

The Navajo Nation Dr. Buu Nygren President

Yideeską́ ądi Nitsáhákees | Think for the Future

Request for Proposal

The Navajo Nation Department of Corrections-Tuba City District Adult

- A. Building Automation & Process Automation System
 - B. Control Network Troubleshooting and Repair
 - C. Electric Troubleshooting and Mechanical
 - D. Rooftop Units (5) Five Affected Issues Identified

BID# 25-05-3701SB

Date: September 16, 2025

Project Title:

GENERAL INFORMATION AND GUIDELINES FOR THIS RFP NAVAJO NATION DEPARTMENT OF CORRECTION-TUBA CITY DISTRICT TUBA CITY, AZ (BUILDING AUTOMATION SYSTEM, PROCESS AUTOMATION SYSTEM, CONTROL NETWORK TROUBLESHOOTING/REPAIR. ELECTRICAL TROUBLESHOOTING AND MECHANICAL)

1. DESCRIPTION OF THE ORGANIZATION

The Navajo Nation Department of Corrections-Tuba City District is a Corrections facility for Adult Offenders. The Facility has a currently (9) Roof Top HVAC Units and (4) Condensing Units and a Building Automation System BSA.

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 HVAC Contractor to provide work 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 years of experience and a history with providing HVAC service and installation.
- b. A resume & Statement of Qualifications
- c. The Navajo Business Opportunity Act 5 NNC § 201, 205 will apply.
- d. All workmanship and materials shall comply with applicable Safety Codes (OSHA).
- e. In detail provided how the company would accomplish the objectives described in the scope of work.
- f. Provide Resume & Credentials of Employees working on building.

4. SCOPE OF WORK

The Navajo Nation Department of Corrections-Tuba City District is seeking a HVAC Contractor that can provide and conduct all the following services:

- a. Automation and Process System:
 - Upgrade the existing HVAC automation system from the Metasys System, a standalone system to improve monitoring, control, and user accessibility. The existing system has components which are 2 NAE Global Controllers, Jace Controller and Software running for the facility. Removal and decommission existing controllers. Safely disconnect old hardware and software while maintaining integrity of HVAC functions during transition. Implement the standalone system for comprehensive HVAC automation. Configure alarming and trending of critical points for improved monitoring. Ensure system integration to display all the temperature setpoints directly on equipment graphics for ease adjustment. On system testing and optimization, verify accurate alarming and trending functionality. Conduct system checks for temperature control and user interface responsiveness. Provide necessary training and documentation for endusers to operate the new system effectively.
- b. Control Network Troubleshooting and Repair:
 Initial Assessment and diagnostic include assessing the network which connects all the rooftop units (RTU), variable air volume (VAV), exhaust fans, and (2) two boilers that are integrated. Identify the root cause of HVAC control network and all affected VAV boxes. Clarify and check system architecture, connectivity paths, and network interruptions. Repair or faulty controllers, wiring and network. Reconfigure VAV box addresses and settings, if necessary, with update software, firmware, and adjust network settings to restore communication. Testing and validation, conduct thorough testing to confirm proper functionality of the HVAC control network. Verify all VAV boxes respond to commands and integrated correctly. Perform final system validation and functionality.
- c. Electrical Troubleshooting and Repair:
 Initial assessment, diagnosis and safety measures include assessing high voltage electrical systems on motor starters and fire relays. The high voltage electrical issues affecting exhaust fan motors starters, fire relays, connectors, circuit breakers, and related components. Identify root cause of malfunction or damage. Perform voltage testing using proper electrical testing tools. Check circuit breakers, fuses, and wiring connections for malfunctions. Assess grounding, load distribution, and power fluctuations. Inspect outlets, switches and control panels. Testing and Validation, conduct thorough testing to confirm proper functionality. Provide a detailed troubleshoot report of findings and actions taken.
- E. Rooftop HVAC Units (5) Five Units Affected Issues Identified:
 - i. RTU 102: Refrigerant Leak, access the compressor section and all areas piping and components are located. Pressurized with nitrogen 1 and 2 and check for leaks. Once leaks are located, the leaks will be repaired, and the unit will be re-charged with refrigerated. Conduct testing and validation. Provide report of detailed of findings and actions taken.
 - ii. RTU 201: Compressor troubleshooting of short cycling issues. Trace the root cause of short cycling and repair the issue. Provide report of detailed of findings and actions taken.

