

NAVAJO NATION, DEPARTMENT OF DINE' EDUCATION
Navajo Head Start

Mental Health Services

RFP RE-BID NO: 25-01-3537LE

PROPOSAL DUE DATE: April 25, 2025

DESCRIPTION: Mental Health Services

CONTACT PERSON: Lavine J. Roan, Principal Contract Analyst
Phone: 928-871-7061

~ RETURN PROPOSALS CLEARLY MARKED ~

“DO NOT OPEN” RFP NO: RFP RE-BID# 25-01-3537LE - Mental Health Services

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
SW of US Highway 264 & Indian Route 12, Suite #2A
Window Rock, Arizona 86515
ATTN: Lavine J. Roan, Principal Contract Analyst

MAILING ADDRESS: Navajo Head Start
P.O. Box 3479
Window Rock, Arizona 86515
ATTN: Lavine J. Roan, Principal Contract Analyst

SECTION I

A. RESPONDENT REQUIREMENTS:

All respondents must have, as a minimum, the capabilities listed here-in 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:

Navajo Head Start (NHS) is requesting for proposals from licensed, qualified consultants for the state of New Mexico, Arizona, and Utah to provide full time on-site early childhood mental health services for Navajo Head Start within the boundaries of the Navajo reservation. NHS consists of an estimated sixty-nine (69) Head Start Centers, and five (5) Early Head Start Centers. **Consultant(s) can submit proposals for all regions and/or only regions they can serve.** NHS has five (5) district offices as follows:

1. Shiprock District - Shiprock, NM
2. Crownpoint District – Crownpoint, NM
3. Window Rock District – Window Rock, AZ.
4. Chinle District – Chinle, AZ
5. Tuba City District n – Tuba City, AZ

HEAD START CENTERS:

SHIPROCK, NM		CROWNPOINT, NM		FT. DEFIANCE, AZ		CHINLE, AZ		TUBA CITY, AZ	
District 1		District 2		District 3		District 4		District 5	
1	Crystal	1	Baahaali I	1	Cornfields	1	Blue Gap	1	Cameron
2	Nageezi	2	Baahaali II	2	Ganado	2	Chinle I	2	Cowsprings
3	Newcomb	3	Church Rock	3	Kin Dah Lichii	3	Chinle II	3	Dennehotso
4	Red Mesa (UT)	4	Crownpoint I	4	Lupton	4	Cottonwood	4	Gap
5	Red Valley	5	Crownpoint II	6	Na'ha'ta'Dziil	5	Del Muerto I	5	Inscription House
6	San Juan	6	LittleWater	7	Nazlini	6	Del Muerto II	6	Kayenta I
7	Sanostee	7	Pinedale	8	Sawmill	7	Low Mountain	7	Kayenta II
8	Shiprock I	8	Pueblo Pintado	9	St. Michaels I	8	Lukachukai I	8	Kayenta III
9	Shiprock II	9	Red Rock	10	St. Michaels II	9	Lukachukai II	9	Navajo Mountain
10	Tohatchi	10	Smith Lake	11	Steamboat	10	Many Farms I	10	Oljato
11	Twin Lakes	11	Standing Rock	12	Jeddito	11	Many Farms III	11	Shonto
12	Upper Fruitland	12	Thoreau			12	Pinon	12	Tonalea
13	Nenahnezad	13	Torreón			13	Rock Point	13	Tuba City
		14	Tsayatoh			14	Rough Rock		
		15	Nahodishgish			15	Tsaile		
						16	Whippoorwill		

The consultant shall be responsible for the following:

