

REQUEST FOR PROPOSAL

BID NO: 22-10-2895KS

Date: October 17, 2022

Project Title: Navajo Nation Department of Fire & Rescue Service air compressor auto cascade system replacement project.

Project Schedule:

Advertisement of RFP	10/31/2022 – 11/18/2022
Requests for Information Due Date:	11/23/2022 @ 5 p.m. DST
Bid Due Date:	11/28/2022 @ 5 p.m. DST

Proposal:

All interested parties are invited to review and respond to this Request for Proposal at their discretion. All questions pertaining to the contents of this RFP as a respondent can contact via email Larry Chee, Fire Chief – NNDFRS/NDPS at larrychee@navajo-nsn.gov.

All parties responding to this bid are instructed to submit or send four (4) proposals (1 original and 3 copies) to the following address:

The Navajo Nation
Division of Finance – Purchasing
Attention: Kimberly Slim, Buyer
Administration Building # 1
Window Rock Blvd.
Window Rock, Arizona 86515

All responses to this bid shall be sent in a sealed envelope, including a return address, and clearly marked on the outside of the envelope; the following:

BID # 22-10-2895KS
NAVAJO NATION DEPARTMENT OF FIRE & RESCUE
AIR COMPRESSOR AUTO CASCADE SYSTEM REPLACEMENT PROJECT
DO NOT OPEN BID PROPOSAL

I. DESCRIPTION OF THE ORGANIZATION

The Navajo Nation Department of Fire & Rescue is a Generally Funded program operating eight (8) fire stations located throughout the Navajo Nation. The department is responsible for fire and rescue services to the Navajo Nation.

II. SCOPE OF THE CONTRACT

The Navajo Nation intends to enter a professional services contract with one (1) responsible, qualified, and independent Contractor to complete all work as described in the attached scope of work.

III. RESPONDENT REQUIREMENTS

All respondents must have the capabilities listed herein, including sufficient detailed information with regard, to experience and expertise in meeting the following requirements:

1. A legitimate and credible vendor with a minimum of five (5) years' experience and history with providing the described services.
2. The Navajo Business Opportunity Act 5 NNC § 201, 205 will apply.
3. Federal requirements, if applicable.
4. All workmanship and materials shall comply with applicable Safety Codes.
5. As built drawings of all completed work.

IV. SCOPE OF WORK (See Attached)

V. REQUIREMENTS

The respondent will furnish all requested information as specified in the RFP.

VI. PROPOSAL CONTECT AND REQUIRED INFORMATION

Please utilize the outline described below with four (4) copies.

1. Organizational letter expressing your interest and a brief description of your proposed services. Do not reveal or refer to the cost in this letter.
2. Organization qualifications and project experience. Include references.
3. Scope of Work.
4. Product Specifications including cut sheets (if any).
5. Design (detailed plan depicting layout.)
6. Schedule
7. Copies of licenses, certifications, insurance certificates, and other relevant documents.
8. Sub-contractor information, if applicable.
 - a. Sub-contractor work should not exceed certain percentage of the entire project.

9. Costs to be submitted in a separate sealed envelope. Detailed breakdown of costs: Material, Labor, and other applicable costs; 6% Navajo Nation Sales Tax.

10. Compliance: Any proposal that does not adhere to this format and does not address each specification, requirement, or scope of work as outline, may be deemed non-responsive and rejected on that basis.

VII. EVALUATION PROCESS (pre-qualifying process)

1. Evaluation Criteria

a. Qualifications, credentials, and minimum five (5) years' work experience. This includes the capabilities to provide all requested services. (20 Points)

b. Quality of Products, ability to install, and warranty services. (30 Points)

c. Project Schedule. (20 Points)

d. Navajo Preference. (5 Points)

e. Cost (Separate Sealed Envelope). (25 Points)

2. Applicable Federal Requirements.

3. The Navajo Nation Department of Fire & Rescue reserve the right to interview respondents if deemed necessary due to tied scores or other legitimate matters.

a. This may entail a presentation from the respondent for clarification and/or details on products or other requirements. The presentation will be, presented at the respective sites (if necessary). It is NNDFRS intention to award one (1) vendor to provide all services as specified.

