

Navajo Nation Division for Children and Family Services  
REQUEST FOR BID  
BID NO. **25-08-3816SB**

Proposals and Bids Due: August 15, 2025  
Description: Youth Leadership Event  
Contact Person: Marlinda Littleman, Senior Programs/Projects Specialist  
Phone: 928.871.6829/6851  
Email: [mlittleman@ndcfs.org](mailto:mlittleman@ndcfs.org)

Proposal and Bids may be electronically mailed to: [mlittleman@ndcfs.org](mailto:mlittleman@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: Marlinda Littleman, SPPS

Mailing Address: Navajo Division for Children and Family Services  
PO Box 4590  
Window Rock, AZ 86515  
Attn: Marlinda Littleman, SPPS

1. Schedule of Activities and Timelines:

Schedule of Activities	Timelines
Begin advertising the <i>Request for Proposal</i>	August 7, 2025
Due Date to submit Proposal	August 15, 2015
Proposal and Cost Review	Week of August 18, 2025
Award Project	Week of August 25, 2025
Begin Contract or Payment Process	Week of August 25, 2025
Contract Executed or Purchase Order in Place	September 26, 2025

2. 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. Bids must reflect in detail the inclusion of these services and additional forms required. Respondents should also provide any

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 Hotel Hospitality Management and Event Management and may include credentials, including but not limited to licensures and certifications. All work performed must comply with required laws, safety codes and regulations.
- c. Vendors must have the ability to engage with a planning committee to finalize all event plans.
- 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.

### 3. Proposal Format

- a. Appearance of the proposal must be professional and presentable.
- b. Not more than 20 pages, one-sided.
- c. Spiral Bonded
- d. Letter of Interest must be included.

### 4. Addendum

- a. Any Addendum to this RFP will be submitted in writing to vendors who inquired about the RFP; and it will be posted on the Navajo Nation Office of the Controller's website and also on the Navajo Division for Children and Family Services' website.

### 5. Scope of Work

- a. The Navajo Division for Children and Family Services is requesting proposal and cost from qualified vendors to host a Youth Leadership Event. The event will include the following:
  - i. Three-day event to be hosted in September, October, or November 2025 (Preferably Wednesday, Thursday and Friday).
  - ii. Number of Participants:
    - 1. 40 School Age Children
    - 2. 4 Facilitators
    - 3. 5 Administrators
    - 4. 5 Presenters
  - iii. Meeting Space
    - 1. One General Session Room and One Breakout Room
    - 2. Tables and Chairs – Enough room for Team Building Exercise
    - 3. AV Equipment – Screen, Projector, and Wireless Microphone

- iv. Meals and Snacks – See attached Proposal
  - v. Number of Hotel Rooms
    - 1. Day One – 50 Rooms
    - 2. Day Two – 50 Rooms
  - vi. Proposed Agenda – See attached Proposal
  - b. Vendors must have ability to coordinate with the Coordinator and Planning Committee on cost, logistics, and accommodate
  - c. Vendors must comply with 2 CFR 200 Procurement Standards in identifying qualified, licensed contractors to provide minor home repair services.
6. 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 August 15, 2025, at 3:00 PM (MST).

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. Bids must include all cost pursuant to the Scope of work, including all applicable fees, taxes, etc.
- 2. Detailed Cost and Grand Total for all services for this RFP.

Attachments:

- Proposal
- W-9
- Debarment and Suspension

**Attachment 1**  
**Proposal**  
**Youth Leadership Event**

**Purpose:**

The purpose of the event is to teach youth about:

- What is Leadership?
- Cultural teaching about being a leader.
- Violence Prevention and Strategies
- How to become an effective leader in the school or community.

**Proposed Dates:**

Dates available in September, October, and December 2025. Preferably Wednesday to Friday.

**Number of Participants:**

40 School Age Children

4 Facilitators

5 Administrators

5 Presenters

Total = 54

**Meeting Space**

One General Session Meeting Room and one Breakout Room

Tables with Chairs – Enough Room for Team Building Exercises

AV Equipment: Screen, Projector, and Wireless Microphone

**Meals and Snacks**

**Day One (Tuesday):**

Dinner	Baked Chicken, Baked Potato, vegetable, Salad, Bread, Dessert, and Ice Tea
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**Day Two (Wednesday):**

Breakfast	Coffee, Tea, Juice, Eggs, Sausage, Toast, and Fruit.
AM Snacks	Juice and Assorted Fruit and Cheese Tray
Lunch	Assorted sandwiches, chips, cookies, and Lemonade
PM Snacks	Assorted granola bar and Ice Tea
Dinner	Meat Loaf, Baked Potato, vegetable, Salad, Bread, Dessert, and Ice Tea

**Day Three (Thursday):**

Breakfast Coffee, Tea, Juice, Eggs, Bacon, Pancake, and Fruit  
AM Snacks Juice and Assorted Fruit and Cheese Tray  
Lunch Spaghetti, Salad, Garlic Bread, Dessert (Pie), and Ice Tea  
PM Snacks Smoothie  
Dinner Chicken Sandwich, chips, ice cream, and juice.

**Day Three (Friday):**

Breakfast Omelets, Toast, Fresh Fruit, Tea, Coffee, and Juice  
AM Snacks Assorted Granola Bars  
Lunch Roast Beef, mixed vegetables, mash potatoes and gravy,  
salad, cake and Ice Tea

**Hotel Rooms:**

Day One (Tuesday):

50 Rooms

Day Two (Wednesday):

50 Rooms

Day Three (Thursday):

50 Rooms

Day Four (Friday):

Check out

**Proposed Agenda:**

**Day One (Tuesday)**

3:00 p.m. Registration and Hotel Check-In  
5:00 p.m. Dinner  
5:30 p.m. Welcome Ceremony  
6:30 p.m. End of Session

**Day Two (Wednesday):**

8:00 a.m. General Session  
12:00 p.m. Lunch  
1:00 p.m. Break Out Session:  
4:30 p.m. End of Day Two

**Day Three (Thursday):**

8:00 a.m. General Session  
12:00 p.m. Lunch  
1:00 p.m. Breakout Session  
4:30 p.m. End of Day Three

**Day Four (Friday):**

8:00 a.m. General Session  
12:00 p.m. Lunch  
1:00 p.m. Closing Ceremony  
2:00 p.m. End of Event

**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://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.	<b>1</b> 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.)	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> 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) . . . . . <b>Note:</b> 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) . . . . .	<b>4</b> 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.)
	<b>3b</b> 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"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions.	<b>6</b> City, state, and ZIP code
<b>7</b> List account number(s) here (optional)		
Requester's name and address (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.

<b>Social security number</b>									
				-					
<b>or</b>									
<b>Employer identification number</b>									
				-					

**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.

<b>Sign Here</b>	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](http://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