REQUEST FOR PROPOSAL

BID NO: 26-08-4257SB

Date: August 7, 2026

Project Title: Navajo Nation Department of Fire & Rescue Service: Fire Department Medical Exams

Project Schedule:

Advertisement of RFP	8/7/2026 – 8/21/2026
Requests for Information Due Date:	8/14/2026 @ 5 p.m. DST
Bid Due Date:	8/21/2026 @ 5 p.m. DST

Proposal:

All interested parties are invited to review and respond to this Request for Proposal at their discretion. All questions pertaining to the contents of this RFP as a respondent can contact via email John Williams, Fire Chief – NNDFRS/NDPS at johnwilliams@navajo-nsn.gov.

All parties responding to this bid are instructed to submit or send four (4) proposals (1 original and 3 copies) to the following address:

The Navajo Nation
Division of Finance – Purchasing
Attention: Sharon Belone, Buyer
Administration Building # 1
Window Rock Blvd.
Window Rock, Arizona 86515

All responses to this bid shall be sent in a sealed envelope, including a return address, and clearly marked on the outside of the envelope, the following:

BID # 26-08-4257SB
NAVAJO NATION DEPARTMENT OF FIRE & RESCUE
FIRE DEPARTMENT MEDICAL EXAMS

I. DESCRIPTION OF THE ORGANIZATION

The Navajo Nation Department of Fire & Rescue (FRS) is a growing department operating eight (8) fire stations located throughout the Navajo Nation in Arizona and New Mexico.

The Department has members that provide fire and rescue services to the Navajo Nation. The job is strenuous, arduous, and requires its members to comply with NFPA (National Fire Protection Association) 1582 standard.

II. SCOPE OF THE CONTRACT

The Navajo Nation intends to enter a professional services contract with one (1) responsible, qualified vendor to complete all work as described in the attached scope of work for a period of (5) years.

III. RESPONDENT REQUIREMENTS

All respondents must have the capabilities listed herein, including sufficient detailed information with regard, to experience and expertise in meeting the following requirements:

1. A legitimate and credible vendor with a minimum of five (5) years' experience and history with providing the described services.
2. The Navajo Business Opportunity Act 5 NNC § 201, 205 will apply.
3. Federal requirements, if applicable.

IV. SCOPE OF WORK (See Attached)

V. REQUIREMENTS

The respondent will furnish all requested information as specified in the RFP.

VI. PROPOSAL CONTECT AND REQUIRED INFORMATION

Please utilize the outline described below with four (4) copies.

1. Organizational letter expressing your interest and a brief description of your proposed services. Do not reveal or refer to the cost in this letter.
2. Organization qualifications and project experience. Include references.
3. Scope of Work.
4. Service Specifications (if any).
5. Copies of licenses, certifications, insurance certificates, and other relevant documents.
6. Sub-contractor information, if applicable.
    a. Sub-contractor work should not exceed certain percentage of the entire project.
7. Costs to be submitted in a separate sealed envelope. Detailed breakdown of costs: Material, Labor, and other applicable costs; 6% Navajo Nation Sales Tax.

8. Compliance: Any proposal that does not adhere to this format and does not address each specification, requirement, or scope of work as outline, may be deemed non-responsive and rejected on that basis.

VII. EVALUATION PROCESS (pre-qualifying process)

1. Evaluation Criteria

a. Qualifications, credentials, and minimum five (5) years' work experience. This includes the capabilities to provide all requested services. (20 Points)

b. Quality of service, ability, reliability, and warranty services. (30 Points)

c. Location and ability to facilitate/travel to locations on the Navajo Nation. (20 Points)

d. Navajo Preference. (5 Points)

e. Cost (Separate Sealed Envelope). (25 Points)

2. Applicable Federal Requirements.

3. The Navajo Nation Department of Fire & Rescue reserve the right to interview respondents if deemed necessary due to tied scores or other legitimate matters.

    a. This may entail a presentation from the respondent for clarification and/or details on products or other requirements. The presentation will be, presented at the respective sites (if necessary). It is NNDFRS intention to award one (1) vendor to provide all services as specified.

