

**NAVAJO NATION, DEPARTMENT OF DINE' EDUCATION
Navajo Head Start (NHS)**

WASTE DISPOSAL MANAGEMENT

RFP BID NO: 26-01-3986SB

PROPOSAL DUE DATE: **January 31, 2026**

DESCRIPTION: Waste Disposal Management

CONTACT PERSON: Lavina Willie-Nez, Senior Contract Analyst
Phone: 928-357-6732

~ PROPOSALS MUST BE CLEARLY MARKED ~

“DO NOT OPEN” RFP# 26-01-3986SB - WASTE MANAGEMENT

PROPOSAL & BID SUBMITTAL DEADLINE AND RELEVANT INFORMATION:

Submitting all proposals and bids utilizing UPS or Federal Express, must be physically submitted to:

PHYSICAL ADDRESS: Navajo Head Start
47552 Hwy 264 Suite H
Window Rock, Arizona 86515
ATTN: Lavina Willie-Nez, Senior Contract Analyst

MAILING ADDRESS: Navajo Head Start
P.O. Box 3479
Window Rock, Arizona 86515
ATTN: Lavina Willie-Nez, Senior Contract Analyst

SECTION I

A. RESPONDENT REQUIREMENTS:

All respondents must have, as a minimum, the capabilities listed herein, and the bid proposals submitted must reflect in detail the inclusion of these services as well as the additional forms required in Section II. Respondent should also provide technical information of delivery of services required in this RFP.

B. SCOPE OF WORK:

Navajo Head Start seeking a contractor to provide waste collection and disposal services to sixty-five (65) Head Start Centers, two (2) Central Offices and five (5) District offices.

District I: Shiprock, New Mexico
District II: Crownpoint, New Mexico
District III: Ft Defiance, Arizona
District IV: Chinle, Arizona
District V: Tuba City, Arizona
Two (2) Central Administration Offices.

HEAD START CENTERS:

| SHIPROCK, NM | | CROWNPOINT, NM | | FT. DEFIANCE, AZ | | CHINLE, AZ | | TUBA CITY, AZ | |
|--------------|-----------------|----------------|---------------|------------------|-----------------|------------|---------------|---------------|-------------------|
| District 1 | | District 2 | | District 3 | | District 4 | | District 5 | |
| 1 | Newcomb | 1 | Baahaali I | 1 | Cornfields | 1 | Blue Gap | 1 | Cameron |
| 2 | Red Mesa (UT) | 2 | Baahaali II | 2 | Ganado | 2 | Chinle I | 2 | Cowsprings |
| 3 | Red Valley | 3 | Church Rock | 3 | Kin Dah Lichii | 3 | Chinle II | 3 | Dennehotso |
| 4 | San Juan | 4 | Crownpoint I | 4 | Lupton | 4 | Del Muerto I | 4 | Gap |
| 5 | Sanostee | 5 | Crownpoint II | 6 | Na'ha'ta'Dziil | 5 | Del Muerto II | 5 | Inscription House |
| 6 | Shiprock I | 6 | Pinedale | 7 | Nazlini | 6 | Lukachukai I | 6 | Kayenta I |
| 7 | Shiprock II | 7 | Red Rock | 8 | Sawmill | 7 | Lukachukai II | 7 | Kayenta II |
| 8 | Upper Fruitland | 8 | Smith Lake | 9 | St. Michaels I | 8 | Many Farms I | 8 | Kayenta III |
| 9 | Nenahnezad | 9 | Standing Rock | 10 | St. Michaels II | 9 | Many Farms II | 9 | Navajo Mountain |
| | | 10 | Thoreau | 11 | Steamboat | 10 | Pinon | 10 | Oljato |
| | | 11 | Torreon | 12 | Jeddito | 11 | Rock Point | 11 | Shonto |
| | | 12 | Tsayatoh | 13 | Crystal | 12 | Rough Rock | 12 | Tonalea |
| | | 13 | Nahodishgish | 14 | Low Mountain | 13 | Tsaile | | |
| | | 14 | Nageezi | 15 | Tohatchi | 14 | Whippoorwill | | |
| | | | | 16 | Twin Lakes | | | | |

