

**NAVAJO DIVISION OF BEHAVIORAL AND MENTAL HEALTH SERVICES  
OUTREACH (PROMOTIONAL) ITEMS  
INVITATION TO BID  
BID NO: 26-02-4034DB**

**BID DUE DATES:** **MARCH 06, 2026, BY 5:00PM MST**  
**ANY BIDS RECEIVED AFTER THIS DATE/TIME WILL NOT BE ACCEPTED**

**DESCRIPTION:** **NAVAJO DIVISION OF BEHAVIORAL AND MENTAL HEALTH SERVICES  
OUTREACH (PROMOTIONAL) ITEMS**

**CONTACT PERSON:** Tanya Sheperd, Senior Programs and Projects Specialist  
Navajo Division of Behavioral and Mental Health Services  
Email: [tlsheperd@navajo-nsn.gov](mailto:tlsheperd@navajo-nsn.gov)  
Phone: (928) 871-6240

**MUST IDENTIFY BID #, PRIORITY STATUS #, AND COMPANY NAME ON THE OUTSIDE OF ALL  
SEALED BID PACKAGE/ENVELOPE (UPS OR FEDEX)**

**MAIL/DELIVER TO:** THE NAVAJO NATION  
PURCHASING SERVICES DEPARTMENT  
ADMINISTRATION BUILDING #1 – 1<sup>ST</sup> FLOOR  
2559 TRIBAL HILL DR  
WINDOW ROCK, ARIZONA 86515  
**ATTN: PURCHASING SECTION – DARREN BEGAY**  
**BID NO: 26-02-4034DB**

PLEASE SUBMIT AN **ORIGINAL AND TWO (2) COPIES** OF YOUR BID IN A SEALED ENVELOPE AND  
CLEARLY MARK ON THE OUTSIDE OF THE ENVELOPE

**BID NO: 26-02-4034DB**  
**NAVAJO DIVISION OF BEHAVIORAL AND MENTAL HEALTH SERVICES  
OUTREACH (PROMOTIONAL) ITEMS**

**A. PURPOSE OF THIS INVITATION TO BID (ITB)**

The Navajo Division of Behavioral and Mental Health Services (DBMHS) is requesting bids/quotations from vendors to purchase outreach items to distribute during outreach events, educational booths, and other community outreach related activities. This invitation to bid is intended to solicit bids from prospective qualified vendors on the proposed specification, as identified in Section C.

**B. CONDITIONAL GOVERNING THE PROCUREMENT**

The Navajo Division of Behavioral and Mental Health Services (DBMHS) will comply with all federal and tribal laws and regulations pertaining to the procurement of these items. DBMHS reserves the right to reject any ITB, in whole or in part. The ITB is not a legal binding agreement, obligation, or contract and any cost incurred by the respondent in preparing, transmitting, presenting or modifying the ITB shall be the responsibility of the respondent. Indian preference will apply to this ITB as well as vendors who should indicate they are Navajo priority one or two vendors.

**C. SPECIFICATIONS**

<b>PRODUCT NO.</b>	<b>QTY</b>	<b>DESCRIPTION</b>	<b>UNIT PRICE</b>	<b>AMOUNT</b>
ESRTR-AJCWY	2,750	Memory Puzzle Keychain, Black		
JWHNN-EYJVW	5,500	0.5mm Fine Point Gel Pens, Assorted		
LGRDK-AXXDU	2,750	RPET Heathered Journal w/Pen Loop, Navy Blue		
ESRLP-ZRTPW	1,500	Awareness Ribbon Lapel Pin - Any Color - Fully Customizable, purple (500), red (500), patriotic (500)		
HSWYO-BLTWP	300	1.5" Custom Soft Enamel Lapel Pin		
NSHDI-YQDCY	5,500	We Don't Need Drugs Coloring Book Fun Pack		
LGSHN-YFNTX	5,500	Mindscapes - Adventure Awaits		
LPSYN-YBPDV	5,500	Halloween Safety Coloring Book Fun Pack		
LNNBL-DDXTW	5,500	Reflective Halloween Pumpkin Tote Bag		
JLSGO-CHKYV	5,500	Holiday Themed Coloring & Activity Books		
EJKRJ-XVBYQ	550	Reflective Running Cycling Vest with Pocket Mesh, Green		
ELSGM-BSXPV	2,750	Lightweight Foldable Travel Backpack, Navy Blue		
LJBSO-AKHSS	200	Unisex 170 GSM Sunproof SPF 50+ Sublimation Long Sleeve Fishing T Shirt w/ Side & Back Mesh, S=5 / M=10 / L=75 / XL=75 / 2XL=20 / 3XL=15		
LNPMM-EBPWP	150	4.3 Oz. Unisex Performance Long Sleeve Winter T-shirt, Navy Blue S=5 / M=10 / L=55 / XL=50 / 2XL=15 / 3XL=15		
LLJXN-DGRDT	250	Sublimation Headband		
MQQWL-YPTTY	2,200	PVC Clear Crossbody Sling Bag		

