

INVITATION TO BID (ITB)
HUERFANO CHAPTER
NEW SMALL SUV PURCHASE
BID# 25-12-3943SB Addendum #2

INTRODUCTION

The **HUERFANO** Chapter, located in NM, is seeking to procure one new **SMALL SUV PURCHASE**. The Navajo Nation Capital Projects Management Department (CPMD) will serve as the project managing entity for this procurement on behalf of the **HUERFANO** Chapter. CPMD invites all qualified vendors to submit bids for the requested **NEW SMALL SUV PURCHASE**. The **VEHICLE** will be **procured through a Purchase Order**.

GENERAL REQUIREMENTS

All participating auto dealers must be authorized, fully certified, and licensed automotive dealerships that meet all the requirements outlined in this ITB. All vehicles must be new, unused, and current model year. Manufacturer's standard new vehicle warranty shall be included. Dealerships must arrange and pay for transportation and delivery to the designated location.

Capital Projects Management Department will not accept bids from 3rd Party Vendors.

BID SUBMITTAL REQUIREMENTS **Addendum #2 change on date**

1. Due August 27, 2026 at 4:00 p.m.
2. Include applicable sales tax (Navajo Nation Sales Tax is 6%)
3. Certified Priority Vendors must include a current Contract and Purchase Certification Certificate of Eligibility from the Business Regulatory Department.
4. Signed and dated Affidavit of Non-Debarment and Non-Suspension (Attachment A).
5. Bid(s) are to be itemized and emailed to syazzie@nndcd.org

Bids not meeting the submittal requirements will be considered unresponsive and rejected.

All Bids submitted shall constitute **the submitting Party's acknowledgement and acceptance of all requirements and conditions governing this procurement**, including all applicable Navajo Nation laws and regulations. Applicable State and Federal laws shall also apply to this procurement and any agreement resulting from this procurement.

Interpretation and Correction of Bids Documents

1. Bidders shall promptly notify the Project Manager of any ambiguity, inconsistency, or error, which they may discover upon examination of the Bid Documents.
2. Bidders requiring clarifications or interpretation of the Bid Documents shall make a written request to the Project Manager at least one (1) calendar day(s) prior to the date for the receipt of the Bids. Requests for clarifications received less than one day before the date for the receipt of bids will not be addressed by the Procurement Officer.
3. Any interpretation, correction or change of the Bid Documents will be made by Addendum. Interpretations, corrections or changes of Bid Documents made in any other manner will not be binding, and Bidders shall not rely upon such interpretations, corrections or changes.

ADDENDUM TO ITB

The CPMD reserves the right to issue written addendum to this ITB at any time as circumstances require.

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1. All who are known by the Procurement Officer to have received a complete set of Bid Documents will be notified of any Addenda, and issued one.
2. Each bidder shall ascertain, prior to submitting their bid, they have received all Addenda issued.

WITHDRAWAL OF ITB

The Navajo Nation CPMD reserves the right to withdraw this ITB at any time, for any reason and is not obligated to award a contract in response to this ITB. This ITB does not commit the Owner to reimburse any costs incurred by the Bidder in the preparation of Bids or for procurement of supplies. The Owner intends to award this project to the vendor whose bid represents the best value. The Owner reserves the right to reject any and all bids, to waive any informalities or irregularities and to award the contract to the Bidder whose bid it deems to be in the best interest of the Owner.

SPECIFICATION OF HEAVY EQUIPMENT

NEW SUV
4X4 OR 2X2
2.5 L OR EQUIVALENT
GAS
4 DOOR
AUTOMATIC
AWD/2WD

WARRANTY & COVERAGE: Coverage is possible

Standard Warranty
Extended Coverage

SCHEDULE OF PROCUREMENT EVENTS Addendum #2 change on date

- Last Day for Inquiries – August 27, 2026 @ 2:00 pm
- Deadline for Submission of Bids – August 27, 2026 @ 4:00 pm
- Bid Opening –August 28, 2026 In Window Rock AZ.

