



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

Request for Proposals
Navajo Nation Department of Corrections - Tuba City District
Multiple Systems Repair and Upgrade
RFP# **25-09-3879JB**

GENERAL INFORMATION AND GUIDELINES FOR THIS RFP

1. DESCRIPTION OF THE ORGANIZATION

The Navajo Nation Department of Corrections-Tuba City Adult Facility is 111,000 sq ft. and houses adult offenders for the western Navajo Nation reservation.

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 contractor to provide work and supplies as described.

3. SCHEDULE OF RFP ACTIVITIES

- Onsite prebid / walk thru October 3, 2025 8:00am
- Deadline to submit RFP Questions October 4, 2025 5:00pm
- Proposal Due date October 10, 2025 5:00pm
- Proposal Opening October 15, 2025 10:00am (tentative)
- Proposal Evaluations October 15, 2025 10:00am (tentative)

4. 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 a minimum of 5 years' experience and a history of providing security systems and plumbing to other detention facilities.
- b. The Navajo Business Opportunity Act 5 NNC § 201, 205 will apply.
- c. All workmanship and materials shall comply with applicable Safety Codes.
- d. A detailed scope of work and drawings of all work.

5. SCOPE OF WORK

The Navajo Nation is seeking a Contractor that can provide or conduct all of the following services:

Objective

Multiple Systems Repair and Upgrade.

Equipment to Be Provided, Repaired or Installed

1. Access Control

- a. Field Devices

- i. Install (31) Card Readers (HID)
 - ii. Install (12) Door Locks
 - iii. Install (31) Door Contacts
 - iv. Install (31) Request-to-Exit Devices
- b. Head End
 - i. Install (4) Access Control Cans (Life Safety)
 - ii. Install (18) Lenel LNL-X2200 Intelligent Dual Reader Controller
 - iii. Install (4) Altronix AL600ULACM Power Supply
 - iv. Install (1) Lenel Server
 - Include Battery Backup
 - v. Install (1) Lenel Client PC
 - Include Battery Backup
 - vi. Install (1) HID Badge Printer
 - 200 badges
 - vii. Provide Lenel License
 - viii. Provide Client Training
 - ix. Include 5-year service and maintenance, quarterly onsite visits

2. HMI System

- a. Field Devices
 - i. Install (14) Micro Form Factor PCs at Pod operator desks
 - Include Battery Backup
 - ii. Install (2) Small Form Factor PCs at Command Center desk
 - Include Battery Backup
 - iii. Install (13) Monitors at PCs around the facility (16) to Pods, (2) to Command Center
 - iv. Provide (2) Spare Micro Form Factor PC's with (2) monitors as spare
- b. Head End
 - i. Install (2) HMI Servers
 - Provide Battery Backup
 - ii. Provide Latest Aveva Edge License for all HMI Server and Clients
 - iii. Provide Aveva Edge Training on provided HMI System
 - iv. Include 5-Year service and maintenance, quarterly onsite visits

3. Detention Door Controls and locks

- a. Field Devices
 - i. Replace (150) Door Position Sensors
 - ii. Replace (44) Nonfunctional Locks
 - iii. Rekey/replace cylinder (210) detention Locks
 - Revamp master key codes to resecure facility
- b. Head End
 - i. Replace (4) Programmable Logic Controller (PLC)
 - ii. Replace (10) Input and output controllers

- iii. Replace (50) Phoenix 8-IO Boards (or equivalent)
- iv. Install (1) Key Management System

4. Intercom System

- a. Field Devices
 - i. Install (237) ICE-400 Series Intercom Stations
 - ii. Install (13) TMM-640 Master Intercom Stations
- b. Head End
 - i. Install (2) Digital Communication Controllers (DCC)
 - Provide Battery Backup
 - ii. Install (6) Digital Communication Expanders (DCE)
 - iii. Install (2) Page Zone Expanders IM-PZE-110-1.4
 - iv. Install (2) Harman Kardon HK6500 Amplifiers
 - v. Install (8) Quick Connect Board DS-QCB-120-1
 - vi. Include 5-Year service and maintenance, quarterly onsite visits

5. Radios and Repeater Stations

- a. Field Devices
 - i. Install (48) Motorola R7 VHF Portable Radio
 - ii. Install (48) Motorola RM70 Remote Speaker
 - iii. Install (48) Motorola Surveillance Kit (single ear audio with mic)
 - iv. Replace (7) batteries in existing radios
 - v. Install (2) Range Repeaters (Charlie & Holding Area)
- b. Head End
 - i. Install (1) Base Station at Command Center
 - ii. Install (1) Fleet Management PC with battery backup
 - iii. Install (8) Motorola Impress Six Unit Multi Charger

