

**Navajo Foster Grandparent Program  
Division of Aging and Long Term Care Support  
Navajo Department of Health**

**REQUEST FOR PROPOSALS**

**Bid Number: 26-02-4032SB**

1. **Proposal Due Date:** February 27, 2026 at 4:00 PM
2. **Description:** The Navajo Foster Grandparent Program (FGP) will be hosting a Volunteer Recognition Event in June 2026 for a total of eight-five participants; seventy (70) FGP volunteers, ten (10) program staff, and five (5) guests.
3. **Bid Number:** 26-02-4032SB
4. **Scope of Work::** The Foster Grandparent Program is requesting proposals from qualified vendors to accommodate the group to provide lodging, food & beverages, meeting rooms, and audio-visuals to host the recognition event.

The respondent will need to provide a ‘detailed’ breakdown by costs, category, and grand total for all services for the following:

A. Meeting Rooms requirements:

- Large ballroom to accommodate 85 participants for welcome reception, general session and catering
- Two smaller ballrooms to accommodate 45 participants for workshop sessions
- Small ballroom for storage

B. Audio/Visual requirements:

- Large ballroom to have a large screen, stage, podium, wireless microphone, projector, and hand-held microphone
- Two meeting rooms for workshop sessions to have a screen, podium, microphone, and projector.

C. Meals and Beverage requirements:

- Breakfast, three days
- Lunch, two days

D. Lodging Requirement: Provide one hundred and thirty-five (135) double occupancy and non-smoking rooms; 45 rooms for Day 1, 45 rooms for Day 2, 45 rooms for Day 3, and group will check out on Day 4.

5. **Proposed Dates of Volunteer Recognition:**

|           |                   |
|-----------|-------------------|
| Option 1: | June 2-5, 2026    |
| Option 2: | June 9 – 12, 2026 |
| Option 3: | June 15-18, 2026  |

**6. Description of Daily Activities/Meeting Rooms/Audio Needs:**

- A. Day 1 is a travel day for the staff and volunteers to arrive at the hotel and conference center and check in their hotel rooms after 3:00 PM. FGP will need a ballroom to set from 6:00 PM to 8:30 PM to register volunteers and staff, and to host a “meet and greet” reception. Expected number of participants is 80 individuals. Audio need is just a PA system and wired microphone, and room setup is rounds of tables and chairs.
- B. Day 2 starts with hot breakfast, an opening session, a luncheon, and two concurrent workshop sessions in the afternoon. FGP needs one large ballroom for breakfast, opening session, and lunch. FGP also needs two smaller ballrooms for workshop sessions in the afternoon. Ballroom setup for the Opening Session will be round tables with table-covers and chairs, a stage setup with podium, microphone, large screen, projector, laptop computer, and two tables with chairs. A metal tubing and drape setup is needed in the back of the stage for FGP to hang banners. Set up for the workshop sessions are classroom style and one table in the front and podium with microphone, screen and projector. Presenters will bring their own laptops.

Food and Beverages – hot buffet breakfast from 7:00 AM to 8:15AM in main ballroom and coffee stand through the day. Lunch will be box lunch with iced tea and lemonade.

- C. Day 3 is Education and Training, Awards Luncheon, and Social Event in the evening. It will start with a hot buffet breakfast from 6:45AM to 8:00AM; workshop sessions from 8:30AM to 11:30AM; and Awards Luncheon in the main ballroom from 12:00PM to 3:00 PM. In the evening, the group will come back for a social event. Room setup for Workshops is classroom style, a table up front, a podium and microphone, a screen and projector. Room setup is rounds of tables with chairs, tables covered with tablecloths, a stage in the front with tables and podium, microphone, and screen and projector.
- D. Day 4 starts with a breakfast and concludes with a Closing Ceremony. All activities will be in one large ballroom, and room set up is rounds of tables with chairs, a stage with a table and podium. Audio and visual is a large screen, microphone, laptop computer and projector.
- E. FGP will also need a room to store its supplies for four days.

