



INVITATION TO BID (ITB)

Bid Reference Number: ITB Bid #: 26-04-4114SB

Project Title: Commercial Janitorial Product Supplies and Equipment

Issuing Agency/Organization: Navajo Special Diabetes Program

Date of Issuance: June 22, 2026

1. Project Overview

Navajo Special Diabetes Program (NSDP) is requesting sealed, competitive bids from qualified vendors for the supply and delivery of commercial-grade janitorial products, cleaning supplies, and facility maintenance equipment. The selected vendor(s) will establish a 2-year fixed-price agreement to fulfill the ongoing custodial inventory needs of our facilities.

2. Schedule of Events

Bidders must strictly adhere to the following procurement timeline:

- Bid Release Date: June 22, 2026
- Bid Submission Deadline: June 30, 2026, at 5:00 PM MST
- Anticipated Contract Award: TBA

3. Scope of Supply & Technical Specifications

All submitted products must meet or exceed industrial and commercial performance standards.

Substitution of Janitorial Supplies and Equipment ("Or Equal"):

Any specific brand, make, model, or manufacturer number listed in this contract serves to establish a baseline standard of quality, performance, and durability. The Contractor may propose alternative products or equipment, provided they are of equal or better quality, utility, and capability. All substitutions must be submitted to the Program Manager for written approval prior to delivery and use.

Bidders must provide pricing for the following categories:

Category A: Chemical Cleaning Agents

- Disinfectants: EPA-registered, hospital-grade, concentrated solutions.
- Floor Care: Strippers, heavy-duty degreasers, high-gloss finishes, and neutral cleaners.
- Glass & Surface Cleaners: Non-streak, ammonia-free formulas (Eco-friendly/Green-certified preferred).
- Hand Hygiene: Antibacterial liquid soaps and foaming alcohol-based hand sanitizers.

Category B: Consumables & Paper Goods

- Paper Products: High-capacity roll towels, multi-fold towels, and 2-ply coreless toilet tissue.
- Liners: High-density (HDPE) and low-density (LDPE) trash can liners in various gallon capacities (e.g., 10G, 33G, 55G).

Category C: Janitorial Hardware & Equipment

- Manual Tools: Heavy-duty microfiber mops, dual-bucket wringer systems, commercial brooms, and dustpans.
- Motorized Equipment: Commercial-grade HEPA-filter upright vacuums, automatic floor scrubbers, and high-speed burnishers.
- Safety Gear: OSHA-compliant "Caution: Wet Floor" A-frame signs, nitrile gloves, and safety goggles.

4. Submission Requirements

Bidders must submit a complete response package containing the following documents: [1]

- Price Proposal Sheet: Itemized unit pricing, bulk/case discounts, and catalog discount percentages for non-listed items.
- Product Data Sheets: Manufacturer specification sheets and Safety Data Sheets (SDS) for all Category A chemicals.
- Warranty & Service Level Agreement: Detailed warranty terms for Category C motorized equipment and guaranteed delivery lead times.
- Vendor Qualifications: Proof of business registration, financial stability, and at least three (3) commercial references.

#### 5. Terms & Conditions

- Price Guarantee: All bid pricing must remain firm and fixed for a minimum of 90 or 120] days from the submission deadline.
- Shipping & Delivery: All deliveries must be shipped F.O.B. Destination, freight prepaid and allowed to Navajo Nation Special Diabetes Program, Tribal Administration Building 2, #2296, Indian Route 100, Window Rock, Arizona 86515.
- Payment Terms: Standard payment terms will be Net 30 days upon receipt of a correct invoice and verified delivery.
- Award Criteria: The contract will be awarded to the lowest responsive, responsible bidder meeting all technical specifications. The organization reserves the right to issue a split award to multiple vendors.

#### 6. Contact & Submission Instructions

Sealed bids must be clearly marked with the Bid Reference Number on the outside of the envelope or in the email subject line.