6. Camera System

- a. Field Devices
 - i. Replace (126) Axis 5MP Dome Cameras
 - Include Audio Recording Features and hardware
 - ii. Install (20) Axis 5MP Dome Cameras in blind spots and Command
 - iii. Replace (6) Axis PTZ Cameras
 - Include Surge protection for all exterior cameras
 - iv. Install (9) Triple Lens Cameras
 - Include Surge protection for all exterior cameras
 - v. Install (1) Video Client in Admin office
 - Provide Battery Backup
 - vi. Install (1) Wall mounted TV in admin office for Video
 - vii. Install (1) Video adapter for transport vehicle video
- b. Head End
 - i. Install (3) Network Video Recorders (NVR)

- Provide Battery Backup
- ii. Install (1) Camera License for (172) Cameras (Milestone or equivalent)
- iii. Install (2) Small Form Factor Computers at Command Center
 - Provide Battery Backup
- iv. Install (2) Monitors at Command Center
- v. Install (1) Video Wall Computer at Command Center
 - Provide Battery Backup
- vi. Install (4) TV's in Command Center for video wall
- vii. Include 5-Year service and maintenance, quarterly onsite visits
- viii. Provide (10) Spare Axis 5MP Dome camera with audio

7. Video Broadcast System

- a. Field Devices
 - i. Install (1) Samsung BED-H Series 65" Digital Display (or equivalent)
 - ii. Install (11) UHD IPTV Decoder
 - iii. Install (11) 50" TV's
 - iv. Provide (2) Mobile Audio system with wireless options and microphone.
- b. Head End
 - i. Install (11) Long range Ethernet
 - ii. Install (1) UHD IPTV Encoder

8. Body Cameras

- a. Field Devices
 - i. Install (24) Axis W102 Black Body Cameras
 - ii. Install (5) TW1103 Chest Harness 5P
 - iii. Install (5) TW1105 Center Harness 5P
- b. Head End
 - i. Install (1) Axis W701 MKII Docking Station
 - ii. Install (1) Axis W800 System Controller
 - iii. Install (1) 96 TB Video Recording Server
 - Include Milestone integration
 - iv. Provide Body Camera training

9. Network

- a. Field Devices
 - i. Install (6) 48-Port Network Switches
 - ii. Install (2) 24-Port Network Switch
 - iii. Install (6) UPS Back Up Batteries
 - iv. Install (1) WiFi bridge for Transport Vehicle Video
- b. Head End
 - i. Install (1) Firewall
 - ii. Install (2) Starlink (5-year service)
 - Provide Battery Backup

- iii. Install (6) Remote KVM (connection to Access Control, Video and Aveva systems)
- iv. Complete removal of abandoned wires (several bundles cut from previous fire)

10. Metal Detector

- a. Field Devices
 - i. Install (1) CEIA SMD 600 PLUS Metal Detector
 - ii. Install (1) CEIA Thermal Detection camera
 - iii. Install (2) CEIA Metal Detector Wand
 - iv. Install (2) CEIA Metal Detector with bra discrimination
 - v. Install (1) Remote Relay unit with camera callup
 - vi. Install (1) Anti-Vandalism APSM Cover

11. IT Services

- a. Computer Support
- b. Wire Management at all Workstations
- c. IT Strategy and Planning
- d. Network Support
 - Assist with IT and networking support for Building Automation and other technologies needed to access the network.
- e. System Administration
- f. Remote Software Support
- g. Website Support
- h. Deployment of Jail Management Software
 - Interface with CODY System by NNPd and Court Software
- i. Include 5-year service and maintenance on IT equipment, quarterly onsite visits

12. Plumbing Repair and Maintenance

- a. Repair (21) cell sink leaks
- b. Repair (13) cell commode leaks
- c. Replace (24) shower heads and related fixtures
- d. Replace (3) water softener systems and tanks
- e. Address water pressure issues on top floors (6) pumps
- f. Replace (11) timers and actuators on malfunctioning showers
- g. Include 5-year service and maintenance on equipment, quarterly onsite visits
 - To Include:
 - (30) Water Closets
 - (4) Urinals
 - (30) Lavatories
 - (12) Service Sinks
 - (2) Counter Sinks
 - (87) Penal Water Closet / Lavatory Combo's
 - (14) Shower / Penal Shower
 - (4) Commercial Washers
 - (1) 3-Compartment Sink

- (1) Table Sink Pre-rinse with disposal
- (1) Dishwasher
- (3) Hand sinks
- (1) Ice maker
- (8) Wall Hydrant
- (2) Eyewashes

13. Surge protection

- a. Repair and Replacement of surge protection
 - Intent is to inhibit equipment failures from lightning strikes
- b. Replacement of Wire and conduit in security system that has been affected by lightning or moisture from fire suppression system.

