DIVISION OF PUBLIC SAFETY – NAVAJO NATION DEPARTMENT OF FIRE & RESCUE

FITNESS EQUIPMENT

INVITATION FOR BID

BID NO: 25-11-3916DB

BID DUE DATES: November 26, 2025, BY 5:00 PM DST
ANY BIDS RECEIVED AFTER THIS DATE/TIME WILL NOT BE ACCEPTED

DESCRIPTION: DIVISION OF PUBLIC SAFETY – NAVAJO NATION DEPARTMENT OF FIRE & RESCUE
FITNESS EQUIPMENT

CONTACT PERSON: John Williams, Fire Chief
Division of Public Safety - Department of Fire & Rescue
Email: johnwilliams@navajo-nsn.gov
Phone: (928) 871-6915

MUST IDENTIFY BID# AND COMPANY NAME ON THE OUTSIDE OF ALL SEALED BID PACKAGE/ ENVELOPE (UPS OR FEDEX)

MAIL/DELIVER TO: THE NAVAJO NATION
PURCHASING SERVICES DEPARTMENT
ADMINISTRATION BUILDING #1 – 1ST FLOOR
WINDOW ROCK BLVD
WINDOW ROCK, ARIZONA 86515
ATTN: PURCHASING SECTION
BID NO: 25-11-3916DB

PLEASE SUBMIT AN **ORIGINAL AND TWO (2) COPIES** OF YOUR BID IN A SEALED ENVELOPE AND CLEARLY MARK ON THE OUTSIDE OF THE ENVELOPE

BID NO: 25-11-3916DB
DIVISION OF PUBLIC SAFETY – NAVAJO NATION DEPARTMENT OF FIRE & RESCUE
FITNESS EQUIPMENT
PRIORITY STATUS #

A. PURPOSE OF THIS INVITATION FOR BID (IFB)

The Navajo Nation Fire & Rescue Service (NNFRS) is requesting bids from vendors to purchase fitness equipment for the entire department. This invitation for bid is intended to solicit bids from prospective qualified vendor(s) on the proposed specification, as identified in Section C.

B. CONDITIONAL GOVERNING THE PROCUREMENT

The Navajo Nation Fire and Rescue Service (NNFRS) will comply with all federal and tribal laws and regulations pertaining to the procurement of these items. The NNFRS reserves the right to reject any IFB, in whole or in part. The IFB is not a legal binding agreement, obligation, or contract and any cost incurred by the respondent in preparing, transmitting, presenting, or modifying the IFB shall be the responsibility of the respondent. Indian preference will apply to this IFB as well as vendors who should indicate they are Navajo Nation priority one or two vendors.

C. SPECIFICATIONS

8	Rogue FM-HR90 Functional Trainer – MG Black		
8	Monster Standard Jcup Pair		
8	Rogue FM-HR90 Functional Trainer Kit		
8	Rogue Tricep Push Down Attachment		
8	Rogue Stainless 20″ Straight Lat Bar		
8	Rogue Ankle Cuff Cable Attachment (Pair)		
8	Rogue Curl Bar Cable Attachment (Black E-Coat)		
8	Rogue CG-1C Multi Grip Camber Cable & Landmine Attachment		
8	Monster Rhino Belt Squat – Stand Alone (MG Black)		
8	9LB Rogue Kettlebell		
8	13LB Rogue Kettlebell		
8	18LB Rogue Kettlebell		
8	26LB Rogue Kettlebell		
8	35LB Rogue Kettlebell		
8	40LB Rogue Kettlebell		

8	44LB Rogue Kettlebell		
8	53LB Rogue Kettlebell		
8	62LB Rogue Kettlebell		
8	70LB Rogue Kettlebell		
4	Rogue ECHO Bike v.3.0 – 2 Pack		
8	STEPR PRO (Classic LED Console)		
	Shipping (If Applicable)		
	Sales Tax		
	Grand Total		

BIDS ARE TO BE ON COMPANY LETTERHEAD WITH UNIT PRICE, SUBTOTAL, NAVAJO NATION SALES TAX (6%), SHIPPING, IF APPLICABLE, AND GRAND TOTAL

BIDS MUST INCLUDE NAVAJO NATION CERTIFICATION REGARDING DEBARMENT & SUSPENSION AND W-9 FORMS.

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

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

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.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ 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.

☐ 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 . . . . . ☐

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

___ - ___ - ____

or

Employer identification number

__ - _____

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**

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