VIII. TYPE OF CONTRACT

The Navajo Nation will utilize a standard Professional Services Contract for the procurement of goods and services for this project.

IX. PERIOD OF PERFORMANCE

The period of performance will be determined and negotiated based on the schedule proposed by the respondent and the contract implementation date.

X. TECHNICAL DIRECTION

The Navajo Nation Department of Fire & Rescue point of contact John Williams, Fire Chief for all inquiries relating to the project and other matters. Questions and responses will be, shared with all respondents. Chief Williams' email address is: johnwilliams@navajo-nsn.gov

XI. PAYMENT AND SUBMISSION OF INVOICES

The Navajo Nation Professional Services Contract will describe this section.

XII. RIGHTS

The Navajo Nation reserves the right to reject any all proposals, in whole or in part based on the requirements set forth in this RFP.

XIII. AGREEMENT TERMS AND CONDITIONS

The Navajo Nation is not bound to enter a contract under the RFP and may issue a subsequent RFP for the same services, and The Navajo Nation is a sovereign government and all contracts entered into as a result for the RFP shall comply with the Navajo Nation law, rules, and regulations, including the Navajo Preference in Employment Act, and applicable federal law, rules, regulations. This procurement and any RFP with respondents may result shall be, governed by the laws of the Navajo Nation and applicable federal law. Nothing herein shall be, constructed as a waiver of the Navajo Nation's sovereign immunity. In addition, the Navajo Nation Business Opportunity Act will apply to the RFP.

The Navajo Nation Professional Services Contract will provide all other legal and contractual obligations, terms, and requirements of this project.

XIV. OTHER

SCOPE OF WORK

Navajo Nation Department of Fire & Rescue Service: Fire Department Medical Exams

The Navajo Nation Department of Fire & Rescue Service (FRS) is seeking a qualified medical provider to provide NFPA 1582 compliant annual physical examinations to members of FRS. Providers of employee health testing and mobile screening services to partner with and provide the FRS members the opportunity to participate in the National Fire Protection Association (NFPA) 1582 Standard Comprehensive Occupational Medical Program for Fire Department physicals.

The purpose of the Firefighter Physicals Program is to reduce the risk of injury, illness, or death to our firefighters and to ensure our firefighters are medically fit for duty. In addition, these physicals establish baseline values for future comparison and as a preventative measure to identify any potential high-risk areas the member and their physician should be aware of.

The purpose of the examination is not diagnostic. The information and data developed during the physical examination remain the exclusive private property of the member taking part in the examination.

<u>Proposal Requirements</u>

Exams to include:

- Work and medical history review
- Chest X-Ray
- X-Ray reading

- Pulmonary Function Profile
- Audiometric Examination
- Visual Acuity Test
- Cardiogram-resting
- Blood Pressure/Height/Weight/BMl
- Colorectal Stool Screen
- Lab Work Including (Chem23, c02, CBC,ua)
- Physical Examination
- Submaximal Treadmill Test with 12 Lead EKG

Physical Fitness Examination:

- Muscular Strength
- Muscular Endurance
- Flexibility Evaluation

Individual Reports, Counseling, and Personalized Exercise Prescription

Body Composition

Ultrasound Testing:

- Echo Cardiogram
- Carotid Arteries
- Aortic Aneurysm
- Thyroid
- Abdominal Study (Liver, Pancreas, Gall Bladder Spleen, Kidney, Bladder)
- Pelvis-women (external)
- Prostate and Testicular (men)

Quotations also must include *ala carte* pricing for the supplying of other add-on testing, including, but not limited to:

- PSA-males
- CA-125 Ovarian Cancer Screen
- One Test Cancer Screen
- C Reactive Protein
- Thyroid Panel: T3 Uptake/T4/T0tal/TSH
- Hemoglobin Al c Blood
- Testosterone, Total Serum
- Cholinesterase, Serum, and RBC
- HIV Screen 4th Generation
- Cytology Urine Test
- TB Blood Test

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

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)

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.)

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 . . . . . ☐

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