

Navajo Nation Division for Children and Family Services
REQUEST FOR BID
BID NO. 25-08-3818GC

Bids Due: August 29, 2025, at 4:00 p.m.
Description: Conference Venue
Contact Person: Geraldine Brown, Principal Victim Witness Advocate
Phone: 928.871.6556
Email: geraldine.brown@ndcfs.org

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

Physical Address: Navajo Division for Children and Family Services (NCFS), 2296 Administration Bldg. #2
Window Rock, AZ 86515
Attn: Geraldine Brown, Principal Victim Witness Advocate

Mailing Address: Navajo Division for Children and Family Services
PO Box 4590
Window Rock, AZ 86515
Attn: Geraldine Brown, Principal Victim Witness Advocate

Bids may be electronically mailed to: geraldine.Brown@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. 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 Bid (RFP).

2. Scope of Work

- a. Navajo Division for Children and Family Services is requesting proposals from qualified vendors to accommodate and provide lodging, meals, audio-visual and facility usage for the 2025 Domestic Violence Conference for 150 participants.

CONFERENCE DATES: OPTION 1: September 23-24, 2025

OPTION 2: September 29-30, 2025

The respondent will need to provide a "detailed" breakdown by costs, category and grand total for all services for the following:

1. MEETING ROOMS:

BALLROOM:

One (1) large ballroom to accommodate 164 participants/staff for General Sessions.

2. ADDITIONAL MEETING ROOM:

One (1) meeting room space to be available from 5:00 p.m. – 9:00 p.m. each day for NDCFS Executive Leadership Team meetings and for storage of supplies (Promotional items, etc.)

3. INTERNET/IT EQUIPMENT:

- Provide audio/visual equipment for the INTERNET, PowerPoint presentations, PowerPoint Pointer, cordless microphone with speakers, projector screens and extension cords.
- Hotel IT Technician(s) will be required to be available and onsite the duration of the event for assistance as needed.
- Podium, microphone and other IT equipment as needed for the General Sessions in the ballroom.
- Two (2) projector screens in the ballroom to enable all attendees to see presentations.

7. REGISTRATION EQUIPMENT:

Two (2) tables with four (4) chairs for registration at the duration of the conference.

8. LODGING:

Block 150 Rooms for two (2) nights as follows:

Date		# of Rooms
9/22/25	MONDAY	150
9/23/25	TUESDAY	150
9/24/25	WEDNESDAY	CHECK OUT

SINGLE ROOMS (can be determined in accordance with single rooms availability) • DOUBLE ROOMS (Can be determined in accordance with Double rooms availability)

9. CATERING SERVICES:

Date		Breakfast	Lunch	Snacks 3:00 m	Dinner
9/22/25	MONDAY				Check In
9/23/25	TUESDAY	164	164	164	164
9/24/25	WEDNESDAY	164	164	164	164 Box Meal

MEALS PROVIDED SHOULD STAY WITHIN THE 2025 GOVERNMENT PER DIEM
AND FEDERAL REGULATIONS.

I O. FUNDS AVAILABILITY:

- Contract will be contingent upon funds availability (RFP Submittal
Deadline: on or before August 29, 2025 by 4:00 p.m.)

All RFP's must be received/ mailed / or physically delivered on or before
August 29, 2025 at 4:00 p.m. and must be mailed or physically delivered to:

Navajo Division for Children and Family Services
Attention: NDCFS Finance Section
Post Office Box 740
Window Rock, Arizona 86515

Courier Service/Delivery to:

Navajo Division of Children and Family Services
Attention: NDCFS Finance Section, Bldg #2296,
Second Floor, Window Rock, AZ 86515

- a. The Navajo Division for Children and Family Services is requesting Bids from qualified vendors to accommodate and provide lodging, meals, audio-visual and facility usage for the 2025 Domestic Violence Conference for 164 participants.
- b. 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 29, 2025, at 4:00 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

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, 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 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

**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></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></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