- iii. RTU 301: Compressor is non operational, LOTO 301. Recover refrigerant form compressors 1M and 2M and dispose of. Remove compressors 1M and 2M. Supply and install (2) two new compressors. Pressurize the system with nitrogen and check for leaks. Release the nitrogen pressure and evacuate the system. Charge system with new R-410a refrigerant according to manufacture specification and make all necessary electrical connections. Restore the power and validate functionality. Provide reports of detailed actions taken.
- iv. RTU 501: Refrigerant leak and repair. LOTO 501. Access the compressor section and all the piping and components are located. Pressurized circuit 1 with nitrogen and check for leaks. Once the leak is located, the leaks will be repaired, and the unit will be re-charged with refrigerant. Conduct testing and validation for leak checks. Provide detailed report on the findings and actions taken.
- v. RTU 601: Compressor is non-operational and requires replacement. LOTO 601. Recover the refrigerant from compressor 2M compressor and dispose of. Disconnect and remove compressor 2M. Supply and install a new compressor. Check for leaks using nitrogen to pressure. Release the nitrogen pressure and evacuate the system. Restore the power and validate functionality. Provide reports of detailed actions.

5. 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. Schedule.
- h. Copies of licenses, certifications, Navajo Nation Debarment and Suspension Form, IRS form W-9 (3/2024 version), Certificate of Liability Insurance and Navajo Nation Business License (Navajo Owned Business).
- i. Compliance: Any proposal that do not adhere to this format and do not address each specification, requirement, or scope of work as outlined, may be deemed non-responsive and rejected on that basis.

6. EVALUATION PROCESS (Pre-qualifying process)

- a. Evaluation Criteria
 - i. Qualifications and credentials in preforming the service sought (20 points)
 - ii. Work experience on the Navajo Nation. This includes the capabilities to provide all requested services. (15 points)

- iii. Resume or other description of qualifications of relevant experience (15 points)
- iv. Scope of Work (15 points)
- v. Proposal Packet Completeness (15 points)
 - 1. Navajo Nation Debarment and Suspension (5 points)
 - 2. W-9 Form (3/2024) (5 points)
 - 3. Certification of Liability Insurance (5 points)
- vi. Cost (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.

7. TYPE OF CONTRACT

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

8. TAX

All appropriate taxes should be included in cost of services including the Tuba City Chapter Sales Tax. All work performed in Tuba City within the territorial jurisdiction of the Navajo Nation is subject to the 6% sales tax of the Tuba City Local Government. To'nanees'dizi Local Government Tax Code Sales Tax Regulations Section 1-105. CONTRACTOR WILL BE RESPONSIBLE FOR ALL TAXES PAYABLE TO THE TUBA CITY CHAPTER.

9. TERM

The Navajo Nation will not relinquish any of its sovereignty rights.

10. COMPLIANCE WITH LAWS AND REGULATIONS

The successful Vendor shall comply with all Federal, Tribal, State and Local Laws, regulations and Navajo Nation rules and policies pertaining to work under are charge, and shall, at its expense, procure any permits that may be required.

11. 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.

12. TECHNICAL DIRECTION

The Navajo Nation TCDOC point of contact is Sammy Manymules, Building Maintenance Supervisor for the Tuba City Department of Corrections for inquiries related to specifications for the HVAC system, and other matters, etc. Jennifer Babbitt,

Corrections Lieutenant email address: <u>jbabbitt@navajo-nsn.gov</u> or Sammy Manymules email address: <u>sammy.manymules@navajo-nsn.gov</u>.