1. Provide early childhood mental health services for all programs throughout the school year of FY2025 – FY2026.
2. Submit a tribal and federal background check and must successfully pass the background check assessment prior to award of a Professional Services Contract. The term of the contract will begin **March 01, 2025 and end February 28, 2026** dependent upon successful annual evaluations.
3. All services rendered by the licensed consultant will be culturally sensitive and responsive to the needs of ages 0-5, pregnant women, families, and staff of Navajo Head Start.
4. Perform evaluation and follow-up of children needing special help as requested by the Head Start Center Team or Home-Based program (Head Start & Early Head Start). This is to include participation on the Positive Behavior Support Team as identified by the team and the development of written recommendations for classroom and home use using the consultation form designated by Head Start.
5. Participate in training to provide educational opportunities for Head Start staff as requested.
6. Deliver one Second Step Anti-Violence Curriculum lesson per month to small groups of children in each assigned classroom. During this time the mental health consultant will also observe the environment and provide written recommendations to the Head Start Classroom Teacher.
7. Participate in one additional hour of consultation per month in each site to provide training and support for staff, children and families' mental wellness. (One hour per site each month to team with center staff or be available for parent consultation). This could be an appointment with a specific family if the need arises. The family session could be scheduled in the center if there is a private space or in the family home if the family chooses. Providing mental health consultation to Head Start staff for personal concerns will be scheduled on an individual basis outside of the workplace. *One regularly scheduled visit one hour in length per month to provide Second Step antiviolenace training for children (1 Hour) and consultation for staff or parents (1 Hour) will fulfill terms. Full year centers and full year home based sites will require full year service from mental health consultants.
8. Participate in two scheduled parent trainings per year to provide training on a subject requested by the majority of the parents in that cluster. This training will be done during a regularly scheduled parent meeting. The training will be scheduled for thirty minutes with time for questions following the training session. This meeting is held during the evening hours and has been scheduled for the entire year. (Calendar enclosed)
9. All services will be tracked by the consultant with some mechanism of a tracking sheet by accessing and updating the NHS ChildPlus database. The tracking sheet and all documents pertinent to services rendered will be submitted with the invoice on a monthly basis.
10. Weekly on-site visits will be conducted by the consultant. Consultant will provide monthly schedule to NHS outlining the forty (40) hour work week for each week during the school year.
11. Observations and trainings will be provided to NHS staff with the utilization of the Early Childhood Mental Health best practices guidance as provided by the NHS program policies, procedures, and adopted forms.
12. Early Childhood Mental Health (ECMH) consultant(s) will become certified within the first year of contract as a Conscious Discipline consultant at his/her own expense and implement this approach at each of his/her assigned sites.

13. Provide developmentally appropriate ECMH screening/assessment to the students who are referred for services. The screening and assessment instruments shall be standardized and culturally sensitive. The care giver and other significant individuals will provide input to the screening and assessment.
14. Center for the Social and Emotional Foundations for Early Learning (CSEFEL) resources will be used to provide trainings for staff to support the integration of early childhood mental health services.
15. Consultant supports Navajo Head Start School Readiness Goals. Consultants will support the Education Component in discussing and observing with staff in their different settings (classroom or home) how young children's (0-5 years of age) development is integrated across domains of development according to the Head Start Early Learning Framework.
16. Existing methods, Conscious Discipline (CD), PATHS and Positive Behavior Interventions and Supports (PBIS), will be used as tools to support Navajo Head Start School Readiness Goals and the Head Start Early Learning Framework.

RFP Submittal Deadline:

All RFP's must be received/ mailed / or physically delivered on or before **April 25, 2025, 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
SW Corner of Route 12 &
Highway 264, Suite #2A
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. ACH Form
5. 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 Principal Contract Analyst at any time up to the Deadline for Proposals.
- D. INQUIRIES:** Any inquiries regarding this RFP should be submitted in writing to Lavine J. Roan, Principal Contract Analyst, Principal Contract Analyst. Only written responses to questions will be considered official. Questions will be directed to Lavine J. Roan at 928-871-7061 or email: lavineroan@nndode.org. **Questions regarding this procurement will be accepted until 5:00 p.m. on April 23, 2025.**
- 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 April 25, 2025 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
- Schedule and 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:
- §200.330 - Reporting on real property.
 - §200-331 – Subrecipient and Contractor determinations.
 - §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.

**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. <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 <input type="checkbox"/> 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. <input type="checkbox"/> 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) _____
	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"/>	(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	
<div></div>	<div></div>
or	
Employer identification number	
<div></div>	<div></div>

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
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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