Contract will start **March 01, 2026 – February 28, 2030**. Navajo Head Start (NHS) is requesting proposals from qualified and certified contractors to:

Contractor will provide:

1. Each Navajo Head Start center with a durable container for each center and Central Administration building listed under the five (5) districts.
2. Each waste bin shall have wide openings at the top with lids that can be locked and secured.
3. Each waste bin shall be durable enough to withstand sever weather conditions.
4. If condition of waste bin becomes deteriorated, waste bin must be replaced immediately. (ex. holes, dents, or when waste bin needs to be repainted).
5. Lids must be replaced at any time they are broken, to prevent waste from escaping the bin.
6. Any services to bins must be done in a timely manner to prevent danger to the health and safety of students, staff, and surrounding community.
7. If necessary, provide emergency services during the school year.
8. Provide roll off containers during the school year.
9. An appropriate fleet of solid waste transportation vehicles which are capable of traveling on unpaved roads to deliver waste bins (to and from centers), complete weekly schedule solid waste collection, and disposal of solid waste.
10. An appropriate number of staff to maintain services that need to be completed on a weekly basis.

Schedule:

1. Solid waste shall be collected from each Head Start center on a weekly scheduled basis unless otherwise indicated.
2. A weekly schedule for solid waste collection for each Head Start center must be submitted to Navajo Head Start Central Office.

Comply:

1. Solid waste collected from each Navajo Head Start center must be disposed of at a certified landfill or disposal facility.
2. Solid waste shall be transported, at a minimum, in accordance with Navajo Nation EPA and/or federal regulations and guidelines.
3. Some Head Start Centers may be closed during the contract period and may not require services. A formal letter will be sent to your office about any unforeseen school closures. Services must be stopped and taken off the service list.

2. Additional Head Start Centers may become operational during the contract period. Contract will be amended to address additional Head Start centers as necessary with both parties in agreement. An appropriate waste bin will be delivered in a reasonable time, and center will be put on the weekly schedule to pick up solid waste.

Payments:

1. Ensure costs are in accordance with contract Terms and Conditions.
2. Invoices must be sent on a monthly basis along with all centers that have been serviced. If invoices need to be corrected, corrected invoice will be sent in a timely manner.
3. Include all applicable taxes associated with each service with the 6% taxes for the Navajo Nation.
4. A monthly statement will be sent for reconciliations to NHS Finance Office.
5. All payments shall be sent to Head Start Finance Office,
6. Contract is subject to availability of funds.

RFP Submittal Deadline:

All RFP's must be received/ mailed / or physically delivered on or before **January 31, 2026, at 5:00 p.m.** and must be mailed or physically delivered to:

Navajo Head Start
Attention: NHS Finance Section
Post Office Box 3479
Window Rock, Arizona 86515

Courier Service/Delivery to:
Navajo Head Start
Attention: NHS Finance Section
47552 Hwy 264 Suite H
Window Rock, AZ 86515

SECTION II

The following documents are required and must be submitted:

1. Navajo Nation Certification Regarding Debarment & Suspension (Attached)
2. Federal Form Tax W-9 (Attached)
3. Licensed, bonded, and current Certificate of Liability Insurance.
4. Cost of Services and goods, including applicable federal and local taxes.

