

**NAVAJO NATION, DEPARTMENT OF DINE' EDUCATION  
Navajo Head Start (NHS)**

**RE-BID NO. 25-02-3605LE**

**NHS FY2025 Annual Conference**

**PROPOSAL DUE DATE:** April 30, 2025

**DESCRIPTION:** Navajo Head Start  
NHS FY2025 Annual Conference

**CONTACT PERSON:** Lavine J. Roan, Principal Contract Analyst  
Phone: 928-871-7061  
Fax: 928-871-7866

**~ RETURN PROPOSALS CLEARLY MARKED ~**

**“DO NOT OPEN: RE-BID NO. 25-02-3605LE - NHS FY2025 Annual Conference**

**INCLUDE COMPANY NAME AND RETURN ADDRESS ON BID PACKAGE**

**PROPOSAL & BID SUBMITTAL DEADLINE AND RELEVANT INFORMATION:**

All proposals and bids for 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 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. Respondents should also provide technical information about the delivery of services required in this Request for Proposal (RFP).

### B. SCOPE OF WORK:

Navajo Head Start (NHS) is requesting proposals from qualified vendors to accommodate and provide lodging, meals, audio-visual and facility usage for the 2025 NHS Annual Conference for **250 staff**.

**CONFERENCE DATES:     OPTION #1: August 4-8, 2025**

**OPTION #2: July 28, 2025 – August 1, 2025**

The respondent will need to provide a “detailed” breakdown by costs, category and **grand total for all services for the following:**

1. **MEETING ROOMS:**

- **Six (6) meeting rooms** to accommodate up to 250 staff as follows:
  - 1 room - Early Head Start sessions
  - 1 room - Transportation (Bus Drivers) sessions
  - 4 rooms – Head Start/Pre-School sessions.

2. **BALLROOM:**

- One (1) large ballroom to accommodate 250 staff for General Sessions.

3. **ADDITIONAL MEETING ROOM:**

- One (1) meeting room space to be available from 5:00 p.m. – 9:00 p.m. each day for NHS Executive Leadership Team meetings.

4. **STORAGE ROOM:**

- One (1) Room for storage of supplies (Promotional items, etc.)

5. **BUS DRIVERS TRAINING - (Open space – parking lot or open dirt area):**

Three (3) buses will be used to train (hands-on) to an estimated 37-40 bus drivers for driving, physical performance test, and loading/unloading

**6. INTERNET/IT EQUIPMENT:**

- **Zoom Capabilities** the duration of the Conference.
- Provide audio visual equipment in each break-out session meeting rooms.
- Provide audio/visual equipment for the INTERNET, PowerPoint presentations, PowerPoint Pointer, cordless microphone with speakers, projector screens and extension cords.
- Hotel IT Technician(s) will be required to be available and onsite the duration of the event for assistance as needed.
- Podium, microphone and other IT equipment as needed for the General Sessions in the ballroom.
- Two (2) projector screens in the ballroom to enable all attendees to see presentations.

**7. REGISTRATION EQUIPMENT:**

- Four (4) tables with eight (8) chairs for registration at the duration of the conference.

**8. LODGING:**

Block 250 Rooms for four (4) nights as follows:

Date	Day	# of Rooms
8/4/25	MONDAY	250
8/5/25	TUESDAY	250
8/6/25	WEDNESDAY	250
8/7/25	THURSDAY	250

- SINGLE ROOMS *(can be determined in accordance with single rooms availability)*
- DOUBLE ROOMS *(Can be determined in accordance with Double rooms availability)*

**9. CATERING SERVICES:**

Date	Day	Breakfast	Lunch	Snacks 3:00 pm	Dinner
8/4/25	MONDAY	0	250	0	250
8/5/25	TUESDAY	250	250	250	250
8/6/25	WEDNESDAY	250	250	250	250
8/7/25	THURSDAY	250	250	250	250
8/8/25	FRIDAY	250	250 Box Lunches	0	0

**MEALS PROVIDED SHOULD STAY WITHIN THE 2025 GOVERNMENT PER DIEM AND FEDERAL REGULATIONS.**

**10. FUNDS AVAILABILITY:**

- Contract will be contingent upon funds availability (See Section K: Sufficient Appropriation)**RFP Submittal Deadline:**

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

#### **A. Proposal Format:**

1. Respondent(s) must indicate **(On the Bid Package Envelope)** if they are priority one or two vendors 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. Qualifications Statement
  - 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 people 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 for each Employee including Certificates, Diploma and/or Degrees.

**8. Respondents must provide a DETAILED COST and GRAND TOTAL CONTRACT AMOUNT for all services for this RFP.**

- B. REJECTION OF PROPOSALS:** The Navajo Nation reserves the right to waive any informality 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](mailto:lavineroan@nndode.org). **Questions regarding this procurement will be accepted until 5:00 p.m. on April 28, 2025.**
- E. 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.

- F. PROPOSAL SUBMISSION:** Proposal must be received on or before **April 30, 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.**
- G. 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.
- H. 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”.
- I. 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.
- J. 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.
- K. SUFFICIENT APPROPRIATION:** A contract awarded because of 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.
- L. 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         | 1-20 points |
| Completeness                        |             |
| Clarity of Presentation             |             |
| Organization of Presentation        |             |
| Understanding NHS Objectives        |             |
| b. Statement of Qualifications      | 1-20 points |
| List of three (3) Client References |             |
| c. Technical Requirements           | 1-20 points |
| Project description                 |             |
| Projected accomplishments           |             |
| d. Project Management               | 1-20 points |
| Project Management Experience       |             |
| Schedule/Project Plan               |             |
| Staffing                            |             |
| Related Experience                  |             |
| Education - Credentials             |             |
| e. Cost of Service                  | 1-20 points |

**Total possible points = 100**

- M. 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.
- N.** 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.
- O. 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’Nancees’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.

- P. 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. Respondents should also provide technical information about the delivery of services required in this RFP.



**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://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.	<b>1</b> 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.)		
	<b>2</b> Business name/disregarded entity name, if different from above.		
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> 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) _____ <b>Note:</b> 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) _____	<b>4</b> 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.)	
	<b>3b</b> 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"/>		
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
	<b>6</b> City, state, and ZIP code		
	<b>7</b> 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.

<b>Social security number</b>									
				-					
<b>or</b>									
<b>Employer identification number</b>									
				-					

**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

<b>Sign Here</b>	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](http://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.

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Applicant Name

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Name of individual signing on Applicant's behalf (print)

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Applicant Address

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Title of individual signing on Applicant's behalf

---

Applicant Address

---

Signature of individual signing on Applicant's behalf

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Applicant Address

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Date