

NAVAJO SPECIAL DIABETES PROGRAM
REQUEST FOR PROPOSALS (RFP)
“HVAC SYSTEM UNIT REPAIR SERVICES”
RE-BID #: 25-07-3800DB
DUE DATE: September 19, 2025

Navajo Special Diabetes Program (NSDP) is soliciting bids for HVAC System repairs services on seven (7) NSDP Service Area Offices/Wellness Center’s HVAC System Units on the Navajo Nation. The purpose of the RFP is to solicit bids to establish a contract for the provision of HVAC repair services.

Each proposer shall do its own examination, investigation and research regarding the proper method of doing the work, all conditions affecting the work to be done, the labor, the equipment and materials, and the quantity of the work to be performed. By execution of the contract the successful proposer will expressly represent that it has satisfied itself with its own investigation and research regarding all such conditions, and that the successful proposer’s decision to enter the contract is based upon such investigation and research, and that proposer does not rely on any representations made or information provided by the NSDP. By submission of a proposal each proposer represents that it shall make no claim against the NSDP because of any estimates, statements or interpretations made by any officer or agent of the NSDP which may prove to be erroneous in any respect.


The successful proposers will be responsible for providing labor, supervision, materials, equipment, transportation, service, and the shop facilities necessary to perform high quality work. The NSDP intends to award a service contract to the proposer that can establish a contractual relationship with a qualified proposer that can best provide the NSDP with quality solid waste disposal services as further described in this RFP.

The proposal format shall include: (1) a narrative outlining the project approach, qualifications, and current workload and capability; (2) a list of past projects completed on the Navajo Nation; (3) a list of three references and phone numbers from recent clients; and (4) copy of Business License and Certificate of Liability Insurance.

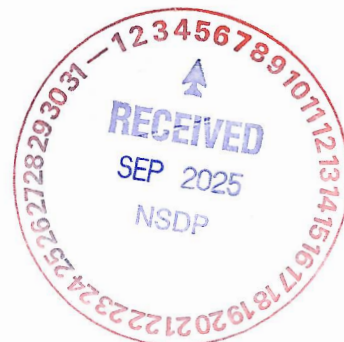
The contract will be awarded to the proposer who submits the best proposal in terms of: (1) services; (2) experience; (3) credentials; and (4) project budget.

Four copies of the proposal shall be submitted in a sealed envelope labeled “**HVAC SYSTEM UNIT REPAIR SERVICES**”- DO NOT OPEN,” to: Attn: Darren Begay, Buyer I, Navajo Nation Purchasing Service, Administration Building # 1, Window Rock Blvd., Window Rock, Arizona, or mailed to P.O. Box 3150, Window Rock, Arizona 86515. Bid documents and supplemental information regarding the project will be available online @ www.nnooc.org link: Purchasing. If any questions regarding this RFP call 928-871-6532 or email: Radeanna.Comb@navajo-nsn.gov

The Navajo Nation reserves the right to reject all proposals not within the projected budget and may elect to award the contract not solely in the bid amount but the bidders’ qualification. The due date for the proposal is September 19, 2025, 5:00 p.m.


Radeanna Comb, Program Manager III
Navajo Special Diabetes Program/NDOH

Date: September 5, 2025



REQUEST FOR PROPOSAL
“HVAC System Unit Repair Services”
Re-Bid #: 25-07-3800DB

SCOPE OF CONTRACT. The purpose of the Re-RFP is to solicit bids to establish a contract for the provision of HVAC System Unit repair services.

General Requirements

The “work” of this RFP is titled: HVAC System Unit Repair Service for the NSDP. The intent of this contract is to engage a “licensed” prime heating, ventilation, and air conditioning contractor to perform HVAC service and repairs to the NSDP’s various buildings throughout the Navajo Reservation.

This scope of work consists of HVAC maintenance and repair services. The consultant will provide labor, supervision, materials, equipment, transportation, service, and the shop facilities necessary to perform high quality work.