END OF SCOPE OF WORK

6. REQUIREMENTS

The respondent will furnish all requested (required) information as specified in the RFP (Section 4. Proposal Content and required information)

7. SUBMISSION OF PROPOSALS

All Offeror submittals must be received no later than 5:00 PM (MST) on October 10, 2025 for review and evaluation. Submittals received after this deadline will not be accepted or considered. Submittals must be addressed and delivered to the Navajo Nation Department of Corrections-Tuba City Adult Facility, P.O. Box 1899, Tuba City, AZ 86045 if USPS Mail, U.P.S., or FEDEX are preferred methods of delivery, if not hand delivered, to Department of Corrections – Tuba City District 240 S. Main Street Building B Tuba City, AZ 86045

Proposal submittals must be sealed and clearly labeled on the outside of the package to indicate the Offeror's Navajo Nation Priority status, if applicable, along with the following statement: "DO NOT OPEN – Submittal of Proposal, Navajo Nation Department of Corrections-Tuba City Adult Facility" Submittals sent by facsimile or any other electronic method will not be accepted. If hand delivered, make sure the RFP Packet is time stamped before you depart.

8. 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 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. Project Schedule.
- h. Copies of licenses, certifications, and insurance certifications
- i. Compliance: Any proposal that does not adhere to this format and does not address each specification, requirement, or scope of work as outlined, may be deemed non-responsive and rejected on that basis.

9. EVALUATION PROCESS (Pre-qualifying process)

- a. Evaluation Criteria
 - i. Qualifications, credentials, and 5 years work experience on the Navajo Nation. This includes the capabilities to provide all requested services. (5 points)
 - ii. Quality of products, ability, and warranty services. (30 points)
 - iii. Project Schedule. (20 points)
 - iv. Maintenance service plan (20 points)
 - v. Cost (enclosed in a separate sealed envelope). (25 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.

10. TYPE OF CONTRACT

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

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 Department of Corrections point of contact is Jennifer Babbitt, Corrections Lieutenant, for the Tuba City District- Department of Corrections for inquiries related to specifications for any of the systems, and other matters, etc. Questions and answers will be shared with all respondents. Jennifer Babbitt, Corrections Lieutenant email address: jbabbitt@navajo-nsn.gov or Sammy Manymules, Building Maintenance Supervisor email address: sammy.manymules@navajo-nsn.gov.

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

<div style="display: inline-block; text-align: center;">W-9 <small>Form (Rev. March 2024) Department of the Treasury Internal Revenue Service</small></div>		Request for Taxpayer Identification Number and Certification <small>Go to www.irs.gov/FormW9 for instructions and the latest information.</small>		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 <i>Purpose of Form</i> , below.				
Print or type. <small>See Specific Instructions on page 3.</small>	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. <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div><input type="checkbox"/> Individual/sole proprietor</div><div><input type="checkbox"/> C corporation</div><div><input type="checkbox"/> S corporation</div><div><input type="checkbox"/> Partnership</div><div><input type="checkbox"/> Trust/estate</div></div> <div style="margin-top: 5px;"><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)</div>			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)				
<p>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 <i>How to get a TIN</i>, later.</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div style="width: 60%;"><p>Note: If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.</p></div><div style="width: 35%; border: 1px solid black; padding: 5px;"><div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 5px;">Social security number</div><div style="text-align: center; margin-bottom: 5px;">[] [] [] - [] [] - [] [] [] []</div><div style="text-align: center; margin-bottom: 5px;">or</div><div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 5px;">Employer identification number</div><div style="text-align: center;">[] [] - [] [] [] [] [] [] [] []</div></div></div>				
Part II Certification				
<p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none">The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); andI 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; andI am a U.S. citizen or other U.S. person (defined below); andThe FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. <p>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.</p>				
Sign Here		<div style="display: flex; justify-content: space-between;"><div style="width: 45%;">Signature of U.S. person</div><div style="width: 45%;">Date</div></div>		
General Instructions				
<p>Section references are to the Internal Revenue Code unless otherwise noted.</p> <p>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.</p> <p>What's New</p> <p>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.</p> <p>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).</p> <p>Purpose of Form</p> <p>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</p>				

Exhibit B Navajo Nation Debarment and Suspension Form

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