REQUEST FOR PROPOSAL
Bid Number: 26-09-4292SB

Date: September 7, 2026

Project Title: **Navajo Department of Health Staff Wellness & Meeting - Lodging, Catering, Conference Room, Audio/Visual Equipment**

Project Schedule:

Advertisement of RFP	September 4, 2026 – September 15, 2026
Requests for Information Due Date	September 11, 2026, at 5:00pm MST
Bid Due Date	September 15, 2026, at 5:00pm MST

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 Kyle Rockbridge, Senior Program and Project Specialist, at klrockbridge@navajo-nsn.gov or at (928) 871-7918.

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

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

Responses to this bid shall be sent in a sealed envelope, including a return address, and clearly marked on the outside of the envelope and post marked for September 15, 2026. With a notice sent to the Point of contact Kyle Rockbridge @ klrockbridge@navajo-nsn.gov with notice of Bid submission with expect delivery date.
Bid packet should be labeled with the following:

BID # 26-09-4292SB NDOH
STAFF WELLNESS & MEETING
DO NOT OPEN-BID PROPOSAL

GENERAL INFORMATION AND GUIDELINES FOR THIS RFP

I. DESCRIPTION OF THE ORGANIZATION

The Navajo Department of Health is committed to the health and well-being of the Navajo People. The department has 14 separate programs funded by various agencies. With headquarters in Window Rock, the Navajo Department of Health serves approximately 300,000 members of the Navajo Nation, the largest tribe in the United States. Covering an area of over 27,000 square miles, the Department of Health delivers a variety of health services in the areas of nutrition, aging, substance abuse, outreach, and emergency medical services, working in close partnership with state, federal and local partners.

II. SCOPE OF THE CONTRACT

The Navajo Nation intends to enter into a professional services contract with one (1) responsible, qualified, and independent vendors to complete all work as described in the attached scope of work.

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 three (3) 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 (i.e. Davis Bacon wage rates).
4. All workmanship and materials shall comply with applicable Safety Codes.

IV. SCOPE OF WORK (See attached)

V. REQUIREMENTS

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

VI. PROPOSAL CONTENT AND REQUIRED INFORMATION

Please utilize the outline described below with four (4) copies.
(email accommodations with proof of Bid in transit, if Point of Contact is Aware)

1. Organizational letter expressing your interest and a brief description of your proposed services. Do not reveal or make reference to the cost in this letter.
2. Organization qualifications and hosting experience. Include references.
3. Sub-contractor Information, if applicable
    a. Subcontractor work should not exceed 40% of entire project
4. Scope of Work
5. Design and/or hotel/conference room(s) layout, etc.
6. Copies of licenses, certifications, insurance certificates, and other relevant documents.
7. Costs to be submitted in a separate sealed envelope. (Detailed breakdown of costs: Material, Labor, and other applicable costs; NM State Tax, AZ State Tax and 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 outlined, may be deemed non-responsive and rejected on that basis.

VII. EVALUATION PROCESS (pre-qualifying process)

1. Evaluation Criteria
    a. Proposal Content and Organization (20%):
        a. Organization letter and qualifications, implementation plan and schedule, copies of licenses and certifications
    b. Project Detailed (20%):
        a. Detailed information on the approach to scope of work providing methodology with description of services.
    c. Project Schedule (20%)
        a. Schedule and proposed time frame of services
    d. Credentials and past performance (2%):
        a. Licensures of Business
        b. 1 year past performance with Navajo Nation Government
        c. Detailed resume and experience
    e. Cost (30%)
        a. Itemized and in separate sealed envelope
        b. Include all applicable costs and taxes
    f. Wellness Activity Options (8%)
        a. Access to wellness center/ activities
        b. Hiking or on or near walking location.

2. The Navajo Department of Health 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 services or other requirements. The presentation will be scheduled to be presented in Window Rock, AZ (if necessary). It is NDOH's 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 Department of Health point of contact Kyle Rockbridge, Senior Program and Project Specialist, for inquiries related to the project and other matters. Questions and responses will be shared with all respondents. Mr. Rockbridge's email address is klrockbridge@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 and 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, and regulations. This procurement and any RFP with respondents that 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 Department of Health Staff Wellness & Meeting
Lodging, Catering, Conference Room, Audio/Visual Equipment, Staff Wellness Options

The Navajo Department of Health is looking for proposals from vendors to host staff for the NDOH Staff Wellness and Meeting. NDOH is seeking vendors to provide lodging, catering, conference room rental, audio/visual equipment rental and special discounted government room rates for this event to be held the week of December 14, 2026. Navajo Department of Health is advocating for staff wellness activities during this meeting therefore include your proposals options for wellness activities (i.e. walks, water parks, golfing, fitness center, pool, etc.).

