



The Navajo Nation **DR. BUU NYGREN** *PRESIDENT*
Yideeskáadi Nitsáhákees **RICHELLE MONTOYA** *VICE PRESIDENT*

Request for Proposals
Navajo Nation Department of Corrections-Tuba City District
Emergency Repair on Security System and plumbing
BID# 25-05-3675LE

Project Title:

The Navajo Nation Department of Corrections-Tuba City Adult Facility is requesting proposals from firms interested and qualified in providing an emergency repair on security system service and plumbing.

Proposal Due Date: Friday, May 23, 2025, at 5:00pm DST
LATE PROPOSALS WILL NOT BE ACCEPTED

Proposal:

All interested and qualified parties are invited to review and respond to this Request for Proposal at their discretion. All questions pertaining to the contents of the RFP as a respondent may contact Jennifer Babbitt, Corrections Lieutenant at the Tuba City Department of Corrections Phone: (928) 283-3005 or email: jbabbitt@navajo-nsn.gov or Sammy Manymules, Building Maintenance Supervisor email: sammy.manymules@navajo-nsn.gov. There will be an on-site pre bid meeting on **May 16, 2025, at 10:00 am DST**.

All parties responding to this bid# are instructed to submit or send three (3) proposals to the following address:

The Navajo Nation
Department of Corrections
Attention: Jennifer Babbitt, Corrections Lieutenant
240 S. Main Street Building B
P.O. Box 1899
Tuba City, AZ 86045

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# 25-05-3675LE
Navajo Department of Corrections-Tuba City
Emergency Repair on Security System and plumbing

DO NOT OPEN-BID PROPOSAL

RFP # 25-05-3675LE

GENERAL INFORMATION AND GUIDELINES FOR THIS RFP

1. DESCRIPTION OF THE ORGANIZATION

The Navajo Nation Department of Corrections-Tuba City Adult Facility is 111,000 sq ft. and houses adult offenders for the western Navajo Nation reservation.

2. SCOPE OF THE CONTRACT

The Navajo Nation Department of Corrections-Tuba City District intends to enter into a professional services contract with the (1) one responsible, qualified, and independent contractor to provide work and supplies as described.

3. 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.

- a. A legitimate and credible vendor with a minimum of 5 years' experience and a history with providing similar services to other detention facilities.
- b. The Navajo Business Opportunity Act 5 NNC § 201, 205 will apply.
- c. All workmanship and materials shall comply with applicable Safety Codes.
- d. A detailed scope of work and drawings of all work.

4. SCOPE OF WORK

The Navajo Nation is seeking a Contractor that can provide or conduct all of the following services:

SCOPE OF WORK

Objective

- Provide comprehensive troubleshooting and repair on security system at the Tuba City Department of Corrections. The Company will identify and repair all affected parts of the security system disabled by the lightning strike (Cameras, Intercom, Door Locks, Network Switches, Wires, etc). The Company will repair and replace all leaking and non-operational parts of the kitchen, laundry room and connected bathroom plumbing.

Equipment to Be Serviced

- Intercom
 - a. Field Devices
 - i. Replace (10) Harding ICE-400 Intercom devices
 - ii. Replace (10) 18/2 intercom cable
 - iii. Replace (2) QBC-120-1 Quick Connect Board
 - iv. Replace (1) Harding DCE
- CCTV
 - Field Devices

- Replace (2) 2.0 MP Avigilon Cameras (Booking, Classroom)
 - Replace (5) 2.0 MP Avigilon Cameras (J, K)
 - Replace (7) Video Data Lines
 - Replace (1) Operator PC's
 - Repair or replace elevator camera
- Network Switches
 - Replace 7 Network Switches
 - Program network switches
- Programing
 - Add to existing camera system
 - Verify existing intercom system after replacement of field devices
- Plumbing
 - Kitchen Plumbing
 - Replace (2) Hand Sink, 14" wide x 10" FtB x 5" deep bowl
 - Replace (4) Double Pantry Faucet ½ NPT male inlets
 - Replace (4) V 8" deck mount pantry faucet 10" swing
 - Replace (4) 8" wall Mount Mixing Faucet Pre-Rinse Faucet
 - Replace (4) 8" wall Mount Mixing Faucet Pre-Rinse Faucet w/8" L-Nozzle
 - Replace (4) 4" HOT WRIST BLD HDL
 - Replace (4) 4" COLD WRIST BLD HDL
 - Replace (4) Everpure 961716 Replacement Cartridge 4CB5
 - Replace (4) 3 1/2" Waste drain valve gasket
 - Replace (2) 3000 Salvador waste garbage disposal
 - Relocation of 2 Water spigots
 - Addition of 4 water spigots
 - Bathroom Plumbing
 - Replace (2) 1.28 gpf Exposed AquaVantage Flush Valve
 - Service to stop leaks
 - Laundry Room Plumbing
 - Removal of obstruction in line or replacement
 - Backflow Inspection
 - Full Facility inspection and recommended maintenance

