

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

**NHS Playground Equipment**

**INVITATION TO RE-BID NO: 26-03-4081SB**

**PROPOSAL DUE DATE:** May 29, 2026  
**DESCRIPTION:** Navajo Head Start  
Playground Equipment  
**CONTACT PERSON:** Lavina Willie-Nez, Senior Contract Analyst  
Phone: 928-357-6732

**~ RETURN PROPOSALS CLEARLY MARKED ~**

**“DO NOT OPEN: ITRB# 26-03-4081SB - Playground Equipment**

**INCLUDE COMPANY NAME AND RETURN ADDRESS ON BID PACKAGE**

**PROPOSAL & BID SUBMITTAL DEADLINE AND RELEVANT INFORMATION:**

All proposals and bids delivery using 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  
**ITB NO: ITB# 26-03-4081SB “DO NOT OPEN”**

**MAILING ADDRESS:** Navajo Head Start  
P.O. Box 3479  
Window Rock, Arizona 86515  
ATTN: Lavina Willie-Nez, Senior Contract Analyst  
**ITB NO: ITB# 26-03-4081SB“DO NOT OPEN”**

## 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 ITB.

### B. SCOPE OF WORK:

- Disassemble and demolish existing thirty-one (31) Head Start (HS) and six (6) Early Head Start (EHS) playgrounds, surface materials and canopy at designated locations within the Navajo Nation by a certified playground technician.
- Will properly dispose of Playgrounds, surface materials, canopy, and equipment.
- Design, provide and install Thirty-one (31) HS preschool-aged (3-5) with swings, and six (6) EHS infant/toddler-aged (birth to 3) playground equipment with benches and sensory equipment including Canopy and Pour in place surfacing (6" depth) materials at designated locations with footers and pony wall within the Navajo Nation by a certified playground technician.
- Provide pedestrian links to concrete walkway around the play space, which supports ADA compliance and ensures a drainage system is established.
- Equipment design must meet the requirements of the Americans with Disabilities Act (ADA) , ADA accessibility standards, and utilize International Playground Equipment Manufacturers Association (PEMA) certified equipment that meets or exceeds all federal, state and local guidelines and conforms to the playground-related technical standards set by the American Society of testing materials international (ASTM) and the U.S. Consumer Products Commission.
- Ensure a coordinated and cohesive finished project that benefits the Program.
- Coordinate the installation of the playground equipment with the program to minimize the interruptions of the classroom operations.
- Shall furnish all labor, labor equipment and materials necessary to complete the scope of work including disposal of old playground equipment related to scope of work.
- All Freight/shipping charges and material and/or equipment, installation, parts, labor, fees and 6% NN tax shall be included.
- Warranty coverage on workmanship for labor, removal, assembly and cost of shipping to be included.
- All Playground equipment shall be installed by a factory trained, insured and certified installer(s). Following installation, a Certified Playground Safety Inspector will conduct a thorough audit of all installed equipment.
- Will be required to address and resolve any identified deficiencies within thirty (30) days of notification of the deficiencies.
- Must comply with all Federal, State and local requirements for playground equipment.

- Responsible for verifying site conditions as no allowances will be made if a vendor fails to adequately examine the location before submitting a proposal.
- Will provide Thirty-one (31) custom signs, including design, fabrication, and delivery.
- Will provide detailed project/timeline schedule for each listed item in:
  - Demolish and disposal of old playground equipment and canopy.
  - Installation of new playground equipment for a total of thirty-seven (37) playground and pour in surfacing.
- The contractor shall ensure that all employees, subcontractors, and agents who will be performing work under this contract have successfully passed a criminal background check and possess a clean criminal record. This requirement is mandatory due to the nature of work involving children.
- All Criminal background checks required under this contract shall be conducted at the contractor's sole expense.
- Any individual who does not meet this requirement shall be prohibited from performing work under this contract. The contractor shall be fully responsible for screening its personnel and ensuring ongoing compliance.
- Proof of compliance may be required prior to contract award and at any time during the contract period and shall be provided upon request.

