

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

**Head Start HVAC Services - Arizona**

**RFP BID NO: 21-09-2569LE**

**PROPOSAL DUE DATE: October 15, 2021**

**DESCRIPTION:** Navajo Head Start is seeking proposals from qualified firms and/or individuals to provide HVAC, air vents and duct services.

**CONTACT PERSON:** Lavine J. Roan, Principal Contract Analyst  
Darlene Begay, Senior Contract Analyst  
Phone: 928-871-7061  
Phone: 928-871-7079

**~ RETURN PROPOSALS CLEARLY MARKED ~**

**“DO NOT OPEN: RFP # 21-09-2569LE – Head Start HVAC Services – Arizona”**

**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  
SW of US Highway 264 & Indian Route 12, Suite #2A  
Window Rock, Arizona 86515  
ATTN: Lavine J. Roan, Principal Contract Analyst  
Darlene Begay, Senior Contract Analyst

**RFP # 21-09-2569LE – Head Start HVAC Services – Arizona “DO NOT OPEN”**

**MAILING ADDRESS:** Navajo Head Start  
P.O. Box 3479  
Window Rock, Arizona 86515  
ATTN: Lavine J. Roan, Principal Contract Analyst  
Darlene Begay, Senior Contract Analyst

**RFP # 21-09-2569LE – Head Start HVAC Services – Arizona “DO NOT OPEN”**

## **SECTION I**

### **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 RFP.

Navajo Head Start is seeking proposals from qualified firms and/or individuals to provide HVAC units, air vents and duct services.

Any upgrades need to comply with The Head Start Performance Standards, Model Tribal Head Start Health and Safety Codes, OSHA standards and other applicable building and safety codes to ensure the health and safety of all building occupants.

### **Scope of Work:**

The contractor shall be able to provide personnel who have been fully trained in all phases of HVAC, air vents and duct systems operation, maintenance, adjustment, and repair. Contractor's personnel should also have familiarity with all types of components including controllers, electrical components, general preventative maintenance, repairs, and new installations of a variety of brands and models. The contractor and staff shall have expertise and experience in HVAC management to include the following but not limited to:

Assessments and approvals needed for Head Start sites:

1. Complete an assessment on the condition of all HVAC units, air vents and ducts.
2. Upgrade and install HVAC units and the repair/replacement/cleaning of air vents and ducts that all applies to code and compliance standards, upon NHS approval.
3. Provide a scope of work and quote needed for all repairs.
4. Ensure a work order is provided by the Navajo Head Start Facility Support Service Coordinator before services are started.
5. All parts and supplies should be properly disposed in accordance with EPA regulations, upon approval of Navajo Head Start.

Work:

6. Provide routine preventative HVAC maintenance services including air vents and duct services.
7. Major and minor repairs on the HVAC, air vents and duct systems.
8. Provide services when needed.
9. Provide new materials used on all HVAC, air vents and duct systems and shall be free of defects and pass inspection.
10. Provide labor, supplies, parts, and equipment for the HVAC, air vents and duct services.
11. Provide a schedule and detail of each location within the district of what needs repairs and upgrades.

12. Provide a timeline of when work is complete longer than 24 hours, dependent upon the supplies needed for the work.
13. Provide start up and inspections before start of services and after services have been completed.
14. Provide a sticker for HVAC system to verify service date.
15. Routine maintenance and repairs shall be done in accordance with federal and Navajo Nation regulations and codes.
16. Services to be performed and completed in accordance with industry acceptable standards.
17. Ensure work order is signed and returned to the Navajo Head Start Facility Support Service Coordinator.
18. Warranty Service: Extended warranty parts and labor (define maximum number of years available).
19. Dispose of all hazardous materials when repairs or changing any HVAC units.
20. Must comply with all Federal and Navajo Nation Regulations.

#### Payments

21. Provide labor and parts for all Head Start facilities.
22. Invoice Navajo Head Start Central Office under this contract.
23. Understands that additional Head Start centers may become operational or closed within the contract period. Contract can be amended to address additional or decrease of Head Start centers as necessary.
24. Ensure service cost such as labor, travel time, mileage, parts, and supplies are reasonable and are for the work completed for the applicable Navajo Head Start facilities.
25. Each scope of work shall include all applicable taxes associated with each project that include 6% taxes for the Navajo Nation and 7% taxes for Tuba City.
26. Contract is subject to availability of funds.