END OF SCOPE OF WORK

5. REQUIREMENTS

The respondent will furnish all requested (required) information as specified in the RFP (Section 4. Proposal Content and required information)

6. PROPOSAL CONTENT AND REQUIRED INFORMATION

Please utilize the outline described below with 3 copies.

- a. Organization letter expressing your interest and a brief description of your proposed services. (DO NOT reveal or make reference to the cost in this letter).
- b. *Costs are to be submitted in a separate sealed envelope. (Detailed breakdown of costs: Materials, Labor, and other applicable costs: Tuba City Chapter Tax 6%).*
- c. Organization qualifications and project experience on the Navajo Nation. Include project site(s), and site contact information.
- d. Scope of Work.
- e. Product Specification including cut sheets.
- f. Design (detailed plans).
- g. Project Schedule.
- h. Copies of licenses, certifications, and insurance certifications
- i. Compliance: Any proposal that does not adhere to this format and does not address each specification, requirement, or scope of work as outlined, may be deemed non-responsive and rejected on that basis.

7. EVALUATION PROCESS (Pre-qualifying process)

- a. Evaluation Criteria
 - i. Qualifications, credentials, and 5 years work experience on the Navajo Nation. This includes the capabilities to provide all requested services. (20 points)
 - ii. Quality of products, ability, and warranty services. (20 points)
 - iii. Project Schedule. (20 points)
 - iv. Maintenance service plan (20 points)
 - v. Cost (enclosed in a separate sealed envelope). (20 points)
- b. Applicable Federal Requirements (25 CFR 900, OMB Circular A-87, GSA qualified vendor, etc.)
- c. The Navajo Nation Department of Corrections-Tuba City District reserves the right to interview respondents if deemed necessary due to tied scores or other legitimate matters. This may entail a presentation from the respondent for clarification and/or details on products or other requirements. The presentation will be scheduled to be presented in Tuba City, AZ (if necessary). It is the TCDOC intention to award One (1) to provide all services as specified.

8. TYPE OF CONTRACT

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

9. PERIOD OF PERFORMANCE

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

10. TECHNICAL DIRECTION

The Navajo Nation TCDOC point of contact is Jennifer Babbitt, Corrections Lieutenant, for the Tuba City Department of Corrections for inquiries related to specifications for the security system, and other matters, etc. Questions and answers will be shared with all respondents. Jennifer Babbitt, Corrections Lieutenant email address: jbabbitt@navajo-nsn.gov or Sammy Manymules, Building Maintenance Worker email address: sammy.manymules@navajo-nsn.gov .

11. PAYMENT AND SUBMISSION OF INVOICES

The Navajo Nation Professional Service Contract will describe this section.

12. RIGHTS

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

13. AGREEMENTS TERMS AND CONDITIONS

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

14. OTHER

See attachments

Exhibit A
IRS form W9 (2024 version)

Form (Rev. March 2024) Department of the Treasury Internal Revenue Service	W-9 Request for Taxpayer Identification Number and Certification Go to 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 <i>Purpose of Form</i> , below.												
Print or type. See <i>Specific Instructions</i> 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) Note: 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) _____	4 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) _____ (Applies to accounts maintained outside the United States.)										
	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 <input type="checkbox"/>											
	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 <i>How to get a TIN</i> , later. Note: If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.												
<table><tr><td colspan="2">Social security number</td></tr><tr><td><div></div></td><td><div></div></td></tr><tr><td colspan="2">or</td></tr><tr><td colspan="2">Employer identification number</td></tr><tr><td><div></div></td><td><div></div></td></tr></table>			Social security number		<div></div>	<div></div>	or		Employer identification number		<div></div>	<div></div>
Social security number												
<div></div>	<div></div>											
or												
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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										

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.

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

Exhibit B

Navajo Nation Debarment and Suspension

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