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

RFP BID NO:26-07-4237SB

PROPOSAL DUE DATE:	Monday, August 17, 2026 at 5:00 PM DST
DESCRIPTION:	Metal Roofing Installation
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 #26-07-4237SB -Metal Roofing Installation"

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) physically brought by the contractor to the physical address below:

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 install metal roofing on the Navajo Nation, Department of Diné Education, Office of Special Education and Rehabilitation Services (OSERS) field office building located on 16 Main Street, Tuba City, AZ 86045. Square footage on the roof of the building is approximately 2,500 sqft with removal of a non-working swamp cooler.

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 on installation of metal roofing.
4. 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%.
5. 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 August 17, 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?

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

    b. COMMENTS:

2. How would you rate the Offerors experience, expertise and knowledge on installing metal roofing.

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

    b. COMMENTS:

3. 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)

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

    b. COMMENTS:

4. 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%.

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

    b. COMMENTS:

5. 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.

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

    b. COMMENTS:

Name:_____ **Rating** _____ Rating:
Name:_____ **Rating** _____ Rating:
Name:_____ **Rating**

COMMENTS:

RFP COVERSHEET 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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	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

EXHIBIT 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