- Submission Delivery Method: Four copies of the proposal shall be submitted in a sealed envelope labeled " Commercial Janitorial Product Supplies and Equipment " -DO NOT OPEN," to Attn: Sharon Belone, Buyer, Navajo Nation Purchasing Services, Administration Building# 1, Window Rock Blvd., Window Rock, Arizona, or mailed to P.O. Box 3150, Window Rock, Arizona 86515. If the respondent is a Navajo Nation business, then the priority status needs to be written clearly on the outside of the proposal package. Bid documents and supplemental information regarding the project will be available online [www.nooc.org](http://www.nooc.org) link: The due date for the proposal is June 30, 2026, at 5:00 p.m.
- Primary Procurement Contact: If any questions regarding this ITB call Radeanna Comb, Program Manager III at 928-871-6532 or email: [Radeanna.Comb@navaio-nsn.gov](mailto:Radeanna.Comb@navaio-nsn.gov)

#### 7. Attachments

- Exhibit A: Pricing Sheet
- W-9 Form (Revise 2024)
- Navajo Nation Regarding Debarment, Suspension, and Contracting Eligibility Form
- Navajo Nation Certification Regarding Non-Collusion Form
- Navajo Nation Responsibility for Subcontractors

## Navajo Nation Special Diabetes Program

PRICE QUOTATION: COMMERCIAL JANITORIAL CLEANING AND EQUIPMENT

2027 Pricing for 4 Qtrr.  
(Jan.2027 - Dec.2027)

2026 Pricing For 2 Qtrr.  
(July - August & Sept. -Dec. -)

Product Na	Quantity	Product Name	UoFM
<b>SUPPLIES</b>			
6		Tork, PeakServe® Continuous™, Folded Towel Dispenser, Black	pkg. of 1
6		Tork, PeakServe® Mini Continuous™, Folded Towel Dispenser, Black	pkg. of 1
6		Tork, PeakServe® Continuous™ Advanced, Folded Towel, 1 ply, White	pkg. of 12
6		High-Capacity 2-Roll, Bath Tissue Dispenser, Black Translucent	pkg. of 1
6		Green Select® Choice, 2 ply, 3.75in Bath Tissue	pkg. of 12
6		Affinity® Expressions, 1,250ml, Black, Manual Dispenser	pkg. of 1
6		Affinity® Expressions, 1,250ml, White, Manual Dispenser	pkg. of 1
6		Affinity® Foaming Instant Hand Sanitizer Foam, Affinity® Manual/Automatic Dispenser 1000 mL Cartridge	pkg. of 4
6		Affinity®, Mandarin-Cranberry Premium Foam Soap, Affinity® Manual Dispenser 1250 mL Cartridge	pkg. of 4
6		Green Select® Preferred, 800ft Roll Towel, 1 ply, White	pkg. of 6
6		Hands-Free, Mechanical Roll Towel Dispenser, Black Translucent	pkg. of 1
6		Green Select® Choice, 1000ft Roll Towel, 1 ply, Natural	pkg. of 6
6		Stellar™ HDPE Liner, 16 gal Capacity, 24 in Wide, 33 in High, 8 Microns Thick, Natural	pkg. of 1000
6		Hillyard, Stellar™ HDPE Liner, 33 gal Capacity, 33 in Wide, 40 in High, 16 Microns Thick, Natural	pkg. of 250
6		Payload™ LLDPE Liner, 60 gal Capacity, 38 in Wide, 58 in High, 1.5 Mils Thick, Black	pkg. of 100
6		Wave 3D Urinal Screen, Mango	CASE
6		Quick and Clean® Citrus Disinfectant Wipes, 160 Wipes/Container	pkg. of 6
6		Citrus Disinfectant Cleaner, 32 fl oz Bottle	pkg. of 12
6		Arsenal® Non-Acid Restroom Disinfectant/Cleaner, Arsenal® One Dispenser 2.5 Liter Bottle	pkg. of 4
6		Arsenal® Suprox® Glass & Floor Cleaner, Arsenal® One Dispenser 2.5 Liter Bottle	pkg. of 4
6		Arsenal® One 4D - Four Product Dispenser - E Gap	pkg. of 1
6		Arsenal® Green Select® Bathroom Cleaner, Arsenal® One Dispenser 2.5 Liter Bottle	pkg. of 4
6		Extra Strength CSP Acid Restroom Cleaner, 32 fl oz Bottle	pkg. of 12
6		Germincidal Bowl Cleaner, 32 fl oz Bottle	pkg. of 12
6		Tork, Everwipe® Reusable Mobile Wet Wipe Buckets, White	CASE
6		Tork, Everwipe® Disinfectant Wipe Jumbo Rolls Refill, 800 Wipes/Container	pkg. of 2
6		CPI, SMARTCLEAN II Mini Automatic Washing Machine	pkg. of 1
6		Trident® Heavy Duty, 16"x16", Microfiber, Blue Cloth	CASE
6		Trident® Heavy Duty, 16"x16", Microfiber, Red Cloth	CASE
6		Trident® Heavy Duty, 16"x16", Microfiber, Green Cloth	CASE
6		Trident® Heavy Duty, 16"x16", Microfiber, Yellow Cloth	CASE
6		Trident® Premium, 18"W, Microfiber, Blue, Pocket, Wet Mop	CASE
6		Trident® Premium, 18"W, Microfiber, Red, Pocket, Wet Mop	CASE
6		Trident®, Pre-Treat Bucket 6 Gal. with Handle and Lid, Blue	pkg. of 10
6		Trident®, Pre-Treat Bucket 6 Gal. with Handle and Lid, Gray	pkg. of 10
6		Trident®, Plastic, 18", Pocket Mop Frame	CASE
6		Trident®, Extension Handle, 72", Aluminum, Black	CASE
6		Proline™, 36"W, Polyester, Blue, Dust Mop	CASE
6		P-Shield Urinal Mat, 17.50"x20.25", Black, No Added Odor	pkg. of 6