All services shall be coordinated with Navajo Head Start Support Services Coordinator Jonathan Hale, [jonathanhale@nndode.org](mailto:jonathanhale@nndode.org) phone number 928-255-3909.

\*\* Attached is current table of all Head Start Centers that are in operation.

**RFP Submittal Deadline:**

All RFP's must be received/ mailed / or physically delivered by October 15, 2021 at 4:00 pm MDT 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  
SW Corner of Route 12 &  
Highway 264, Suite #2A  
Window Rock, AZ 86515

**SECTION II**

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

1. Navajo Nation Certification Regarding Debarment & Suspension (Attached)
2. Federal Form Tax W-9
3. Licensed, bonded, and current General Liability Insurance.

**A. Proposal Format:**

1. Respondent(s) must indicate 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 binder 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 sealed envelope.
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 contact for clarification:
  - e. Explicitly indicate acceptance of the conditions governing this procurement:
  - f. Be signed by the person responding to the RFP; and
  - g. Acknowledge receipt of any and 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 some 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.

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

**D. INQUIRIES:** Any inquiries regarding this RFP should be submitted in writing to Lavine J. Roan, Principal Contract Analyst / Darlene Begay, Senior Contract Analyst. Only written responses to questions will be considered official. All questions will be directed to Lavine J. Roan at 928-871-7061 email; [ljroan@navajo-nsn.gov](mailto:ljroan@navajo-nsn.gov) and/or Darlene Begay at 928-871-7090 email; [darlenebegay@nndode.org](mailto:darlenebegay@nndode.org). Questions regarding this procurement will be accepted until 5:00 p.m. MDT on **October 13, 2021**

- 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 4:00 p.m. (MDT) **October 15, 2021**. 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 any and 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 as a result 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 Completeness Clarity of Presentation Organization of Presentation Understanding NHS Objectives	1-10 points
b.	Statement of Qualifications List of three (3) Client References	1-20 points
c.	Technical Requirements Project description Projected accomplishments	1-20 points
d.	Project Management Project Management Experience Schedule/Project Plan Staffing Related Experience Education - Credentials	1-20 points
e.	Navajo Nation vendor, Priority 1 or 2 (not a requirement)	1-10 points
f.	Cost of Service	1-20 points

**Total possible points = 100**

**M. 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.

1. Contractor shall comply with Federal Awards Guidelines:
  - a. §200.330-Reporting on real property.
  - b. §200.331-Subrecipient and contactor determinations.
  - c. §200.338-Restrictions on public access to records.

**N. TAX:** All appropriate taxes should be included in 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 of 6% (24 N.N.C. Section 601 et. seq.)

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

### **SECTION III**

#### **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.



## Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	
	<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	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> 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 <b>not</b> 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.	
	<input type="checkbox"/> Other (see instructions) ▶ _____ (Applies to accounts maintained outside the U.S.)	
	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):	
Exempt payee code (if any) _____		
Exemption from FATCA reporting code (if any) _____		
<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)		

<b>Part I Taxpayer Identification Number (TIN)</b>																					
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.																					
<b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.																					
<b>Social security number</b>																					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>																					
<b>OR</b>																					
<b>Employer identification number</b>																					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>																					

<b>Part II Certification</b>	
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.	
<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.	

<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).

### 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-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 and  
Suspension**

Applicant acknowledges that to the best of his/her knowledge that their company and principal participants on this contract:

1. Are not debarred, suspended, or otherwise slated for debarment, ineligible and/or excluded from participation on Federal, State, and Tribal Government contracts etc.
2. Are not presently nor have been under criminal indictment or civilly charged by a governmental entity (Federal, State, and Tribal Government) for fraud, forgery, falsification, theft, bribery, destruction of records, receiving stolen property and other criminal offenses in the administration of a government contract.
3. Have not been terminated for cause or convenience by a governmental entity in the administration of a government contract (Federal, State, and Tribal Government).
4. If the Navajo Nation determines that the Certificate provided herein is not true, it will be grounds to terminate the contract and pursue other legal remedies.