A. Proposal Format:

1. Respondent(s) must indicate (**On the Bid Package Envelope**) if they are priority one or two vendor with the Navajo Nation.
2. All proposals must be typewritten on standard 8-1/2 X 11 paper and placed within a hard report cover (NO BINDERS) with tabs delineating each section. Larger paper is permissible for charts, maps, or the like.
3. An original RFP response and three (3) copies must be provided in a sealed envelope.
4. The proposal must be organized and indexed in the following format:
 - a. A letter of Transmittal
 - b. Statement of Qualifications
 - c. Proposal on Contract approach
 - d. Proposed Cost (**Sealed in Separate Envelope**)
5. Each proposal must be accompanied by a letter of transmittal. The letter of transmittal must:
 - a. Provide background on company.
 - b. Identify the name of the person responding to the RFP.
 - c. Identify the name, title, and telephone numbers of person authorized to negotiate on behalf of the organization(s).
 - d. Identify the names, files, and telephone numbers of person to be contacted for clarification.
 - e. Explicitly indicate acceptance of the conditions governing this procurement.
 - f. Signed by the person responding to the RFP; and
 - g. Acknowledge receipt of all amendments to the RFP.
6. The respondent must submit a statement of qualifications to include:
 - a. A resume.
 - b. Number of years of experience working with Navajo Nation government or other government entities.

- c. Provide three (3) references. Each reference must include the name, address, and telephone number of a contact person who can describe in detail the quality, quantity, and substance of services provided.
7. Respondent must provide proposal on contract approach.
 - a. Provide in detail how vendor would accomplish the objectives described in the scope of work.
 - b. Provide number of employees in the company/organization.
 - c. Provide Resume & Credentials of each Employee including Certificates, Diploma and/or Degrees.
8. Respondent must provide a **DETAILED COST** for all services for this RFP.

B. REJECTION OF PROPOSALS: The Navajo Nation reserves the right to waive any informalities or irregularities in the RFP or reject any or all proposals whenever such rejection is deemed in the best interest of the Navajo Nation.

C. PROCUREMENT OF RFP: This procurement shall be conducted in accordance with all applicable Navajo Nation laws and regulations including the Navajo Business Opportunity Act. All applicable rules, regulations, and laws shall also be followed. Prospective Vendors shall familiarize themselves with Navajo Nation regulations prior to submitting responses to this RFP and may request a copy of Navajo Nation procurement regulations from the NHS Senior Contract Analyst at any time up to the Deadline for Proposals.

D. INQUIRIES: Any inquiries regarding this RFP should be submitted in writing to Lavina Willie-Nez, Senior Contract Analyst. Only written responses to questions will be considered official. Questions will be directed to Lavina Willie-Nez at 928-357-6732 or email: lavinawillienez@nndode.org. **Questions regarding this procurement will be accepted until 5:00 p.m. on January 29, 2026.**

D. AMENDED PROPOSALS: A respondent may submit an amended proposal before the deadline for receipt of proposals. Such amended proposals must be a complete replacement for a previously submitted proposal and must be clearly identified in the transmittal letter.

E. PROPOSAL SUBMISSION: Proposal must be received on or before **January 31, 2026** at **5:00 p.m.** Respondents who are mailing their proposals should allow sufficient time for mail delivery to ensure receipt by the date specified. If mailed, it is recommended that proposals be sent by certified mail to the address indicated on the cover sheet of the RFP. **Late proposals will not be accepted.**

F. REJECTION OF PROPOSALS: NHS reserves the right to reject all proposals. This RFP may be canceled at any time, and all proposals may be rejected in whole or in part when the NHS Assistant Superintendent determines it is in the best interest of the Navajo Nation.

G. PROPRIETARY INFORMATION: Any restriction on the use of data contained within any proposals must be clearly stated in the proposal. Proprietary information submitted in

response to this RFP will be handled in accordance with applicable purchasing procedures. Each page of the proprietary material must be labeled or identified with the word "proprietary" or "confidential".

H. RESPONSE MATERIAL OWNERSHIP: All material submitted regarding this RFP shall become property of the Navajo Nation and will not be returned to the respondent. Responses received will be retained by NHS and may be reviewed by any person after final selection has been made. NHS has the right to use any or all system ideas presented in reply to this RFP. Disqualification or non-selection of a respondent or proposal does not eliminate this right.