6	Gator, Hygiene Mat, 19"x21", Gray	CASE
6	Supply Source, Safety Zone®, Medical Grade Gloves, Nitrile, 4.25 mil, Powder Free, L, Blue	CASE
6	Supply Source, Safety Zone®, Medical Grade Gloves, Nitrile, 5.3 mil, Powder Free, L, Black	CASE
6	Rubbermaid Commercial, Pop Up, Multilingual, Wet Floor Cone, Yellow, 20"	pkg. of 12
6	Rubbermaid Commercial, Closed For Cleaning Hanging Sign, Yellow, 13"	pkg. of 6
6	Bobrick, Shower Curtain, 42" W x 72" H, Matte White	pkg. of 1
6	Explorer® Floor Finish, 1 gal Bottle	CS
6	Power-Strip® Floor Stripper - Gal.	CS
6	Hil-Sheen LV Luxury Vinyl Floor Cleaner, 1 gal Bottle	CS
6	Cleaning Companion® Non-Acid Restroom Disinfectant Cleaner, 0.5 gal Bottle	CS
6	Cleaning Companion® Green Select® Glass Cleaner, 0.5 gal Bottle	CS
6	Cleaning Companion® Mariner® Acid Restroom Cleaner, 0.5 gal Bottle	CS
6	Defoamer II, 32 fl oz Bottle	CS

**TOTALS** GRAND TOTAL ON JANITORIAL PRODUCT SUPPLIES

<b>EQUIPMENT</b>	<b>One Time Pricing on Equipment</b>	
6	TRIDENT ORB13	EA
6	BATTERY LI-ION PACK 36.5V 5400 MAH	EA
6	SCRUB WB TRIDENT XM14SC 14IN BTTY	EA
6	BATTERY 12 VOLT 37 AM/HR AGM	SET
6	TRIDENT CC17XPC	EA
6	TRIDENT CC17 RECOVERY UNIT	EA

**TOTALS** GRAND TOTAL ON JANITORIAL EQUIPMENTS

# 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.		<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) _____
	<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>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"/>		<i>(Applies to accounts maintained outside the United States.)</i>	
	<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
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## 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**

\_\_\_\_\_  
 Consultant/Project Name

\_\_\_\_\_  
 Project/Work Location

1. Applicant acknowledges, in accordance with the Navajo Nation Procurement Act, 12 N.N.C. §§ 301 *et seq.*, as amended from time to time, to the best of its knowledge, that Applicant, in either its present form or in any other identifiable capacity, has not:
  - a. been convicted in any jurisdiction of 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 of 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 contract specifications, purchase descriptions, or within the time limit provided in the contract; or
    - ii. a recent record of failure to perform, or of unsatisfactory performance, with the terms of any contract;
  - e. 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 the Navajo Nation or 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 that this executed Certification is untrue or not wholly accurate, the Navajo Nation shall have grounds to terminate the procurement award or executed 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

