

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

**BID NO. 25-12-3951SB REBID**

**Food Services and Deliveries**

**PROPOSAL DUE DATE:** **January 23, 2026**

**DESCRIPTION:** NHS – Food Services and Deliveries

**CONTACT PERSON:** Lavina Willie-Nez, Senior Contract Analyst  
Phone: 928.357.6732  
[lavinawillienez@nndode.org](mailto:lavinawillienez@nndode.org)

**~ RETURN PROPOSALS CLEARLY MARKED ~**

**RFP# 25-12-3951SB REBID - Food Services and Deliveries    "DO NOT OPEN:**

**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  
47552 Hwy 264 Suite H  
Window Rock, Arizona 86515  
ATTN: Lavina Willie-Nez, Contract Analyst

**MAILING ADDRESS:** Navajo Head Start  
P.O. Box 3479  
Window Rock, Arizona 86515  
ATTN: Lavina Willie-Nez, Senior Contract Analyst

## 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 (NHS) is accepting proposals from qualified, certified vendors to provide food services and deliveries. The food services and deliveries will be for an estimated eighty (80) Head Start Centers located in five (5) Districts – Ft. Defiance, AZ, Chinle, AZ, Crownpoint, NM, Shiprock, NM and Tuba City, AZ.

Consultant shall be responsible for the following:

1. Provide labor, materials, supplies, transportation and equipment to provide food services and delivery to the Navajo Head Start at each operating Head Start center.
2. Vendor will furnish food items (fresh fruits and vegetables, meat and meat alternatives, grocery, bread, and dairy items) to be served to Navajo Head Start children participating in the Child and Adult Care Food Program established by the United States Department of Agriculture.
3. Food purchases, deliveries, and services as outlined:
  - All deliveries will be made to the physical locations/address of each Head Start Centers/site deliveries “shall not” be made to one (1) center and then have other Head Start Center(s) staff pick up food at another NHS Center/site location(s).
  - Snacks shall be delivered to the Center/Site at the designated time only.
  - All deliveries will be made between Navajo Head Start Center Operation hours between 7:00 a.m. to 3:00 p.m.
  - All food orders will be in accordance with the approved school menu cycle, if unauthorized food is ordered, program will not be liable for expense/cost.
  - All food orders will be a minimum of fifteen (15) items to deliver to a head start site.
  - All products furnished must meet or exceed U.S. Department of Agriculture requirements set out in attachments, attached hereto and made a part hereof.  
<http://www.fns.usda.gov/cn>
  - Vendor will allow head start center staff time to inspect food products to satisfaction prior to leaving the site.
  - NHS will have the right to refuse spoiled, over-ripen products and dented can foods.
  - Vendor will keep delivery schedule and not change or alter delivery sites.

- Ensure all food is/are on hand to avoid substitution; this includes canned goods versus packaged or bottled.
- Vendor will provide an electronic system to order food with the use of a credit card.
- Vendor will make food products available to accommodate children with disabilities, including alternative products for children with a disability when the disability restricts the child's diet. Substitutions must be made to provide products for children with a disability that restricts the child's diet on a case-by-case basis and only when supported by a written statement from a licensed healthcare professional who is authorized to write medical prescriptions.

Navajo Head Start shall be responsible for the following:

1. Identify NHS personnel as point of contact for food ordering.
2. Ensure food is ordered according to the approved school menu cycle.
3. Ensure NHS personnel is on-site to receive food delivery and store food accordingly.
4. Inventory all good deliveries, sign off on food invoices.
5. Submit food invoices in a timely manner to ensure payment to vendor.

Contract will be effective March 01, 2026 – February 28, 2031

**RFP Submittal Deadline:**

All RFP's must be received/ mailed / or physically delivered by **January 23, 2026, 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  
47552 HWY 264 Suite H  
Window Rock, AZ 86515

**SECTION II**

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

1. Navajo Nation Certification Regarding Debarment & Suspension
2. Federal Form Tax W-9
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. Total of four (4) copies shall be submitted.
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** for all services.

**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 Senior Contract Analyst at any time up to the Deadline for Proposals.

**D. INQUIRIES:** Any inquiries regarding this RFP should be submitted in writing to Lavina Willie-Nez, Senior Contract Analyst. Only written responses to questions will be considered official. Questions will be directed to Lavina Willie-Nez at 928.357.6732 or email: [lavinawillienez@nndode.org](mailto:lavinawillienez@nndode.org). **Questions regarding this procurement will be accepted until 5:00 p.m. on January 21, 2026.**

**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. January 23, 2026.** 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 Assistant Superintendent's 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. PRIORITY ONE OR TWO:** Bidders will be required to mark on the outside of the sealed proposal package, their priority status under the Navajo Nation Business Opportunity Act. This is the bidder's responsibility to identify themselves as certified.

**N. 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.

**O. 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.

**P. 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.

**Q. SOVEREIGNTY:** The Navajo Nation will not relinquish any of its sovereignty rights.

**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.

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Applicant Name

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Name of individual signing on Applicant's behalf (print)

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Applicant Address

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Title of individual signing on Applicant's behalf

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Applicant Address

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Signature of individual signing on Applicant's behalf

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Applicant Address

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Date

Request for Taxpayer  
Identification Number and CertificationGo 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.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) _____ <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) _____						
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 _____						
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								
<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
or								
Employer identification number								
<input type="text"/>	<input type="text"/>	-	<input type="text"/>					

## 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  
HereSignature 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](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