

**REQUEST FOR PROPOSAL
Re-BID Number 24-12-3530LE**

Date: April 14, 2025

Project Title: Navajo Nation Fire & Rescue Services – Bay Door installation at Tuba City Fire Station # 40, Chinle Fire Station # 50, and Shiprock Fire Station # 20.

Project Schedule:

Advertisement of RFP
Bid Due Date

Apr. 14, 2025 – Apr. 30, 2025
Apr. 30, 2025 @ 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 John Williams, Fire Chief at johnwilliams@navajo-nsn.gov

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:, Buyer I
Administration Building #1
Window Rock Blvd
Window Rock, Arizona

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

**Re-BID 24-12-3530LE
NNFRS – BAY DOOR INSTALLATION AT TUBA CITY FIRE
STATION # 40, CHINLE FIRE STATION # 50, AND SHIPROCK
FIRE STATION # 20.
DO NOT OPEN-BID PROPOSAL**

GENERAL INFORMATION AND GUIDELINES FOR THIS RFP

I. DESCRIPTION OF THE ORGANIZATION

The Navajo Nation Fire and Rescue Services is a emergency services program that responds to all incidents involving fire, EMS, hazmat and wildfires. NN Fire and Rescue Services operates eight fire stations across the Navajo Reservation in Arizona and New Mexico.

II. SCOPE OF THE CONTRACT

The Navajo Nation intends to enter into a professional services contract with one (1) responsive, qualified, and independent consultant/organization 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 experience and history with providing the described services.
2. Vendor must be able to operate independently in providing described services for the program.
3. The Navajo Business Opportunity Act 5 NNC § 201, 205 will apply.
4. GSA pricing required.
5. As built drawings of all completed work.
6. All requested services requested to be completed by TBH.

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.

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. Include references.
3. Scope of Work detailing your proposed methodology and framework.
4. Schedule and proposed time frame of services.
5. Copies of licenses, certifications, insurance certificates, and other relevant documents.
6. Costs to be submitted in a **separate sealed envelope**. (Detailed breakdown of all associated and applicable costs).
7. 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.
8. Provide proof 100% Payment and Performance Bond (PPB)- **REQUIRED**

VII. EVALUATION PROCESS (pre-qualifying process)

1. Evaluation Criteria
 - a. Proposal Content and Organization: (10 points)

- b. Methodology and schedule to complete the scope of work. (35 points)
- c. Qualifications, credentials, and work experience. (25 points)
- d. Navajo Preference. (10 points)
- e. Cost (separate sealed envelope). (20 points)

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 Fire and Rescue Services point of contact John Williams, Fire Chief for inquiries related to the project and other matters. Questions and answers will be shared with all respondents. Mr. 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 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 Nation Fire & Rescue Services – Bay Door installation at Tuba City Fire Station # 40, Chinle Fire Station # 50, and Shiprock Fire Station # 20.

Navajo Nation Fire and Rescue Services is looking to purchase, install two (4) commercial overhead doors. The Navajo Nation Fire and Rescue Services is an emergency services program that responds to all incidents involving Fire, EMS, hazmat and wildfires. The department operates eight fire stations across the Navajo Reservation in Arizona and New Mexico and responds to calls in remote areas throughout the Navajo Nation. The department is requesting:

Hardware and Installation:

- Purchase and install four (4) commercial overhead doors. Tuba City – (2) commercial garage doors w/ remotes. Chinle – (1) commercial garage door w/ remote. Shiprock – (1) commercial garage door w/ remote.
- This includes the purchase, delivery, and installation of the doors. These doors will have remote capabilities and (2) extra remotes. Sensors for each door. Matching color and aesthetics of each fire station.
- Installation of all electrical wiring, hardware, and equipment that is necessary for the safe operation of the commercial garage door systems will be installed by vendor.
- All hardware and equipment must meet or exceed all durability requirements for constant usage of the fire station with ability to withstand rigid environments beyond normal wear and tear.
- All wiring, equipment, and hardware must be installed by vendor.
- Training on operations and maintenance of commercial overhead doors and equipment for firefighters after installation. Must provide hard copies of safe operation and maintenance of the overhead doors.
- All installation is preferred to be completed by February 2025.

END SCOPE OF WORK

Request for Taxpayer Identification Number and Certification

**Give form to the
 requester. Do not
 send to the IRS.**

Go to www.irs.gov/FormW9 for instructions and the latest information.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See <i>Specific Instructions</i> on page 3.	<p>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.)</p>	
	<p>2 Business name/disregarded entity name, if different from above.</p>	
	<p>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.</p> <p><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</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____</p> <p>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.</p> <p><input type="checkbox"/> Other (see instructions) _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right;"><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p>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"/></p>	
	<p>5 Address (number, street, and apt. or suite no.). See instructions.</p>	Requester's name and address (optional)
	<p>6 City, state, and ZIP code</p>	
	<p>7 List account number(s) here (optional)</p>	

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									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td style="border: 1px solid black; height: 20px;"></td> <td style="text-align: center;">-</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>					-		-		
-		-							
or									
Employer identification number									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td style="border: 1px solid black; height: 20px;"></td> <td style="text-align: center;">-</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>					-		-		
-		-							

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
------------------	--------------------------	------

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**

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