign Here</b></td><td style="width: 60%;"><b>Signature of U.S. person</b></td><td style="width: 20%;"><b>Date</b></td></tr></table>			<b>Sign Here</b>	<b>Signature of U.S. person</b>	<b>Date</b>																																															
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<b>General Instructions</b>																																																				
<p>Section references are to the Internal Revenue Code unless otherwise noted.</p> <p><b>Future developments.</b> For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a>.</p> <p><b>What's New</b></p> <p>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.</p> <p>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).</p> <p><b>Purpose of Form</b></p> <p>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</p>																																																				

Cat. No. 10231X

Form **W-9** (Rev. 3-2024)