NSDP has the following facilities in need of HVAC repair and maintenance services to be fully functional and operational. Due to unknown factors, the consultant will be responsible for assessing the conditions of the building’s HVAC System and to develop and implement maintenance & repair services. The consultant will establish plans necessary to maintain, preserve, and keep the premises in good repair and condition.

A. Summary of Scope of Services:

- Consultant shall perform a comprehensive assessment of the project locations and provide labor, supervision, materials, equipment, transportation, service, and the shop facilities necessary to perform high quality work.
- The consultant shall furnish all materials, labor, equipment, supplies, tools, scaffolding, transportation, coordination, insurance as applicable, taxes, permits, and all other services, facilities and items necessary for the performance of the project. The work includes all materials, labor and equipment necessary or appropriate for the consultant to complete the project.
- Consultant shall report any inconsistencies, variances, obstructions, and/or interferences to the NSDP Project Manager prior to proceeding with repairs. The construction schedule and staging shall be coordinated with the owner to minimize interference with scheduled events.
- Consultant shall comply with codes, ordinances, rules, regulations, orders, and other legal requirements of Local Public Authority, which bear on the performance of the work.
- The consultant shall at times protect all finishers against damage resulting from the work performed. Any damage caused to the existing building elements shall be repaired or replaced to the satisfaction of the Owner at the Contractor’s expense.
- Consultant shall comply with all security procedures and shall provide Proof of Insurance prior to the start of work.
- A consultant shall be required to keep legible and detailed documentation on all work performed under this contract.
- The consultant shall be responsible for providing written documentation to the NSDP on any work that will affect the NSDP’s warranties or existing equipment. Written documentation must be provided prior to commencement of work.
- The consultant shall be responsible for the removal of all debris and trash before leaving the work area. Clean-up of the work shall be at no additional cost to the NSDP but can be included in the proposal.

B. PROPOSED WORKSITE LOCATIONS AND HVAC SYSTEM LISTINGS & DESCRIPTIONS:

Locations:	HVAC System Unit Description:	Model #:	Serial #:
Chinle NSDP Office	BARDS Gas/Electric Wall-Mount Unit	W60GI	324C102691265-1
Chinle NSDP Office	BARDS Gas/Electric Wall-Mount Unit	W60GI	324C102691267-1
Crownpoint Wellness Center	Carrier Roof Top Unit	LGH074U4EH2G	5619G05737
Crownpoint Wellness Center	Carrier Roof Top Unit	LGH152U4E41G	5619G10591
Crownpoint Wellness Center	Carrier Roof Top Unit	LGH09U4MM1G	5619G06088