**ITB Submittal Deadline:**

All ITB's must be received/ mailed / or physically delivered on or before **May 29, 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  
**ITB NO: ITB# 26-03-4081SB "DO NOT OPEN"**

Courier Service/Delivery to:  
 Navajo Head Start  
 Attention: NHS Finance Section  
 47552 Hwy 264 Suite H  
 Window Rock, AZ 86515  
**ITB NO: ITB# 26-03-4081SB "DO NOT OPEN"**

**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 General Liability Insurance.

**A. Proposal Format:**

1. Respondent(s) must indicate 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 binder with tabs delineating each section. Larger paper is permissible for charts, maps, or the like.
3. An original ITB response and three (3) copies must be provided in sealed envelope. Total four (4) copies.
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 ITB;
  - 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 contact for clarification;
  - e. Explicitly indicate acceptance of the conditions governing this procurement;
  - f. Be signed by the person responding to the ITB; and
  - g. Acknowledge receipt of any and all amendments to the ITB.
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 some detail, the quality, quantity, and substance of services provided.
- d. The respondent must provide a Certificate of Liability Insurance.

7. Respondent must provide proposal on contract approach.

- a. Provide in detail how they 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.

- B. REJECTION OF PROPOSALS:** The Navajo Nation reserves the right to waive any informalities or irregularities in the ITB or reject any or all proposals whenever such rejection is deemed in the best interest of the Navajo Nation.
- C. PROCUREMENT OF ITB:** 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 ITB 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 ITB should be submitted in writing to Lavina Willie-Nez, Senior Contract Analyst. Only written responses to questions will be considered official. All questions will be directed to Lavina Willie-Nez at 928-357-6732 or email: [lavinawillienez@nmdode.org](mailto:lavinawillienez@nmdode.org). Questions regarding this procurement will be accepted until 5:00 p.m. MST on **May 26, 2026**.
- E. 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.
- F. PROPOSAL SUBMISSION:** Proposal must be received on or before 5:00 p.m. (MST) May 29, 2026. 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 ITB. **Late proposals will not be accepted.**
- G. REJECTION OF PROPOSALS:** NHS reserves the right to reject any and all proposals. This ITB 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.
- H. 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 ITB will be handled in accordance with applicable purchasing procedures. Each and every page of the proprietary material must be labeled or identified with the word “proprietary” or “confidential”.

- I. **RESPONSE MATERIAL OWNERSHIP:** All material submitted regarding this ITB 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 ITB. Disqualification or non-selection of a respondent or proposal does not eliminate this right.
- J. **INCURRING COSTS:** Any cost(s) incurred by the respondent in preparing, transmitting, presenting, or modifying the proposal or material for this ITB shall be the responsibility of the respondent. .
- K. **SUFFICIENT APPROPRIATION:** A contract awarded as a result of this ITB 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.
- L. **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 ITB 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 ITB represent the minimum performance necessary for a response. On the basis of the evaluation Criteria established in this ITB, 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 ITB 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 1-20 points
  - Completeness
  - Clarity of Presentation
  - Organization of Presentation

	Understanding NHS Objectives	
b.	Statement of Qualifications List of three (3) Client References	1-20 points
c.	Technical Requirements Project description Projected accomplishments	1-20 points
d.	Project Management Project Management Experience Schedule/Project Plan Staffing Related Experience Education - Credentials	1-20 points
e.	Cost of Service	1-20 points

**Total possible points = 100**

- M. STANDARD CONTRACT:** The Navajo Nation reserves the right to incorporate standard contract provision into any contract negotiations as a result of a proposal submitted in response to the ITB.
- N. 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.
- O. 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.
- P. 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 of delivery of services required in this ITB.

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://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.

<b>Print or type.</b> See <i>Specific Instructions</i> on page 3.	<b>1</b>	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.)		
	<b>2</b>	Business name/disregarded entity name, if different from above.		
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> 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) . . . . . <b>Note:</b> 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) _____	<b>4</b>	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) _____  <i>(Applies to accounts maintained outside the United States.)</i>
	<b>3b</b>	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"/>		
	<b>5</b>	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
	<b>6</b>	City, state, and ZIP code		
	<b>7</b>	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.

<b>Social security number</b>	
[ ] [ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]	
<b>or</b>	
<b>Employer identification number</b>	
[ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	

**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.

## 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.

<b>Sign Here</b>	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](http://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