

**NAVAJO DIVISION OF BEHAVIORAL AND MENTAL HEALTH SERVICES
GALLUP OUTPATIENT TREATMENT CENTER OUTREACH (PROMOTIONAL) ITEMS
INVITATION FOR BID
BID NO: 25-08-3841DB**

BID DUE DATES: **AUGUST 28, 2025, BY 5:00PM MST**
ANY BIDS RECEIVED AFTER THIS DATE/TIME WILL NOT BE ACCEPTED

DESCRIPTION: **NAVAJO DIVISION OF BEHAVIORAL AND MENTAL HEALTH SERVICES
GALLUP OUTPATIENT TREATMENT CENTER
OUTREACH (PROMOTIONAL) ITEMS**

CONTACT PERSON: Gernaylyn Jones, Administrative Services Officer
Navajo Division of Behavioral and Mental Health Services
Email: gernaylyn.jones@navajo-nsn.gov
Phone: (505) 722-9470

**MUST IDENTIFY BID #, PRIORITY STATUS #, AND COMPANY NAME ON THE OUTSIDE OF ALL
SEALED BID PACKAGE/ENVELOPE (UPS OR FEDEX)**

MAIL/DELIVER TO: THE NAVAJO NATION
PURCHASING SERVICES DEPARTMENT
ADMINISTRATION BUILDING #1 – 1ST FLOOR
2559 TRIBAL HILL DR
WINDOW ROCK, ARIZONA 86515
ATTN: PURCHASING SECTION – DARREN BEGAY
BID NO: 25-08-3841DB

PLEASE SUBMIT AN **ORIGINAL AND TWO (2) COPIES** OF YOUR BID IN A SEALED ENVELOPE AND
CLEARLY MARK ON THE OUTSIDE OF THE ENVELOPE

BID NO: 25-08-3841DB
**NAVAJO DIVISION OF BEHAVIORAL AND MENTAL HEALTH SERVICES
GALLUP OUTPATIENT TREATMENT CENTER
OUTREACH (PROMOTIONAL) ITEMS**

A. PURPOSE OF THIS INVITATION FOR BID (IFB)

The Division of Behavioral and Mental Health Services (DBMHS) is requesting bids from vendors to purchase outreach items to distribute to the veterans and their families during the upcoming Veteran's Conference. This invitation for bid is intended to solicit bids from prospective qualified vendors on the proposed specification, as identified in Section C.

B. CONDITIONAL GOVERNING THE PROCUREMENT

The Division of Behavioral and Mental Health Services (DBMHS) will comply with all federal and tribal laws and regulations pertaining to the procurement of these items. The DBMHS reserves the right to reject any IFB, in whole or in part. The IFB is not a legal binding agreement, obligation, or contract and any cost incurred by the respondent in preparing, transmitting, presenting or modifying the IFB shall be the responsibility of the respondent. Indian preference will apply to this IFB as well as vendors who should indicate they are Navajo Nation priority one or two vendors.

C. SPECIFICATIONS

QTY	DESCRIPTION	UNIT PRICE	AMOUNT
24	32oz HydroJug Traveler Color: Sage Imprint: DBMHS Logo (see below)		
20	KAPSTON Natisino Duffel Color: Tan Imprint: DBMHS Logo (see below)		
36	Cobblestone Mills Standard Fairfield Throw Blanket Color: Camel Imprint: DBMHS Logo (see below)		
25	Adult NexGen Wicking Long Sleeve Tee Sizes: M=1 / L=6 / XL=8 / 2XL=5 / 3XL=5 Color: Maroon Red Imprint: DBMHS Logo (see below)		
200	1 3/4" Custom Challenge Coin Double Sided Struck Brass (see below)		
200	American Flag Enamel Lapel Pin w/Logo Imprint: DBMHS Logo (see below)		
200	Gripper Ballpoint Pen w/Pearl Silver Barrel & American Flag Rubber Grip Imprint: Division of Behavioral & Mental Health Services (505) 722-9470		
100	Jerzees® NuBlend® Crewneck Sweatshirt, Heather Navy Blue Sizes: S=10 / M=15 / L=30 / XL=35 / 2XL=5 / 3XL=5		

	Imprint: 3-color Front (see layout below)		
200	Modern Vinyl Boat Tote Bag Color: Blue Imprint: DBMHS Logo (see below)		
200	Eddie Bauer 18 oz Mug, Black Imprint: Laser Engraved with DBMHS Logo		
SHIPPING (IF APPLICABLE)			
SALES TAX			
GRAND TOTAL			

**Substitutions are acceptable for like or same item.

BIDS ARE TO BE ON COMPANY LETTERHEAD WITH UNIT PRICE, SUBTOTAL, NAVAJO SALES TAX (6%), SHIPPING, IF APPLICABLE, AND GRAND TOTAL. If shipping to the Navajo Nation, bids must include Navajo Sales Tax of 6%.

ALL BIDS MUST INCLUDE NAVAJO NATION CERTIFICATION REGARDING DEBARMENT & SUSPENSION AND W-9 FORMS.

Imprint: DBMHS Logo. In the event, the logo does not fit the imprint area, the wording "Navajo Division of Behavioral and Mental Health Services" shall be used OR "NDBMHS"



Imprint: Jerzees® NuBlend® Crewneck Sweatshirt



Imprint: Gripper Ballpoint Pen w/Pearl Silver Barrel & American Flag Rubber Grip

Division of Behavioral & Mental Health Services
(505) 722-9470

Imprint: Challenge Coins



Imprint: Lapel Pin



Imprint: Adult NexGen Wicking Long Sleeve Tee



***Imprint:** Modern Vinyl Boat Tote Bag*



***Imprint:** Eddie Bauer 18 oz Mug*



**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:

- 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.

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