Crownpoint Wellness Center	Carrier Roof Top Unit	LGH074U4EH1G	5619G05850
Crownpoint Wellness Center	Carrier Roof Top Unit	LGH036H4EB4G	5619G05339
Crownpoint Wellness Center	Carrier Roof Top Unit	LGH048H4EM4G	5619G05341
Crownpoint Wellness Center	Carrier Roof Top Unit	LGH060H4EH4G	5619G05205
Crownpoint Wellness Center	Carrier Roof Top Unit	LGH04844EM4G	5619G05340
Dilkon Wellness Center	GOODMAN COPELAND SCROLL	GSX130481BA	1002536232
Dilkon Wellness Center	GOODMAN COPELAND SCROLL	GSX130601AB	0912020536
Dilkon Wellness Center	GOODMAN COPELAND SCROLL	GSX130601AB	0912059212
Dilkon Wellness Center	GOODMAN COPELAND SCROLL	GSX130481BA	1001744963
Kayenta NSDP Office	BARDS Gas/Electric Wall-Mount Unit	W60GI-ANCXX4XXX	324C102691266-1
Kayenta NSDP Office	BARDS Gas/Electric Wall-Mount Unit	W60GI-ANCXX4XXX	324C102691264-1
Teecnospos Wellness Center	DAIKIN COMPANY	DCC06XXX3BXXXAA	1502530130
Teecnospos Wellness Center	DAIKIN COMPANY	DCC06XXX3BXXXAB	1504351494
Teecnospos Wellness Center	DAIKIN COMPANY	DCC036XXX3BXXXAA	150439595
Teecnospos Wellness Center	DAIKIN COMPANY	DCC06XXX3BXXXAB	1504351495
Teecnospos Wellness Center	DAIKIN COMPANY	DCC06XXX3BXXXAB	150435146
Teecnospos Wellness Center	DAIKIN COMPANY	DCC06XXX3BXXXAB	1505149001
Tuba City Wellness Center	BARDS Gas/Electric 5-ton	WG421-ANBVX4XXX	126H011641583-1
Tuba City Wellness Center	BARDS Gas/Electric 5-ton	WG421-ANBVX4XXX	126H011641582-1
Tuba City Wellness Center	BARDS Gas/Electric 5-ton	WAG40D-A54X	126J991367200-1
Tuba City Wellness Center	BARDS Gas/Electric 5-ton	WAG40D-A54XX	126B991318795-1
Tuba City Wellness Center	BARDS Gas/Electric 5-ton	WAG40D-A54XX	126J991367202-1
Tuba City Wellness Center	BARDS Gas/Electric 5-ton	WAG40D-A54XX	126B991318792-1
Tuba City Wellness Center	BARDS Gas/Electric 5-ton	WG421-ANBVX4XXX	126H011641583-1
Window Rock Wellness Center	Goodman	GPG13600903A	0602581907
Window Rock Wellness Center	Goodman	GPG13600903A	06022560251
Window Rock Wellness Center	Goodman	GPG13600903A	06022581909
Window Rock Wellness Center	Goodman	GPG13600903A	0602560222
Window Rock Wellness Center	Goodman	GPG13600903A	0602560217
Window Rock Wellness Center	Goodman	GPG13600903A	0602581897
Window Rock Wellness Center	Goodman	GPG13600903A	0602560223
Window Rock Wellness Center	Goodman	GPG13600903A	0602581916
Window Rock Wellness Center	Goodman	GPG13600903A	0602560247
Window Rock Wellness Center	Goodman	GPG13600903A	0602581887

QUESTIONS

Questions should be directed at:
Randall Comb, Delegated Facility Coordinator
Navajo Special Diabetes Program
P O Box 3748
Window Rock, Arizona 86515
Email: rcomb@navajo-nsn.gov
Telephone: 928-871-6532
Fax: 928-871-6543

Navajo Special Diabetes Program Service Area Office Locations and Contact Listing:

Office Locations:	Contact Person:	Telephone #:
Chinle NSDP Office	Judith Jake	928-674-2422
Crownpoint NSDP Office	Sylvia Billie	505-786-2372
Dilkon Wellness Center	Garrett Tsosie	928-657-8119
Kayenta NSDP Office	Charlene Begay	928-697-5670
Teecnospos Wellness Center	Charlene Begay	505-612-9127
Tuba City Wellness Center	Keenan Barlow	928-283-3052
Window Rock Wellness Center	Evelyn Mahkee	928-871-7870



NONDISCRIMINATORY PRACTICES

In accordance with Title VI of the Civil Rights Act of 1964, 78 Stat. 252, 42 U.S.C. 2000d-4, the NSDP hereby notifies all bidders that it will affirmatively insure that in regard to any contract entered into pursuant to this advertisement, minority business enterprises will be offered full opportunity to submit bids in response to this invitation and will not be discriminated against on the basis of race, color, sex, or national origin for an award.

LIABILITY

NSDP assumes no responsibility or liability for the cost incurred by the contractor prior to the signing of an agreement. Total liability of NSDP is limited to the terms and conditions of any contract resulting from this RFP.

