JUDICIAL BRANCH
of the NAVAJO NATION

INVITATION TO BID
10 WALK THROUGH METAL DETECTORS
AND 10 HANDHELD METAL DETECTORS
BID 26-03-4078SB

BID DUE DATE: JULY 31, 2026 @ 4:00 P.M.
ANY BIDS RECEIVED AFTER THIS DATE WILL NOT BE ACCEPTED

DESCRIPTION: JUDICIAL BRANCH – ADMINISTRATIVE OFFICE OF THE COURTS
TEN (10) WALK THROUGH METAL DETECTORS
TEN (10) HANDHELD METAL DETECTOR SCANNERS

CONTACT PERSON: Procurement Analyst
Administrative Office of the courts
Email: rchee@navajo-nsn.gov
Phone : 928-871-7019

PROSPECTIVE VENDORS MUST IDENTIFY BID # AND COMPANY NAME ON THE OUTSIDE OF ALL **SEALED BID** PACKAGES AND ENVELOPES (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. 26-03-4078SB

PLEASE SUBMIT AN ORIGINAL AND TWO (02) COPIES OF YOUR BID IN A SEALED ENVELOP AND CLEARLY MARKED ON THE OUTSIDE OF THE ENVELOPE

I. INTRODUCTION

A. PURPOSE OF THIS RFP

The Navajo Nation is requesting bids from vendors to purchase ten (10) walk through metal detectors and ten (10) handheld metal detectors for court security use. This invitation to bid is intended to solicit bids from prospective, qualified vendors on the proposed specifications and price, as identified in Section C.

B. CONDITIONAL GOVERNING THE PROCUREMENT

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

C. SPECIFICATIONS AND PRICE SHEET

QTY	**ITEM**
10	WALK THROUGH METAL DETECTORS (ADA COMPLIANT)
10	HAND HELP METAL DETECTOR SCANNER
	5 YEAR WARRANTY
	SHIPPING AND HANDLING (IF APPLICABLE)
	6% NAVAJO NATION SALES TAX

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TAB A – SPECIFICATIONS AND PRICE SHEET

BID 26-03-4078SB
SPECIFICATIONS AND PRICE SHEET

QTY	ITEM	PRICE PER ITEM	COST
10	WALK THROUGH METAL DETECTORS (ADA COMPLIANT)		
10	HAND HELP METAL DETECTOR SCANNER		
	SHIPPING AND HANDLING (IF APPLICABLE)		
	6% NAVAJO NATION SALES TAX		
	GRAND TOTAL		

Name and Address of Vendor:

______________________________ **Phone:** ______________________

______________________________ **Email:** ______________________

______________________________ **FAX:** ______________________

____
Signature:

____
Company:

____
Title (Company Official Authorized to Sign Document)

____
DATE OF PROPOSAL:

TAB B - CERTIFICATION REGARDING DEBARMENT, SUSPENSION

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

NNDOJ10-25

TAB C -

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) ____

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 . . . . ☐

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.)

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