I. INCURRING COSTS: Any cost(s) incurred by the respondent in preparing, transmitting, presenting, or modifying the proposal or material for this RFP shall be the responsibility of the respondent.

J. SUFFICIENT APPROPRIATION: A contract awarded for this RFP is contingent upon the availability of funds. A contract may be terminated or reduced in scope if sufficient funds do not exist. Sending written notice to the Vendor shall affect such termination or reduction in scope. The NHS Assistant Superintendent's decision to terminate or reduce the scope due to insufficient appropriations shall be accepted as final by the Vendor.

K. EVALUATION PROCEDURES AND SELECTION CRITERIA.

1. An evaluation team will evaluate the proposals received in accordance with the general criteria used herein. Respondents should be prepared to provide any additional information the team feels necessary for the fair evaluation of proposals.
2. Failure of a respondent to provide any information requested in the RFP may result in disqualification of the proposal. All proposals must be endorsed with the signature of a responsible official having the authority to bind the respondent to the execution of a contract.
3. The sole objective of the review team will be to select the respondent who is most responsive to the needs of NHS. The specifications in this RFP represent the minimum performance necessary for a response. Based on the evaluation Criteria established in this RFP, the review team will select and recommend the respondent who best meets this objective. If there is only one responsive bid, the NHS Assistant Superintendent may elect to evaluate the RFP solely.
4. Evaluation Criteria: The following criteria will be used by a review committee in the selection process for contract award.

Initial Point Criteria:

a. **Presentation of Response:**

- Completeness
- Clarity of Presentation
- Organization of Presentation
- Understanding of NHS Objectives.

1-20 points

- b. **Statement of Qualifications:**
 - List three (3) Client References 1-20 points

- c. **Technical Requirements:**
 - Project Description
 - Projected Accomplishments. 1-20 points

- d. **Project Management:**
 - Project Management Experience
 - Schedule and Project Plan
 - Staffing
 - Related Experience and Education Credentials. 1-20 points

- e. **Cost of Services** 1-20 points

Total possible points = 100 points

- L. **STANDARD CONTRACT:** The Navajo Nation reserves the right to incorporate standard contract provision into any contract negotiations because of a proposal submitted in response to the RFP.

- M. Contractor shall comply with Federal Awards Guidelines:
 - a. §200.330 - Reporting on real property.
 - b. §200-331 – Subrecipient and Contractor determinations.
 - c. §200.338 – Restrictions on public access to records.

- N. **TAX:** All appropriate taxes should be included in the cost of services including the Navajo Sales Tax. All work performed within the territorial jurisdiction of the Navajo Nation is subject to the Navajo Sales Tax at the prevailing rate, on gross receipts for all work performed within the territorial jurisdiction of the Navajo Nation pursuant to 24 N.N.C. §§601 et seq., and the Navajo Nation Sales Tax Regulations §§6.101 et seq., as amended from time to time, except that work performed within the To’Nanees’Dizi Local Government (“Tuba City Chapter”) or the Kayenta Township is subject to their respective local sales taxes as amended from time to time. In addition to being subject to Navajo Nation Sales Tax, the CONSULTANT is subject to local sales tax on gross receipts for all work performed within a governance-certified chapter that imposes a local sales tax pursuant to a duly enacted local tax ordinance and the Uniform Local Tax Code, 24 N.N.C. §§150 et seq.

- O. **SOVEREIGNTY:** The Navajo Nation will not relinquish any of its sovereignty rights.

SECTION III

A. RESPONDENT REQUIREMENTS:

All respondents must have, as a minimum, the capabilities listed herein, and the bid proposals submitted must reflect in detail the inclusion of these services as well as the additional forms required in Section II. Respondent should also provide technical information about the delivery of services required in this RFP.

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) . . . <small>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.</small> <input type="checkbox"/> Other (see instructions) | | | | | | |
| | 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 | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> - <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| or | | | | | | |
| Employer identification number | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> - <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

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