\_\_\_\_\_  
 Applicant Address

\_\_\_\_\_  
 Applicant Address

\_\_\_\_\_  
 Applicant Address

\_\_\_\_\_  
 Printed name individual signing on Applicant's behalf

\_\_\_\_\_  
 Title of individual signing on Applicant's behalf

\_\_\_\_\_  
 Signature of individual signing on Applicant's behalf

\_\_\_\_\_  
 Date

# NAVAJO NATION CERTIFICATION

## Regarding Non-Collusion

\_\_\_\_\_  
Consultant/Project Name

\_\_\_\_\_  
Work Location

In accordance with Navajo Nation Procurement Act, 12 N.N.C. §§ 301-80, Applicant, in either its present form or in any other identifiable capacity, certifies and acknowledges the following:

1. Applicant is submitting an offer that is genuine and not collusive or a sham to the Navajo Nation for the above-named Project;
2. Applicant is fully informed regarding the preparation and required content of its offer, including all pertinent circumstances governing submission of its offer to the Navajo Nation;
3. Applicant has in no way colluded, conspired; connived; or agreed, directly or indirectly, with any other entity, offeror, or person regarding the proposed contract for the Project, to:
  - a. submit a sham offer to the Navajo Nation, or
  - b. refrain from submitting an offer to the Navajo Nation;
4. Applicant has not in any manner, directly or indirectly, sought by agreement or collusion, or communication or conference, with any other entity, offeror, or person, to:
  - a. fix any price or fee relating to its offer or of any other entity, offeror, or person, or
  - b. fix any price, overhead, profit, reimbursement, or cost element of its offer, or that of any entity, offeror, or person;
5. Applicant has not, through any collusion, conspiracy, connivance, or unlawful written or oral agreement, secured any advantage against the Navajo Nation or against any other entity, offeror, or person interested in the proposed contract for the Project;
6. 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;
7. all statements set forth herein, and in its offer submitted to the Navajo Nation, are true; and
8. 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.

\_\_\_\_\_  
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

**NAVAJO NATION CERTIFICATION**  
**Responsibility for Subcontractors**

\_\_\_\_\_  
Consultant/Project Name

\_\_\_\_\_  
Work Location

In accordance with Navajo Business Opportunity Act, 5 N.N.C. §§ 201-15, Applicant, in either its present form or in any other identifiable capacity, certifies and acknowledges the following:

1. Applicant has submitted/is submitting an Offer to the Navajo Nation for the above-named Project;
2. the signatory below is authorized to represent the Applicant for purposes of the declarations set forth herein, and that all such declarations are made on behalf of said Applicant and all of its owners, partners, officers, members, employees, officials, agents, or parties-in-interest;
3. as of the date of signature below, said Applicant intends to use the subcontractors listed on the attached document, titled "Exhibit 1", for the above-named Consultant/Project;
4. none of the subcontractors so listed are debarred, suspended, or otherwise ineligible to receive a contract from the United States federal government, any state government, or the Navajo Nation;
5. none of the subcontractors are debarred, suspended, otherwise slated for debarment, ineligible and/or excluded from participation on any government contracts, including but not limited to federal, state, and tribal government contracts;
6. none of the subcontractors are, nor have they been, under criminal indictment or civilly charged by a governmental entity for fraud, forgery, falsification, theft, bribery, destruction of records, receiving stolen property, or other criminal offenses in the administration of a government contract;
7. none of the subcontractors have been terminated for cause or convenience by a governmental entity in the administration of a government contract; and
8. Applicant shall assume all legal responsibility for the work of all subcontractors on the Consultant/Project, including performing all subcontractors' duties as necessary or replacing any subcontractors as necessary in keeping with Navajo Nation laws, in order to guarantee Applicant is submitting an offer that is genuine and not collusive or a sham to the Navajo Nation.

\_\_\_\_\_  
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



INVITATION TO BID (ITB)

Bid Reference Number: ITB Bid #: 26-04-4114SB

Project Title: Commercial Janitorial Product Supplies and Equipment

Issuing Agency/Organization: Navajo Special Diabetes Program

Date of Issuance: June 22, 2026

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Bid documents and supplemental information regarding the project will be available online [www.nooc.org](http://www.nooc.org) link: Purchasing. If you have any questions regarding this RFP call 928-871-6532 or email: [Radeanna.Comb@navajo-nsn.gov](mailto:Radeanna.Comb@navajo-nsn.gov). The due date for the proposal is June 30, 2026, at 5:00 p.m.