Applicant's Address


Name & Signature of Applicant

Type or Print Name	
Signature	Date

## Navajo Head Start: Enrollment Report - August 16th Update

District 1		170	56
Duration		78	33
Seasonal		92	23

District 2		250	99
Duration		115	62
Seasonal		135	37

District 3		363	150
Duration		201	102
Seasonal		162	28

District 4		243	107
Duration		111	83
Seasonal		182	84

District 5		237	109
Duration		120	105
Seasonal		117	84

District 1	FE	AE
1 Nageezi	13	1
2 Nahnahnezad	12	3
3 Newcomb	20	9
4 Red Mesa	15	4
5 Red Valley	10	0
6 San Juan	18	4
7 Sanostee	15	0
8 Shiprock 1	20	8
9 Shiprock 2	20	12
10 Two Grey Hills	12	5
11 Upper Fruitland	15	10

District 2	FE	AE
1 Beehaai	14	5
2 Chichilash	13	7
3 Church Rock 1	15	8
4 Church Rock 2	15	3
5 Crownpoint 1	20	10
6 Crownpoint 2	20	11
7 Little Water	15	4
8 Nahood'English	15	5
9 Pinedale 1	15	3
10 Pinedale 2	15	1
11 Pueblo Pintado	15	1
12 Red Rock	20	6
13 Smith Lake	18	5
14 Thoreau	20	16
15 Terreon	20	14

District 3	FE	AE
1 Cornfields	14	1
2 Crystal	20	14
3 Dixon	15	0
4 Ganado	15	7
5 Jeddito	14	0
6 Kin Dah Lihni	20	8
7 Lupton	14	7
8 Rural	18	14
9 Sawmill	20	15
10 St. Michaels 1	20	11
11 St. Michaels 2	20	7
12 Steamboat	15	10
13 Tohatchi 1	19	2
14 Tohatchi 2	18	5
15 Tseyatoh	14	1
16 Twin Lakes	17	8
17 Wiele Ruins	10	0
18 Window Rock 1	20	16
19 Window Rock 2	20	2
20 Window Rock 3	20	0
21 Window Rock 4	20	1

District 4	FE	AE
1 Blue Gap	14	12
2 Chinle	20	20
3 Chinle Valley	18	9
4 Cottonwood	14	5
5 Del Muerto 1	20	5
6 Del Muerto 2	18	7
7 Low Mountain	14	5
8 Lukachukai 1	20	20
9 Lukachukai 2	20	10
10 Many Farms 1	17	15
11 Many Farms 2	15	9
12 Many Farms 3	15	10
13 Nazini	14	5
14 Pinon 1	15	7
15 Pinon 2	14	5
16 Rough Rock	10	8
17 Tsalle	20	13
18 Whippoorwill	14	0

District 5	FE	AE
1 Cameron	20	20
2 Cowpings	14	10
3 Dennehotso	14	10
4 Gap	14	12
5 Inscription House	14	5
6 Kayenta 1	17	4
7 Kayenta 2	17	8
8 Kayenta 3	17	14
9 Leupp	10	1
10 Navajo Mountain	12	7
11 Ojito	15	14
12 Rock Point	18	11
13 Shonto	15	13
14 Tonaile	20	20
15 Tuba City	20	20

Early Head Start		FE	AE
1 Shiprock EHS Infant		8	7
2 Shiprock EHS Toddler		9	7

Early Head Start		FE	AE
1 Ft Defiance EHS Infant		4	4
2 Ft Defiance EHS Toddler		8	8

Early Head Start		FE	AE
1 Dine College EHS Toddler		8	8

Early Head Start		FE	AE
Head Start		1313	621
Duration		625	385
Seasonal		688	236
EHS		37	34
NHS		1350	655

Totals		FE	AE
Head Start		1313	621
Duration		625	385
Seasonal		688	236
EHS		37	34
NHS		1350	655