INDEMNIFICATION

The contractor shall indemnify and hold harmless the NSDP and its agents and employees, from and against all claims, damages, losses, and expenses, including attorney fees arising out of or resulting from the performance of the work, which includes all labor, materials and equipment required to produce the services required by the contract, provided that any such claim, damage, loss or expense: 1) is injury to or destruction of tangible property (*other than the work itself*), including the loss of use resulting there from; and 2) is caused in whole or in part by any negligent act or omission of the contractor, any subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, regardless of whether or not it is caused in part by a party indemnified hereunder. The contractor assumes full responsibility and liability for compliance with all local, state, federal laws and regulations applicable to the contractor and its employees, including, but not limited to, compliance with the Occupational Safety and Health Act of 1970.

PREVAILING WAGES

Each worker performing Work under this Contract shall be paid at a rate not less than the prevailing wage as defined in the Labor Code. The contractor shall post a copy of the applicable prevailing rates at the Worksite. This Project is subject to the prevailing wage requirements applicable to the locality in which the Work is to be performed for each craft, classification or type of worker needed to perform the Work, including employer payments for health and welfare, pension, vacation, apprenticeship and similar purposes. Each Contractor and Subcontractor must pay no less than the specified rates to all workers employed to work on the Project. The schedule of per diem wages is based upon a working day of eight hours. The rate for holiday and overtime work must be at least time and one-half. The Contract will be subject to compliance monitoring and enforcement by the Navajo Nation Office of Navajo Labor Relations. A certified copy of an employee's payroll record shall be made available for inspection or furnished to the employee or his or her authorized representative on request.

GENERAL PROPOSAL REQUIREMENTS

The proposals shall include the following:

Name of firm or company, business address, name of contact person, telephone number, fax number and email address (*if applicable*).

Price of service per facility and aggregate.

Reference s, especially government organizations, preferably governmental entities in Arizona or New Mexico.

Description of your firm, personnel and services provided.

Reason(s) why you believe your firm should provide these services to NSDP.

Copies of all applicable licenses and insurance certificate (*i.e., worker's compensation, general liability, unemployment compensation, etc.*).

Any other pertinent information that you believe will assist NSDP in understanding your company and assurances if awarded the contract, i.e., most recent financial statement, bonding certificate.

Changes made to the RFP as the result of a response by NSDP, to questions or concerns raised through correspondence with prospective bidders, will be in writing and provided to each bidder.

All information contained in the proposal is subject to disclosure.



SELECTION CRITERIA

Responses to this RFP will be evaluated based upon the following factors as presented in the bid proposals:

Capability, Qualifications and References – (30%)

The written proposal should indicate the ability of the contractor to meet the terms of the RFP.

The written proposal should indicate the competence of personnel whom the bidder intends to assign to the project.

Qualifications will be measured by training and experience, with reference to work experience in facilities of equal or greater size to that described in the RFP.

Emphasis will be placed upon the qualifications of the bidder's project manager.

Method of Approach – (20%)

This factor will be judged based upon the Work Plan provided in the Proposal.

Price - (50%)

This factor will be based on the total cost and the per hour rate of the service.

GENERAL CONDITIONS

In the event the premises specifically described herein are partially destroyed or damaged so that they are not used in whole or part, the fees set forth in the contract shall be proportionately reduced based on the remaining duties and functions described in the Schedule of Duties.

Insurance required during the entire length of agreement is as follows:

1. Worker's Compensation coverage per statutory requirements
2. Liability coverage as follows:

Bodily Injury Property Damage:	\$1 million per person	\$1 million each accident
	\$1 million each aggregate	\$1 million aggregate

ATTACHMENTS:

- W-9 Form
- NN Debarment Form
- Navajo Nation Contractor Affidavit of Non-Collusion Form

PROPOSED SCOPE OF SERVICES ON HVAC SYSTEM REPAIRS:

- Turn off the system and implement LOTO to ensure safety
- Remove and replace contactors
- Remove and replace capacitors
- Remove and replace the transformers
- Remove and replace the condenser fan motors
- Disconnect and remove the motors
- Install new motors
- Remove and replace the dual run caps
- Remove and replace the system contractors
- Remove and replace the outdoor fan motors
- Remove and replace compressor, dryer, compressor contactors
- Install new compressor, dryer, and compressor contactors
- Remove and replace inducer blower motors
- Remove and replace high limit switches
- Pressure tests the system with nitrogen
- Place the system on a vacuum
- Charge the system to factory specifications
- Turn on the system and verify operations
- Remove and replace fuses
- Check all electrician connections



**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
<div></div> <div></div> <div></div> - <div></div> <div></div> - <div></div> <div></div> <div></div> <div></div>
or
Employer identification number
<div></div> <div></div> - <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>

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.