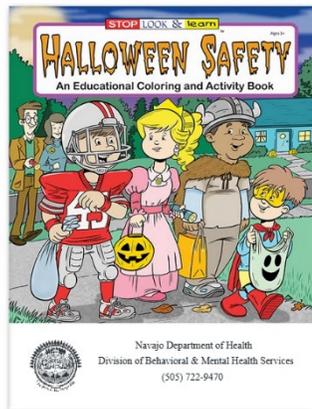
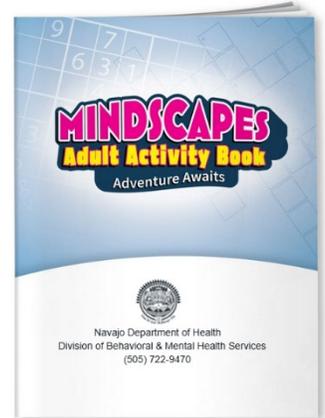
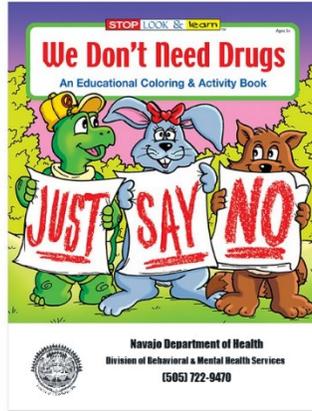
FSRDI-BVNHX	216	12"x 36" Sublimated Coolmax Polyester Gym Towel		
IWXDJ-BLMQT	1,100	Boonie Bucket w/Mesh Ventilation, Charcoal, Sublimation		
LJKJO-BRWFT	1,100	Athletic Perforated Cap, Black		
LYGYR-CZXCT	4,400	Patriotic Accordion Fan, Screen Print		
ELXMM-ZQPYV	1,100	24 Can Insulated Backpack Cooler Bag, Dark Gray, Screen Print		
MTDFI-EHNVW	350	TiTUS® 17 oz Water Bottle, Melange Executive Notebook & Pen Gift Set		
NSHWI-YRQSP	350	Carhartt Ripstop Messenger Bag, Black, Embroidered		
LBYWJ-BSQVS	350	Eddie Bauer® Tour Duffel, Gray Steel/Black, Embroidered		
ECBTK-EBGSW	330	Foldable Stadium Seat with Cushion, Black, White Screen Print		
IALHM-XDCNV	25	Adult NexGen Wicking Long Sleeve Tee, Navy Blue, White Imprint M = 3 / L = 7 / XL = 7 / 2XL = 5 / 3XL = 3		
FBYJM-XSRRV	2,000	Handheld Small Miniature Polyester Flag – Navajo Nation Flag		
GBVWO-XYRTU	2,000	Tire Gauge with Keychain Colors: Assorted		
JGMPL-ZQBFU	150	PD Charging Gift Set - includes 3 pieces: 20W Fast PD Charger, ihub™ Super Fast 18W PD Car Charger, and AeroLOFT™ Jet Black Tech Organizer Mesh Pouch		
MGDHJ-DSPXM	2,000	Gilden Dryblend 50 Cotton/50 Poly T-shirt Colors: Texas Orange, Azalea Pink, and Heather Deep Royal Blue S = 250 / M = 250 / L = 500 / XL = 500 / 2XL = 500		
NBNDL-BVKJV	5,000	Die-Cut PE Plastic Bag Color: Pink and Royal Blue		
BIA300RT	2,500	InkJoy™ Retractable Color Barrel Barrel/Grip Colors: Assorted		
B55300	2,500	B55300 Chiller Translucent Trim Colors: Assorted		
BCE059	2,500	BCE059 CORE365 Essentials Pouch Colors: Assorted		
<b>SHIPPING (IF APPLICABLE)</b>				
<b>SALES TAX</b>				
<b>GRAND TOTAL</b>				

\*\*Substitutions are acceptable for like or same item.

**BIDS ARE TO BE ON COMPANY LETTERHEAD WITH UNIT PRICE, SUBTOTAL, NAVAJO SALES TAX (6%), SHIPPING, IF APPLICABLE, AND GRAND TOTAL. If shipping to the Navajo Nation, bids must include Navajo Sales Tax of 6%.**

**ALL BIDS MUST INCLUDE NAVAJO NATION CERTIFICATION REGARDING DEBARMENT & SUSPENSION AND W-9 FORMS.**

***Imprint:** DBMHS Logo. In the event, the logo does not fit the imprint area, the wording "Navajo Division of Behavioral and Mental Health Services" shall be used OR "NDBMHS"*







# 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. See Specific Instructions on page 3.</b>	<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>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>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) _____		
		<i>(Applies to accounts maintained outside the United States.)</i>		
<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
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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](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