NAVAJO NATION, DEPARTMENT OF DINE' EDUCATION
Navajo Head Start

Inspections/ Maintenance (Fire Alarm, Fire Extinguishers, Kitchen Fire Systems), First Aid Kit refills & AED

RFP BID NO: 26-08-4285DB

PROPOSAL DUE DATE:	**November 30, 2026**
DESCRIPTION:	Inspections/ Maintenance (Fire Alarm, Fire Extinguishers, Kitchen Fire Systems), First Aid Kit & AED
CONTACT PERSON:	Lavina Willie-Nez, Senior Contract Analyst Phone: 928-357-6732

~ RETURN PROPOSALS CLEARLY MARKED ~

"DO NOT OPEN: RFP# 26-08-4285DB - Inspections/ Maintenance (Fire Alarm, Fire Extinguishers, Kitchen Fire Systems)

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
MAILING ADDRESS:	Navajo Head Start P.O. Box 3479 Window Rock, Arizona 86515 ATTN: Lavina Willie-Nez, Senior Contract Analyst

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 RFP.

B. SCOPE OF WORK:

Vendor will provide Inspections/ Maintenance (Fire Alarm, Fire Extinguishers, Kitchen Fire Systems) and First Aid Kits refill. Services to Head Start Centers located in five (5) districts across New Mexico, Arizona and Utah.

District I:	Shiprock, NM
District II:	Crownpoint, NM
District III:	Window Rock, AZ
District IV:	Chinle, AZ
District V:	Tuba City, AZ

If necessary, provide emergency services during the school year.

1. Navajo Head Start (NHS) is requesting proposals form qualified, certified vendors to provide:
    1. Inspection, Maintenance: Fire Systems
    2. Inspection, Maintenance: Kitchen Fire System
    3. Inspection, Maintenance, and repair: Fire Alarm
    4. First Aid Kit Refills
    5. Supply sixty (60) Automated External Defibrillator (AED) & provide maintenance for AED

2. Must perform inspections, maintenance, conduct required testing as needed and replacement of any devices that may be part of the fire alarm system:
    1. Fire Extinguishers
    2. Fire Alarm
    3. Ansul Fire Systems
    4. Kitchen Hood Suppression systems
    5. Hydrostatic
    6. Smoke detectors
    7. Manual pull devices
    8. Fusible links

3. Provide Certification tags:
    1. Fire Extinguisher
    2. Ansul System

3. Kitchen Hood Suppression System

All Work shall be performed on a scheduled and systematic basis. In all cases, all equipment shall be maintained to manufacturer's specifications, and in compliance with all applicable codes.

a. Contractor will be required to provide Fire Extinguishers for an estimated ninety (90) NHS Class A School buses operating in all five (5) Districts and three states Arizona, New Mexico, and Utah. The number of certification tags vary by districts - see listing.
b. Contractor will be required to provide AED for all Head Start Centers, refill and maintenance when necessary.
c. The term of the contract will be from March 01, 2027 - February 28, 2032.

4. The following services shall be provided each in June before the start of school:
    1. Inspect 377 portable fire extinguisher for NHS Centers.
    2. Provide certification tags for 377 portable fire extinguishers for NHS Centers
    3. Recharge portable fire extinguishers for NHS centers as needed.
    4. Hydrostatic testing/repairs as needed on portable fire extinguishers for NHS Centers.
    5. Inspect (40) Kitchen hood suppression systems for NHS Centers.
    6. Repair as needed Kitchen hood suppression system for NHS Centers.
    7. Provide certification tags for (40) kitchen hood suppression systems for NHS Centers.
    8. Replace fusible link during each inspection.
    9. Inspect and repair as needed of school fire alarm(s) for NHS Centers.
    10. Refill First Aid Kits during each inspection if necessary.

5. Vendor shall provide inspections:

    1. School fire alarms and kitchen hoods suppression system for all listed Head Start Centers two (2) times a year.

    2. Shall provide services repairs but not limited to school fire alarms, and recharging of portable fire extinguisher for all Head Start Centers listed.