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

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



NAVAJO NATION CONTRACTOR AFFIDAVIT OF NON-COLLUSION

For _____ (service type) for the _____ (name) Project,
located in the _____ (location) of the Navajo Nation, state of _____,
County of _____.

_____, (Affiant name), being first duly sworn, hereby deposes and says that:

1. He/she is the _____ (job title) of _____ (Entity Name), the Entity that has submitted/is submitting a Proposal, Statement of Qualification, or Bid to the Navajo Nation for the above-named Project;
2. is authorized to represent this Entity for purposes of the declarations set forth herein, and that all such declarations are made on behalf of said Entity and all of its owners, partners, officers, members, employees, officials, agents, or parties-in-interest;
3. is fully informed with respect to the preparation and contents of the Proposal, Statement of Qualification, or Bid submitted by said Entity for the above-named Project, and with respect to all pertinent circumstances regarding submission of said Proposal, Statement of Qualification, or Bid to the Navajo Nation.
4. Said Proposal, Statement of Qualification, or Bid is genuine and not collusive or sham;
5. Said Entity has not in any way colluded, conspired, connived, or agreed, directly or indirectly, with any other entity, bidder, or person, to:
 - a. submit a sham Proposal, Statement of Qualification, or Bid to the Navajo Nation in connection with the proposed contract for which said Proposal, Statement of Qualification, or Bid was/is being submitted, or
 - b. refrain from submitting a Proposal, Statement of Qualification, or Bid to the Navajo Nation in connection with the proposed contract;
6. Said Entity has not in any manner, directly or indirectly, sought by agreement or collusion, or communication or conference, with any other entity, bidder, or person, to:
 - a. fix any price or fee relating to any Proposal, Statement of Qualification, or Bid of said Entity or of any other entity, bidder, or person, or
 - b. to fix any price, overhead, profit, reimbursement, or cost element of said Proposal, Statement of Qualification, or Bid, or that of any entity, bidder, or person;
7. Said Entity has not, through any collusion, conspiracy, connivance, or unlawful written or oral agreement, secured any advantage against the Navajo Nation or against any other entity, bidder, or person interested in the proposed contract for the above-named Project;
8. All statements set forth herein, and in said Proposal, Statement of Qualification, or Bid submitted to the Navajo Nation, are true.

NOTARY:

Signature of Affiant

Printed name of Affiant

Title of Affiant

Name of Entity

Address of Entity

Entity Employer Identification Number (EIN)

Subscribed and Sworn before me this _____

day of _____, 20____

Notary Signature _____

My Commission expires _____





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

MEMORANDUM

TO: ~~ALL CONCERNED~~
FROM: *Radeanna Comb*
Radeanna Comb, Program Manager III
NDOH/Navajo Special Diabetes Program

DATE: July 25, 2025

SUBJECT: NSDP Standing Delegation of Authority

Effective immediately and until further notice, please be advised that the following personnel are delegated the authority to act as Program Manager III during my absence:

1. Faye H Sorrell, Health Planner
2. Claudeen Tallwood, Program Manager Food Distribution Program

These individuals are authorized to perform all routine duties of the Program Manager III, with the exception of certain documents that require my review, decision, and signature.

Thank you for your cooperation.

ACKNOWLEDGMENT:

Faye Sorrell
Faye H. Sorrell, Health Planner
NDOH/NSDP

Claudeen Tallwood
Claudeen Tallwood, Program Manager I
NDOH/ Food Distribution Program