BID SELECTION

Notification of selection and non-selection will be sent out to all bidders who submitted. The Navajo Business Opportunity Act will be applied in the selection of the vendor. A W-9 will be requested of the selected vendor to complete purchase order documents.

PROCUREMENT OFFICER CONTACT

The Contact information is as follows for the Procurement Officer:

AUGUST 19, 2026

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Selina Yazzie
Account Maintenance Specialists
Capital Projects Management Department
syazzie@nndcd.org

All inquiries regarding this procurement are to be directed to the Procurement Officer only. Inquiries that are made with other individuals regarding this procurement will be labeled as lobbying, and lobbying is not allowable. Submittals from vendors who commit this infraction will be considered unresponsive. The Owner(s) and Business Regulatory Department will be notified and it will be documented in bid tally sheet.

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**NAVAJO NATION CERTIFICATION
Regarding Debarment, Suspension, and Contracting Eligibility**

- | | |
|-------------------------|---------------|
| Consultant/Project Name | Work Location |
|-------------------------|---------------|
1. Applicant acknowledges, in accordance with the Navajo Nation Procurement Act, 12 N.N.C. §§ 301-80, to the best of its knowledge, Applicant, in either its present form or in any other identifiable capacity, that it has not:
 - a. been convicted in any jurisdiction for the commission of a criminal offense incident to obtaining, or attempting to obtain, a public or private contract or subcontract, or in the performance of such Contract or subcontract;
 - b. been convicted in any jurisdiction for embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, or any other offense indicating a lack of business integrity or business honesty which currently, seriously, and directly affects responsibility as a Navajo Nation Contractor;
 - c. been convicted in any jurisdiction under any antitrust statute arising out of the submission of offers;
 - d. violated contract provisions, such as having:
 - i. deliberately failed, without good cause, to perform in accordance with the purchase description or within the time limit provided in the contract; or
 - ii. a record of failure to perform, or of unsatisfactory performance, with the terms of one or more contracts; or
 - e. been determined to be ineligible to conduct business with the Navajo Nation under the Navajo Business Opportunity Act, 12 N.N.C. §§ 201-380;
 - f. submitted bad offers where such offers are lower than the expected price, or overstate the Applicant's qualifications; and
 - g. engaged in any other cause so serious and compelling as to affect Applicant's responsibility as a Navajo Nation Contractor, including debarment or suspension by another government.
 2. Applicant certifies that the individual named below is authorized to represent Applicant for purposes of the declarations in this certification, and that all such declarations are made on behalf of Applicant and all of its owners, partners, officers, members, employees, officials, agents, or parties-in-interest;
 3. Applicant acknowledges that, if the Navajo Nation determines this executed Certification is untrue or not wholly accurate, the Navajo Nation shall have grounds terminate the contract award or contract and pursue other legal remedies, at the Navajo Nation's discretion.
 4. Applicant certifies that, to the best of its knowledge, 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. §§ 1501-16 and 5 N.N.C. §§ 201-380.
 5. Applicant 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	Printed name individual signing on Applicant's behalf
Applicant Address	Title of individual signing on Applicant's behalf
Applicant Address	Signature of individual signing on Applicant's behalf
Applicant Address	Date

NNDQJ10-25

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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 <i>Purpose of Form</i> , below.																																																									
Print or type. See Specific Instructions on page 8.	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 <i>How to get a TIN</i>, later. 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> on whose number to enter.																																																									
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="11" style="text-align: center;">Social security number</td></tr><tr><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td></tr><tr><td colspan="11" style="text-align: center;">or</td></tr><tr><td colspan="11" style="text-align: center;">Employer identification number</td></tr><tr><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td></tr></table>			Social security number																						or											Employer identification number																					
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Part II Certification																																																									
Under penalties of perjury, I certify that: - 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 - 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 - I am a U.S. citizen or other U.S. person (defined below); and - 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																																																									
Cat. No. 10231X																																																									
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