

REQUEST FOR PROPOSAL
HVAC Repairs and Maintenance
RFP -BID# 25-07-3766GC
Navajo Nation Division of Aging and Long-Term
Care Support, Fort Defiance Agency

DESCRIPTION

Navajo Nation Fort Defiance Agency, Division of Aging and Long-Term Care Support (DALTCS) is seeking proposals to install, repair and maintenance heating ventilation and air conditioning (HVAC) systems unit for Fort Defiance Senior Center; and Teesto Senior Center.

CONTACT PERSON:

Any questions or inquiries can be directed to: Lesita T. Desiderio,
Program Supervisor II, DALTC
Telephone Number: (928) 729-4460
EMAIL: Lesita.desiderio@navajo-nsn.gov

PROPOSAL SUBMITTAL INFORMATION AND DEADLINE

Sealed bids will be received NO LATER than 5:00 pm MST on August 28, 2025. Proposals shall conform to the RFP instructions. **Late proposals will not be accepted.**

Please submit (3) copies of the Request for Proposal, including (2) sealed Cost Proposals. All proposal submittals shall be postmarked on or before the closing date. Responses to this Bid shall be sent in a sealed envelope, including a return address, and clearly marked on the outside of the envelope in the following context:

RFP BID# 25-07-3766GC

THE NAVAJO NATION
Fort Defiance Agency
Division of Aging of Long-Term Care Support
PO Box 1519
Fort Defiance, AZ 86504

Instructions to Bidders to visibly mark on the outside of the proposal package, the RFP Bid Number, Company Name and Bidders' Priority Status (PRIORITY 1 OR PRIORITY 2) under the Navajo Nation Business Opportunity Act. It is the responsibility of the Bidder to identify themselves as certified under the Navajo Nation Business Opportunity Act.

All proposals become the property of the Fort Defiance Agency, Division of Aging and Long-Term Care Support. DALTCS will not return any proposals or make any copies of the proposal available to anyone for any purpose other than those described in the RFP packet.

10. All HVAC Units installation and equipment shall not be proprietary for all information relating to the equipment and installation upon completion shall become property of the Navajo Nation to include any software or codes used for the maintenance or repair for each system.
11. Thorough training shall be provided to Fort Defiance DALTCS staff by the contractor on the installation equipment and materials upon completing of each HVAC system installed.
12. The contractor will furnish all labor and provide applicable local utility company requirement and certification. The contractor will be responsible for having all units running efficiently at final walk through.
13. The contractor will be responsible for all construction related clean up and debris disposal. Contractors will also isolate work areas to minimize impact to non-work-related spaces; however, some dust and debris can be expected.
14. The contractor shall furnish all labor and materials necessary to complete the electrical work relating to the HVAC project. This includes:
 - a. Installation of new wiring for all HVAC units.
 - b. Installation and fabrication of all stands.
 - c. Other recommendations to comply with applicable specifications and codes.
15. Contractors will supply all screws, nails, adhesive, caulking, roofing curbs, gas regulators, cement, vents, deflectors, fabrication, tape, and cement to seal all joints and penetrations, roof caps, electrical wires, thermostats, thermostat cords, and categorical parts required to complete this project. All building penetrations must be sealed tight to avoid leaks and air infiltration.

The sidewalk will be restored to good condition, including all finishing work and seating.

Recommended Repair Site:

1. Fort Defiance Senior Center at NR12, BIA 110 Fort Defiance Chapter Compound, Fort Defiance, Arizona 86504
2. Teesto Senior Center at 1 Mi. E. of Ste Hwy 87 on NR60, Teesto Chapter Compound, Winslow, AZ 86047

The Proposal for bid shall indicate the delivery dates of proposed services. Please include travel rates, personal expenses and other applicable fees. DALTCS fully expect the successful bidder to completely satisfy contract performance requirements.

RFP INFORMATION

The issuance of a solicitation does not obligate DALTCS to pay for any bid/proposal preparation cost incurred by the bidder.

DALTCS's obligation under any contract is contingent upon the availability of funds to pay for contract services.

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

**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) _____ (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 _____ <input type="checkbox"/>	
	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