**7. Funding Availability:** Contract will be contingent upon funds availability.

**8. Contact Person:** Lee Begay, Senior Programs & Projects Specialist  
Navajo Foster Grandparent Program  
(T) 928-871-6797  
(C) 928-421-9878  
(E) [leebegay@navajo-nsn.gov](mailto:leebegay@navajo-nsn.gov)

**9. Inquires:** Prospective respondents shall make written questions concerning this RFP to obtain clarification of requirement through email to Mr. Lee Begay, Senior Programs & Projects Specialist, at [leebegay@navajo-nsn.gov](mailto:leebegay@navajo-nsn.gov).

**10. Proposal Format:**

- A. Respondent(s) must indicate (on the Bid Package Envelope) if they are **Priority One or Two** vendors, if applicable, the offeror’s priority status under the Navajo Nation Business Opportunity

- Act. It is the responsibility of the offeror to identify themselves as certified under the Navajo Nation Business Opportunity Act.
- B. All proposals must be typewritten on standard 8-1/2 x 11 paper.
  - C. An original RFP response and three (3) copies must be provided in a sealed envelope. Total of four (4) copies shall be submitted.
  - D. The proposal must be organized and indexed in the following format:
    - i. Coverletter and experience with providing services as requested in Scope of Work.
    - ii. A detailed cost with a grand total for all services.
    - iii. Food and Beverage menu with pricing
    - iv. Audio Equipment Pricing Listing
    - v. Signed Navajo Nation Certification regarding Debarment, Suspension, and Contracting Eligibility
    - vi. Signed W-9 Form
    - vii. Licensed, bonded, and current Certificate of Liability Insurance

**11. Schedule of Activities:**

- A. Public Advertisement Begins
- B. Proposal Submission Deadline
- C. Opening of Proposal and Evaluation by Review Team
- D. Notification of Selection

**Deadline:**

- February 13, 2026
- February 27, 2026
- March 2 – 6, 2026
- March 6, 2026

**12. Rejection of Proposals:**

The Navajo Nation reserves the right to waive any informalities and irregularities in the RFP or reject any or all proposals whenever such rejection is deemed in the best interest of the Navajo Nation.

**13. Evaluation:** All the proposals will be evaluated by staff of Division of Aging & Long Term Care Support.

| <u>Submitted items</u>   | <u>Maximum Points</u> |
|--|-----------------------|
| Coverletter & Experience                                       | 10                    |
| Food & Beverage menu and Audio Equipment Price Sheet           | 20                    |
| Detailed Budget  | 35                    |
| Attached Debarment & Suspension form, W-9, Liability Insurance | 35                    |
|  | Total: 100            |

**14. Mail original proposal plus three copies to Ms. Sharon Belone, Buyer, Navajo Nation Office of the Controller:**

Mailing Address: Navajo Nation Office of the Controller – Purchasing Section  
 P.O. Box 3150  
 Window Rock, AZ 86515

Physical Address: Navajo Nation Office of the Controller – Purchasing Section  
 Administration Building #1  
 2559 Tribal Hill Drive  
 Window Rock, AZ 86515

# 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><br>See <i>Specific Instructions</i> on page 3. | <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.<br><br><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<br><br><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .<br><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.<br><br><input type="checkbox"/> Other (see instructions) _____ | <b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br><br>Exempt payee code (if any) _____<br><br>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____<br><br><i>(Applies to accounts maintained outside the United States.)</i> |
|  | <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.  | Requester's name and address (optional)   |
|  | <b>6</b>  | City, state, and ZIP code   |   |
|  | <b>7</b>  | 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.

|                                       |  |  |  |  |  |  |  |  |  |
|---------------------------------------|--|--|--|--|--|--|--|--|--|
| <b>Social security number</b>         |  |  |  |  |  |  |  |  |  |
|                                       |  |  |  |  |  |  |  |  |  |
| <b>or</b>                             |  |  |  |  |  |  |  |  |  |
| <b>Employer identification number</b> |  |  |  |  |  |  |  |  |  |
|                                       |  |  |  |  |  |  |  |  |  |

**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.

|                  |                          |      |
|------------------|--------------------------|------|
| <b>Sign Here</b> | 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](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