Specifications for Lodging, Conference Room Requirements and Catering (Lodging Special discount or government rates):

Dates and lodging accommodation need:

- Sunday, December 13, 2026 — 20 rooms
- Monday, December 14, 2026 — 550 rooms
- Tuesday, December 15, 2026 — 600 rooms
- Wednesday, December 16, 2026 — 600 rooms
- Thursday, December 17, 2026 — 200 rooms
- A total of 1970 room nights

Conference Rooms needed :

- Ballroom to accompany 700 individuals
- 6 breakout conference rooms to hold 125 individuals
- Audio Visual
    1. Vendor will include additional cost for projectors, projector screens, microphone, speakers, table, chairs, wi-fi access, stage set up (Prefer No Additional set up cost) Projector should be able

to connect to laptop computers provided by presenters including adapters.

2. Vendor should be available to provide IT tech support, when necessary

Catering need:

Tuesday, December 15, 2026	Lunch	550 participants
Tuesday, December 15, 2026	PM Snack	550 participants
Wednesday, December 16, 2026	Breakfast- Continental	550 participants
Wednesday, December 16, 2026	Dinner Prime Rib	650 participants
Thursday, December 17, 2026	Breakfast – Continental	550 participants
Thursday, December 17, 2026	PM Snack	550 participants

Additional need:

a. Registration will be held each day from 7:00am to 9:00am in the lobby area outside the general session conference room and main breakout room
    i. Registration set up will be three tables and 5 chairs
b. The proposal shall include a top-view floor plan of the facility, identifying rooms recommended for meeting rooms
c. Vendor will include additional cost for duplicating, printing, modification to room set ups
    i. Indicate if set up of program printer is allowable/permissible in work room
    ii.
d. Staff Wellness Activity options available to staff and/or family members. If possible:
    i. Access to wellness center/ Activities
    ii. Maps of local walking trails or on-site trails

NDOH WIDE CONFERENCE Agenda (Subject to change)

BREAK OUT SESSIONS

Tuesday

- 2 icebreaker sessions (Identify one or two individuals from each program)
- General sessions and each program will be given 20 minutes to provide program information

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CONFERENCE AGENDA – DAY ONE Wednesday

All topics represented once per time slot

9:15 AM – Morning Breakout Sessions

- ITCA: Screwworm
- AzTEC: Building Community Resilience
- DBMHS: Traditional Healing Approaches
- COVID-19 Lived Experiences: Uninfected Tribal Community Members
- NN Staff Development: Customer Service & Office Etiquette
- Cultural Healing Track: Historical Trauma & Healing (Identify Presenter)

10:30 AM – Mid-Morning Breakout Sessions

- ITCA: Vector-Borne Diseases
- GHWIC: Mental Health & Self-Care
- AzTEC: Current Public Health Trends
- Navajo Language in Healthcare (Identify Speaker)
- TMC – PHN: Navajo Foods Terminology / Healthy eating / Diabetes Prevention
- DPM Policy Track: Sexual Harassment Policy

1:15 PM – Afternoon Breakout Sessions

- Environmental Health: Uranium (Identify presenter)
- Natural Resources: Water (Identify presenter)
- Staff Development: Effective Communication
- Epidemiology: Data Sharing (Identify presenter)

- Post-COVID Recovery: PTSD After COVID (Identify presenter)
- NNHRRB Overview: Understanding the Review Board (Identify presenter)

CONFERENCE AGENDA – DAY TWO Thursday

(Topics Repeated, Different Schedule, No Overlaps)

9:15 AM – Morning Breakout Sessions

- Environmental Health: Uranium
- Natural Resources: Water
- Epidemiology: Data Sharing
- GHWIC: Mental Health & Self-Care
- DPM Policy Track: Sexual Harassment Policy
- NNHRRB Overview: Understanding the Review Board

10:30 AM – Mid-Morning Breakout Sessions

- ITCA: Screwworm
- DBMHS: Traditional Healing Approaches
- AzTEC: Current Public Health Trends
- Navajo Language in Healthcare (Identify Speaker)
- Cultural Healing Track: Historical Trauma & Healing
- Staff Development: Effective Communication

1:15 PM – Afternoon Breakout Sessions

- ITCA: Vector-Borne Diseases
- AzTEC: Building Community Resilience
- COVID-19 Lived Experiences: Uninfected Tribal Community Members
- NN Staff Development: Customer Service & Office Etiquette
- TMC – PHN: Navajo Foods Terminology / Healthy eating / Diabetes Prevention
- Post-COVID Recovery: PTSD After COVID

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

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 _____