

Navajo Nation, Department of Diné Education,
Office of Special Education and Rehabilitation Services (OSERS)

RFP BID NO:26-05-4135DB

PROPOSAL DUE DATE: Friday, May 22, 2026 at 5:00 PM DST
DESCRIPTION: Early Intervention Services
CONTACT PERSON: Paula S. Seanez, Ph.D. Director
Phone: 928-871-6338
Email: paulaseanez@nndode.org

~ RETURN PROPOSALS CLEARLY MARKED~
"DO NOT OPEN: RFP BID #26-05-4135DB -Early Intervention Services"

PROPOSAL & BID SUBMITTAL DEADLINE AND RELEVANT INFORMATION:

All proposals must be (1) physically delivered via UPS or Federal Express to the physical address below or (2) mailed via USPS to the mailing address:

PHYSICAL ADDRESS: Office of Special Education and Rehab. Services
Physical address: 345 SR Hwy, 264 Professional Building #2, Suite 114
Saint Michaels, Arizona 86511
ATTN: Paula S. Seanez, Ph.D. Director

MAILING ADDRESS: Office of Special Education and Rehab. Services
P.O. Box 1420
Window Rock, Arizona 86515
ATTN: Paula S. Seanez, Ph.D. Director

Offeror must indicate (On the Bid Package Envelope) if they are a Priority one or two vendor (if applicable) on the RFP Cover Sheet. Priority one or two vendor listings are located at <https://navajoeconomy.org/business-regulatory/nboa-source-lisiting>. Per the Navajo Nation Business Opportunity Act (NBOA) Priority Certification provides contracting preference to Navajo and Native-owned businesses.

Late proposals will not be accepted.

PURPOSE:

The purpose of the Request for Proposals (RFP) is to solicit sealed proposals to establish a contract through competitive negotiations for the interested parties to provide Early Intervention services based on the Individuals with Disabilities Education Act (IDEA), Part C and the Arizona Early Intervention Program (AzEIP) regulations for services that are provided to the maximum extent appropriate, are provided in natural environments, including in the home, and community settings in which children without disabilities participate.

BACKGROUND INFORMATION:

The Navajo Nation, Department of Diné Education, Office of Special Education and Rehabilitation Services (OSERS) provides early intervention services is seeking organizations and individuals experience with infant and toddlers' population (between birth up to thirty-six months of age). Proposals must be designed to assist the Navajo Nation OSERS in determining eligibility for early intervention services and planning family-centered services under an Individualized Family Service Plan.

PROPOSAL FORMAT, CONTENT AND ORGANIZATION:

All proposals must be typewritten on standard 8-1/2 X 11 with original and three (3) copies in a sealed envelope. Proposals must include the following:

1. RFP Cover Sheet (Exhibit A)
2. Proposal summary (optional)
3. Experience, expertise and knowledge in providing early intervention services on the Navajo Nation.
4. Listing of proposed staff and developmental evaluations for early intervention that your organization has expertise including Occupational Therapy (OT), Physical Therapy (PT), Speech Language Pathology Services (SLP), and Infant Development Program (IDP)
5. Ability to travel to the Navajo Nation to provide services in natural environments, including in the home, and community settings in which children without disabilities participate.
6. Budget (cost of services)-provide a detailed budget with all costs associated with providing the services in the RFP. Include Navajo Nation sales tax for work conducted on the Navajo Nation at 6%.
7. Attachments: The following documents are required and must be attached.
 - a. Navajo Nation Certification Regarding Debarment & Suspension (Exhibit B)
 - b. Federal Form Tax W-9 (Exhibit C)
 - c. Licensed, bonded, and current Certificate of Liability Insurance.

DEADLINE TO SUBMIT WRITTEN QUESTIONS:

Offerors may submit written questions to the Director of OSERS at paulaseanez@nndode.org with the intent to clarify the RFP until 5:00 PM May 21, 2026, Mountain Daylight Time.

PROPOSAL FORMAT:

An original RFP response and three (3) copies must be provided in a sealed envelope

SELECTION CRITERIA.

An evaluation team will evaluate the proposals received in accordance with the general criteria used herein. Offerors should be prepared to provide any additional information the team feels necessary for the fair evaluation of proposals.

Failure of an Offeror 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 Offeror to the execution of a contract.

The sole objective of the review team will be to select the Offeror who is most responsive to the needs of OSERS. 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 Offeror who best meets this objective. If there is only one responsive bid, the OSERS Director may elect to evaluate the RFP solely.

1. How would you rate this offerors knowledge and expertise?

2. = Excellent; 2 = Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)

a. COMMENTS:

3. How would you rate the Offerors experience, expertise and knowledge in providing early intervention services on the Navajo Nation.

a. 3 = Excellent; 2 = Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)

b. COMMENTS:

4. How would you rate the Offer's expertise to carry out the scope of work based to provide adequate staff and developmental evaluations for early intervention including Occupational Therapy (OT), Physical Therapy (PT), Speech Language Pathology Services (SLP), and Infant Development Program (IDP)

i. (3 = Excellent; 2 = Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)

b. COMMENTS:

5. Rate the Offeror's ability to travel to the Navajo Nation to provide services in natural environments, including in the home, and community settings in which children without disabilities participate.

i. (3 = Excellent; 2 = Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)

b. COMMENTS:

6. Rate the Offeror's budget associated with providing the services in the RFP. Include Navajo Nation sales tax for work conducted on the Navajo Nation at 6%.

i. (3 = Excellent; 2 = Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)

b. COMMENTS:

7. Rate the Offeror's attached supporting documentation. Must be Completed and signed.

- a. Navajo Nation Certification Regarding Debarment & Suspension
- b. Federal Form Tax W-9
- c. Licensed, bonded, and current Certificate of Liability Insurance.

i. (3 = Excellent; 2 = Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)

b. COMMENTS:

Name: _____ Rating:

Name: _____ Rating:

Name: _____ Rating:

COMMENTS:

RFP COVER SHEET

Exhibit A

RFP Title: _____

RFP Number: _____ Submission Date: _____

Vendor Priority (Circle one): 1 2 N/A

SUBMITTING ORGANIZATION

Organization Name: _____

Address: _____

City/State/Zip: _____

AUTHORIZED REPRESENTATIVE

Name: _____

Title: _____

Phone Number: _____

Email: _____

CONTRACT NEGOTIATOR (IF DIFFERENT FROM ABOVE)

Name: _____

Title: _____

Phone Number: _____

Email: _____

CONTACTS FOR CLARIFICATION

Name: _____

Title: _____

Phone Number: _____

Email: _____

(Attach additional pages if necessary)

SUBCONTRACTORS

Will subcontractors be used? Yes No

If yes, please list:

REFERENCES List three (3) references:

Name

Address

Phone Number

AREA OF SERVICE DELIVERY: Geographic locations to serve on the Navajo Nation:

TARGET AGE RANGE OF FAMILIES SERVED: Proposed age range of families to be served:

I certify that I am authorized to contractually obligate the organization listed above and that all information provided in this proposal is true and correct.

Authorized Signature: _____

Printed Name: _____

Title: _____

Date: _____

**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

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.		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) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	<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) _____ 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. <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 _____ <input type="checkbox"/>			
	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.

Social security number										
or										
Employer identification number										

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.

Sign Here	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.

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