6. Vendor shall upgrade and provide additional fire extinguisher(s) for the following District location(s):

1. Window Rock Region Office	6 new 10lbs. Fire Extinguishers
2. Fort Defiance Region Office	1 Class A Fire Extinguishers
3. Chinle Region Office	16 New Class A Fire Extinguishers

District I Shiprock		
Center	# of Fire Extinguisher	Kitchen Fire Alarm Yes/No
Shiprock I & II	4	Yes/ Shares Kitchen

Rock Point	4	Yes
Upper Fruitland	4	Yes
Newcomb	4	Yes
Red Mesa	4	Yes

District II Crownpoint		
Center	# of Fire Extinguisher	Kitchen Fire Alarm Yes/No
Churchrock I	4	
Crownpoint I	4	YES Shares Kitchen
Crownpoint II	4	
Nageezi	4	Yes
Pinedale I	4	Yes Shares Kitchen
Pinedale II	4	
Pueblo Pintado	4	Yes
Red Rock	8	Yes/Shares Kitchen
Standing Rock	4	Yes
Thoreau	4	Yes
Torreon	4	Yes

District III Window Rock		
Center	# of Fire Extinguisher	Kitchen Fire Alarm Yes/No
Crystal	4	Yes
Cornfields	4	Yes
Ganado	4	No SchDist
Jeddito	4	Yes
Rural (Na'ha'ta'Dziil	4	Yes
Sawmill	4	Yes
St. Michaels I	4	Yes Shares Kitchen
St. Michaels II	4	
Tohatchi I	4	Yes Shares Kitchen
Tohatchi II	4	
Twin Lakes	4	No SchDist
Window Rock I	4	No SchDist
Window Rock II	4	No SchDist
Window Rock III	4	No SchDist
Window Rock IV	4	No SchDist

District IV		
Center	# of Fire Extinguisher	Kitchen Fire Alarm Yes/No
Blue Gap I&II	8	Yes/ Shares Kitchen

Chinle I	4	Yes
Chinle II	4	Yes
Chinle III	4	Yes
Del Muerto I	4	Yes
Del Muerto II	4	Shares Kitchen
Low Mountain	4	Yes
Lukachukai I	4	Yes
Lukachukai II	4	Shares Kitchen
Many Farms I	4	Yes
Many Farms II	4	Yes
Many Farms III	4	Shares Kitchen
Pinon I	4	No/CCDF
Pinon II	4	Shares Kitchen
Rough Rock	4	No/CCDF
Tsaile	8	Yes/ Shares Kitchen
Whippoorwill	4	Yes

District V Tuba City		
Center	# of Fire Extinguisher	Kitchen Fire Alarm Yes/No
Cameron	4	Yes
Cowsprings	4	Yes
Dennehotso	4	Yes
Gap	4	Yes
Kayenta I	4	No/SchDist
Kayenta II	4	No/SchDist
Kayenta III	4	No/SchDist
Kayenta IV	4	No/SchDist
Navajo Mountain	4	Yes
Oljato	4	Yes
Rockpoint I&II	8	No/SchDist
Shonto	4	Yes
Tonalea I&II	8	Yes/Shares Kitchen

7. Vendor will provide repair services on fire alarm for the following Head Start Center(s)

	Head Start Centers	Location
1	Crownpoint	Crownpoint, New Mexico
2	Del Muerto	Del Muerto, Arizona
3	Dilkon	Dilkon, Arizona
4	Gap	Gap, Arizona
5	Inscription House	Inscription House, Arizona
6	Kaibeto	Kaibeto, Arizona
7	LeChee	LeChee, Arizona

8	Low Mountain	Low Mountain, Arizona
9	Lukachukai	Lukachukai, Arizona
10	Nageezi	Nageezi, New Mexico
11	Navajo Mountain	Navajo Mountain, Arizona
12	Newcomb	Newcomb, New Mexico
13	Oljato	Oljato, Arizona
14	Pinedale	Pinedale, New Mexico
15	Red Rock	Red Rock, New Mexico
16	Red Mesa	Red Mesa, Utah
17	Red Valley	Red Valley, Arizona
18	Rual-Sauders	Sanders, Arizona
19	Saint Michaels	St. Michaels, Arizona
20	Sanostee	Sanostee, New Mexico
21	Shiprock	Shiprock, New Mexico

The following services will be provided for the (96) Head Start Centers Class A School buses before the start of the school:

1. Inspect 10 Lbs. fire extinguisher for Head Start Class A school buses.
2. Provide certification tags for portable fire extinguishers. For Class A buses.

