

Navajo Nation Division for Children and Family
Services REQUEST FOR PROPOSAL

ADDENDUM # ONE

BID NO. 25-06-3733DB

Bids Due: June 17, 2024, at 3:00 p.m.
Description: Evaluation Consultation and Services
Contact Person: Brenda Tsosie, Principal Accountant
Phone: 928.871.6851
Email: Brenda.Tsosie@ndcfs.org

Bids using FedEx, UPS, postal mail, or personal delivery must be submitted to:

Physical Address: Navajo Division for Children and Family Services
2296 Administration Bldg. #2
Window Rock, AZ 86515
Attn: Brenda Tsosie, Principal Accountant

Mailing Address: Navajo Division for Children and Family Services
PO Box 4590
Window Rock, AZ 86515
Attn: Brenda Tsosie, Principal Accountant

Bids may be electronically mailed to: Brenda.Tsosie@ndcfs.org

1. Respondent Requirements

- a. All respondents must have at a minimum the capabilities listed herein to perform the duties and responsibilities of the Scope of Work. Bid Bids must reflect in detail the inclusion of these services and additional forms required. Respondents should also provide technical information about the delivery of services required in the Request for Proposal (RFP).
- b. Vendors must demonstrate years of experience and a description of past evaluation services, which may include developing evaluation tools, strategies, and methodologies. Vendors must have experience with data collection, analyzing data, preparing reports, and providing recommendations for improvement or changes. Vendors may also include licensures and certifications.
- c. Vendors must have the ability to engage with task groups, advisory committees, planning committees, departments, and high-level tribal leadership.
- d. This project is based on cost-reimbursement and therefore, vendors must demonstrate financial stability and have a process to submit all required documentation for the processing of reimbursement claims.

2. Scope of Work

- a. The Navajo Division for Children and Family Services is requesting Bids from qualified vendors to perform quality improvement activities for the Dine Action Plan (DAP) initiative. The quality improvement activities will include but not limited to: ensure that the DAP task groups are aligned with DAP goals and objectives; participate in up to 15 DAP related meetings; creating and utilizing evaluation tools and resources to help DAP advisory committee and task group to implement and oversee quality improvement; implementing community-based participatory evaluation; and assist in analyzing data collected; and preparing a report with recommendations.
- b. Vendors must have an existing continuous quality control component within its organization; have established evaluation tools and methods; and have the capability to provide immediate technical assistance.
- c. Vendor must comply with current evaluation and monitoring tools that is tailored to tribal communities.
- d. All work performed must be culturally sensitive and adaptable.

3. Funds Availability

- a. The contract will be contingent upon availability of funds.
- b. Vendors must have financial policies and procedures in compliance with Generally Accepted Accounting Principles.

All RFPs must be received by the NDCFS on or before June 17, 2025, at 3:00 PM (DST).

The following documents are required and must be submitted:

1. Navajo Nation Certification regarding Debarment and Suspension
2. W-9 Form Request for Taxpayer Identification Number and Certification
3. Licensed, bonded, and current Certificate of Liability Insurance
4. Curriculum Vitae or Resume outlining previous projects and work experience.

Bids Format:

1. A letter of transmittal
2. Bids on contract in accordance with Part 2 of the RFP - Scope of Work
3. Detailed Cost and Grand Total contract amount for all services for this RFP.

**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

**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 *Purpose of Form*, below.

| | | |
|--|---|--|
| Print or type. See Specific Instructions 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 *How to get a TIN*, later.

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.

| | |
|---------------------------------------|----------------------|
| Social security number | |
| <input type="text"/> | <input type="text"/> |
| or | |
| Employer identification number | |
| <input type="text"/> | <input type="text"/> |

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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