13. PAYMENT AND SUBMISSION OF INVOICES

The Navajo Nation Professional Service Contract will describe this section.

14. 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.

15. AGREEMENTS TERMS AND CONDITIONS

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

16. OTHER

Exhibit A **IRS Form W-9**

(Rev. March 2024) Department of the Treasury Internal Revenue Service

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.

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	у(1	Du begin. For guidance related to the purpose of Form W-9, see Pur Name of entity/individual. An entry is required. (For a sole proprietor or disreguing to the proprietor of the purpose of Form W-9, see Pur Name of entity/individual.		wner's n	ame	on lii	ne 1, an	d er	nter 1	the bus	sines	s/dis	regarded	
		entity's name on line 2.)												
	2 Business name/disregarded entity name, if different from above.													
age 3.	3а	Check the appropriate box for federal tax classification of the entity/individual only one of the following seven boxes.	al whose name is entered on line 1. Check				c	4 Exemptions (codes apply only to certain entities, not individuals;						
uo t						ate		see instructions on page 3):						
Print or type. See Specific Instructions on page	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.						Exe Cor	Exempt payee code (if any) Exemption from Foreign Account Tax Compliance Act (FATCA) reporting						
Prin	Other (see instructions)							code (if any)						
Specifi	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							(Applies to accounts maintained outside the United States.)						
See	5	Address (number, street, and apt. or suite no.). See instructions.		Requester's name and address (optional)										
t	6	City, state, and ZIP code		+										
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oackup	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									٦_				
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</i>														
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Part														
		nalties of perjury, I certify that:							,					
2. I am	nc	mber shown on this form is my correct taxpayer identification number t subject to backup withholding because (a) I am exempt from back to (IRS) that I am subject to backup withholding as a result of a failure	up withholding, or (b)	I have r	not b	een	notifie	d b	y th	e Inte				
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		U.S. citizen or other U.S. person (defined below); and												
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becaus acquisi	e y	ion instructions. You must cross out item 2 above if you have been no ou have failed to report all interest and dividends on your tax return. For no rabandonment of secured property, cancellation of debt, contribution interest and dividends, you are not required to sign the certification, b	or real estate transactions to an individual ret	ons, iten irement	n 2 d arrai	oes ngen	not app nent (IF	oly. RA),	For and	mortg I, gene	age erally	inter	est paid ments	
Sign Here		Signature of U.S. person	Date											
Gen	е	ral Instructions	New line 3b has b											
Section references are to the Internal Revenue Code unless otherwise noted.			required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-to another flow-through entity in which it has an ownership interest. This											
related	to	evelopments. For the latest information about developments Form W-9 and its instructions, such as legislation enacted were published, go to www.irs.gov/FormW9.	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											
Wha	ť	s New	partners may be req	uired to	con	nple	te Sch	edu	les	K-2 ar	nd K	(-3. S	See the	
Line 3a	h:	as been modified to clarify how a disregarded entity completes	Partnership Instructi	ons tor	ocn	eaul	es N-2	anc	ı N-	o (FO	m 1	ບບວ).		

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

Cat. No. 10231X

Form **W-9** (Rev. 3-2024)

Exhibit B Navajo Nation Debarment and Suspension

NAVAJO NATION CERTIFICATION

Regarding Debarment, Suspension, and Contracting Eligibility

- 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;
 - Been convicted under antitrust statutes arising out of the submission of bids or proposals;
 - D. Violated contract provisions, including:
 - 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
 - Any other cause so serious and compelling as to affect responsibility as a Navajo Nation contractor, including debarment by another governmental entity.
- 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 Debarment, Suspension, and Eligibility Form – NNDOJ/TFU.14Jul22 Page 1 of 2 Navajo Nation, in its present form or in any other identifiable capacity, pursuant to 12 N.N.C. \S 1501 and 5 N.N.C. \S 301. Applicant also acknowledges that per 12 N.N.C. \S 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

Navajo Nation Debarment, Suspension, and Eligibility Form – NNDOJ/TFU.14Jul22 Page 2 of 2