8. The Vendor will provide services to the following Head Start School Buses:

Region	# of Buses:	# of Fire Extinguishers
Shiprock	2	2
Crownpoint	1	1
Window Rock	11	11
Chinle	10	10
Tuba City	6	6
Other buses	66	66
Total buses:	96	96

Services Delivery Facility Locations:

Head Start school buses will be made available for inspections of fire extinguishers, at the following Navajo Nation Fleet Management Office locations:

1. Shiprock Fleet Management Shop, Shiprock, New Mexico
2. Crownpoint Fleet Management Shop, Crownpoint, New Mexico
3. Window Rock Fleet Management Shop, Window Rock, Arizona
4. Chinle Fleet Management Shop, Chinle, Arizona
5. Tuba City Fleet Management Shop, Tuba City, Arizona

Safety inspection services for fire extinguishers, are to be performed and completed in accordance to Industry acceptable standards.

RFP Submittal Deadline:

All RFP's must be received/ mailed / or physically delivered on or before **November 30, 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

Courier Service/Delivery to:
Navajo Head Start
Attention: NHS Finance Section
47552 Hwy 264 Suite H
Window Rock, AZ 86515

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 Certificate of Liability Insurance.
4. Cost of Services and goods, including applicable federal and local taxes.

A. Proposal Format:

1. Respondent(s) must indicate (On the Bid Package Envelope) 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 hard report cover (NO BINDERS) with tabs delineating each section. Larger paper is permissible for charts, maps, or the like.
3. An original RFP response and three (3) copies must be provided in a sealed envelope.
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 RFP.
   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 contacted for clarification.
   e. Explicitly indicate acceptance of the conditions governing this procurement.
   f. Signed by the person responding to the RFP; and
   g. Acknowledge receipt of all amendments to the RFP.
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 detail, the quality, quantity, and substance of services provided.
7. Respondent must provide proposal on contract approach.
   a. Provide in detail how vendor 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.
8. Respondent must provide a **DETAILED COST** for all services for this RFP.

B. **REJECTION OF PROPOSALS:** The Navajo Nation reserves the right to waive any informalities or irregularities in the RFP or reject any or all proposals whenever such rejection is deemed in the best interest of the Navajo Nation.

C. **PROCUREMENT OF RFP:** 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 RFP 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 RFP should be submitted in writing to Lavina Willie-Nez, Senior Contract Analyst. Only written responses to questions will be considered official. Questions will be directed to Lavina Willie-Nez at 928-357-6732 or email: lavinawillienez@nndode.org . **Questions regarding this procurement will be accepted until 5:00 p.m. on November 23, 2026.**

D. **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.

E. **PROPOSAL SUBMISSION:** Proposal must be received on or before **November 30, 2026** at **5:00 p.m.** 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 RFP. **Late proposals will not be accepted.**

F. **REJECTION OF PROPOSALS:** NHS reserves the right to reject all proposals. This RFP 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.

G. **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 RFP will be handled in accordance with applicable purchasing procedures. Each page of the proprietary material must be labeled or identified with the word "proprietary" or "confidential".

H. **RESPONSE MATERIAL OWNERSHIP:** All material submitted regarding this RFP 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 RFP. Disqualification or non-selection of a respondent or proposal does not eliminate this right.

I. **INCURRING COSTS:** Any cost(s) incurred by the respondent in preparing, transmitting, presenting, or modifying the proposal or material for this RFP shall be the responsibility of the respondent.

J. **SUFFICIENT APPROPRIATION:** A contract awarded for this RFP 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.

K. **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 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 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 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 respondent who best meets this objective. If there is only one responsive bid, the NHS Assistant Superintendent may elect to evaluate the RFP 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:**
   - Completeness
   - Clarity of Presentation
   - Organization of Presentation
   - Understanding of NHS Objectives. 1-20 points

b. **Statement of Qualifications**:
   - List three (3) Client References 1-20 points

c. **Technical Requirements**:
   - Project Description
   - Projected Accomplishments. 1-20 points

d. **Project Management:**
   - Project Management Experience
   - Scheduleand Project Plan
   - Staffing
   - Related Experience and Education Credentials. 1-20 points

e. **Cost of Services** 1-20 points

Total possible points = 100 points

L. **STANDARD CONTRACT:** The Navajo Nation reserves the right to incorporate standard contract provision into any contract negotiations because of a proposal submitted in response to the RFP.

M. 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.

N. **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.

O. 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 RFP.

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

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 _____