VIII. TYPE OF CONTRACT

The Navajo Nation will utilize a standard Professional Services Contract for the procurement of goods and services for this project.

IX. PERIOD OF PERFORMANCE

The period of performance will be determined and negotiated based on the schedule proposed by the respondent and the contract implementation date.

X. TECHNICAL DIRECTION

The Navajo Nation Department of Fire & Rescue point of contact Larry Chee, Fire Chief for all inquiries relating to the project and other matters. Questions and responses will be, shared with all respondents. Chief Chee's email address is larrychee@navajonnsn.gov.

XI. PAYMENT AND SUBMISSION OF INVOICES

The Navajo Nation Professional Services Contract will describe this section.

XII. RIGHTS

The Navajo Nation reserves the right to reject any all proposals, in whole or in part based on the requirements set forth in this RFP.

XIII. AGREEMENT TERMS AND CONDITIONS

The Navajo Nation is not bound to enter a contract under the RFP and may issue a subsequent RFP for the same services, and The Navajo Nation is a sovereign government and all contracts entered into as a result for the RFP shall comply with the Navajo Nation law, rules, and regulations, including the Navajo Preference in Employment Act, and applicable federal law, rules, regulations. This procurement and any RFP with respondents may result shall be, governed by the laws of the Navajo Nation and applicable federal law. Nothing herein shall be, constructed as a waiver of the Navajo Nation's sovereign immunity. In addition, the Navajo Nation Business Opportunity Act will apply to the RFP.

The Navajo Nation Professional Services Contract will provide all other legal and contractual obligations, terms, and requirements of this project.

XIV. OTHER

SCOPE OF WORK
Navajo Nation Department of Fire & Rescue
Air Compressor Auto Cascade System Replacement Project for
Eight (8) Fire Stations.

The Navajo Nation Department of Fire & Rescue Service is requesting to purchase, deliver, install, and maintenance eight (8) NFPA 1901 2016 edition compliant three (3) position containment auto cascade fill stations to refill SCBA cylinders. It is the intent to replace the existing air compressor cascade systems in eight (8) fire stations. The vendor must be, licensed as an expert vendor to provide the brand, installation, and maintenance of air compressor auto cascade systems requested by the Navajo Nation Department of Fire & Rescue Service.

Fire Station Locations:

- Ojo Armarillo, NM Fire Station 22
- Shiprock, NM Fire Station 20
- Newcomb, NM Fire Station 21
- Fort Defiance, AZ Fire Station 12
- Window Rock, AZ Fire Station 10
- Chinle, AZ Fire Station 50
- Tuba City, AZ Fire Station 40
- Twin Arrows, AZ Fire Station 81

The project will entail the following:

1. Provide full set up of NFPA 1901 2016 edition compliant three (3) position containment auto cascade fill stations to refill SCBA cylinders.
2. Dismantle, remove, and dispose of the existing air compressor cascade system.
3. Deliver and install the air compressor auto cascade system with necessary electrical connections, wiring, mounting, and other essential parts/fabrication.
4. Provide operating and maintenance/training information for all employees/operators.
5. Maintenance the air compressor auto cascade systems for the duration of the service life.
6. Break down of cost details to include emergency repairs, labor, preventative maintenance, equipment, materials, parts, allowance, travel expenses and the Navajo Nation Tax of 6%. Please be cognizant that the grand total is the contract total.
7. Annual and quarterly maintenance/inspection of systems for (5) years to ensure proper operations of all system and components.
8. Provide updates and upgrades to systems as needed for the duration of the service life.
9. With new fire stations and renovation of existing fire stations, vendor should be able to provide help of relocating and reinstallation of air compressor auto cascade systems as needed.

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	<i>(Applies to accounts maintained outside the U.S.)</i>
	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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
[] [] [] []	- [] [] - [] [] [] []
or	
Employer identification number	
[] [] [] []	- [] [] [] [] [] [] [] []

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.

Sign Here	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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

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