

REQUEST FOR PROPOSAL
BID NUMBER: 25-08-3844DB

Date: August 13, 2025

**Project Title: Navajo Nation Division of Behavioral and Mental Health Services – Security
Surveillance Camera and Access Control System**

Project Schedule:

Advertisement of RFP:	August 25, 2025 – September 08, 2025
Onsite Pre-Bid Meetings:	
• Crownpoint Outpatient Treatment Center Contact: (505) 786-2129	September 15, 2025 @ 8:00am MDT
• Fort Defiance Outpatient Treatment Center Contact: (928) 729-4012	September 15, 2025 @ 11:00am MDT
• Newlands Outpatient Treatment Center Contact: (928) 688-3475	September 15, 2025 @ 1:00pm MDT
• Chinle Outpatient Treatment Center Contact: (928) 674-2190	September 15, 2025 @ 3:30pm MDT
• Dilkon Outpatient Treatment Center Contact: (928) 674-2190	September 16, 2025 @ 8:00am MDT
• Tuba City Outpatient Treatment Center Contact: (928) 674-2190	September 16, 2025 @ 11:00am MDT
• Kaibeto Outpatient Treatment Center Contact: (928) 674-2190	September 16, 2025 @ 2:00pm MDT
• Kayenta Outpatient Treatment Center Contact: (928) 674-2190	September 16, 2025 @ 4:00pm MDT
• Shiprock Administration Building Contact: (505) 368-1001	September 17, 2025 @ 9:00am MDT
Requests for Information Due Date:	October 01, 2025 @ 5:00pm MDT
Bid Due Date:	October 15, 2023 @ 5:00pm MDT

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 Gilbert Largo, Systems and Programming Manager, at glargo@navajo-nsn.gov.

All parties responding to this bid are instructed to submit or send four (4) proposals (1 original and 3 copies) to the following address:

The Navajo Nation
Division of Finance – Purchasing
Attention: Darren Begay, 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:

**RFP BID # 25-08-3844DB NNDBMHS
Security Surveillance Camera and Access Control System
DO NOT OPEN-BID PROPOSAL**

NBOA Priority Status (Priority One; Priority Two or Non-Priority Status)

GENERAL INFORMATION AND GUIDELINES FOR THIS RFP

- I. DESCRIPTION OF THE ORGANIZATION
The Navajo Nation Division of Behavioral and Mental Health Services (DBMHS) is a federally funded program operating outpatient and inpatient counseling services throughout the Navajo Nation.
- II. SCOPE OF THE CONTRACT
The Navajo Nation intends to enter 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 regarding experience and expertise in meeting the following requirements:
 1. A legitimate and credible vendor with experience and history providing the described services to provide subject-area knowledge.
 2. Vendor must be able to operate independently in providing the services described for the program.
 3. The Navajo Business Opportunity Act 5 NNC § 201, 205 will apply.
 4. Federal requirements, if applicable
- 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 refer to the cost in this letter.
2. Organization qualifications and subject-area experience. 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.

VII. EVALUATION PROCESS (pre-qualifying process)

1. Evaluation Criteria
 - a. Proposal Content and Organization: (15 points)
 - b. Methodology and schedule to complete the scope of work. (35 points)
 - c. Qualifications, credentials, and work experience. (25 points)
 - d. Cost (separate sealed envelope). (25 points)
2. Applicable Federal Requirements
3. The Navajo Nation Division of Behavioral and Mental Health Services reserve the right to interview respondents if deemed necessary due to tied scores or other legitimate matters.
 - a. This may entail a presentation from the respondent for clarification and/or details on products or other requirements. The presentation will be scheduled to be presented in Window Rock, AZ (if necessary). It is DBMHS's intention to award one (1) vendor to provide all services as specified.

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

Gilbert Largo, Systems and Programming Manager, is Navajo Nation DBMHS point of contact for inquiries related to the project and other matters. Questions and answers will be shared with all respondents. Email contact for Mr. Largo is glargo@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 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 Division of Behavioral & Mental Health Services Security Surveillance Camera and Access Control System

LOCATIONS:

Fort Defiance Outpatient Treatment Center in Fort Defiance, Arizona

Newlands Outpatient Treatment Center in Sanders, Arizona

Chinle Sober Living & Outpatient Treatment Center in Chinle, Arizona

Dilkon Outpatient Treatment Center in Dilkon, Arizona

Tuba City Outpatient Treatment Center in Tuba City, Arizona

Kaibeto Outpatient Treatment Center in Kaibeto, Arizona

Kayenta Outpatient Treatment Center in Kayenta, Arizona

Crownpoint Outpatient Treatment Center in Crownpoint, New Mexico

Navajo Regional Behavioral Health Center in Shiprock, New Mexico

PURPOSE:

The vendor shall be responsible for the planning, design, procurement, and installation of a centralized security camera and access control system for the Division of Behavioral & Mental Health Services (DBMHS) facilities listed above. New access control systems shall be installed at Fort Defiance, Chinle, Newlands, Dilkon, Tuba City, Kaibeto, Kayenta, and Crownpoint Outpatient Treatment Centers. At the Navajo Regional Behavioral Health Center (NRBHC) in Shiprock, where an IDENTIV Hirsch Velocity 3.7 access control system is currently in use, the vendor shall assess existing infrastructure including card readers, line modules, and proxy cards for compatibility with the new system. Based on this evaluation, components should be upgraded or replaced to support a unified, centrally managed access control platform across all DBMHS sites.

A new security surveillance camera system shall be installed at the Dilkon, Tuba City, Kaibeto, Kayenta, and Crownpoint locations. At Shiprock, Fort Defiance, Chinle, and Newlands, existing Panasonic systems should be replaced or upgraded and integrated to meet modern performance and interoperability standards. The surveillance system must interface seamlessly with the access control and fire alarm systems to support real-time monitoring, automated event tracking, and incident response.

The access control system must integrate with existing fire alarm infrastructure to enable automatic door release upon alarm activation, in full compliance with NFPA 101 and NFPA 72. Integration shall support fail-safe operation using dry contact relays or network-based signaling to override electromagnetic locks, even under backup power. The vendor shall conduct full integration testing to verify door release functionality, alarm logging, and reliable communication between systems.

Motorized gate systems shall be installed at Fort Defiance, the Chinle Sober Living Facility, Newlands, Tuba City, and Kaibeto. These gates must integrate with access control and fire alarm systems, support credential-based access for authorized personnel and vehicles, and provide automatic override during fire alarms to allow emergency access and safe egress in compliance with life safety codes. Dilkon, Kayenta, Crownpoint, and Shiprock do not require any motorized gate systems.

BUILDING HISTORY AND DESCRIPTION:

The following provides a historical overview of the existing access control, surveillance camera, and motorized gate systems installed at each DBMHS facility.

The following sites are equipped with Panasonic security camera systems but lack both access control and motorized gate systems:

- Fort Defiance Outpatient Treatment Center has a Panasonic security camera system connected to a WJ-NX300 network recorder.
- Chinle (Outpatient) Modular Buildings have a Panasonic security camera system using a WJ-NX400 network recorder.
- Newlands Outpatient Treatment Center is equipped with a Panasonic security camera system connected to a WJ-NX300 network recorder.

The following sites are equipped with Partial Security Infrastructure:

- The Chinle Sober Living Center has a Panasonic security camera system with a WJ-NX400 network recorder and a LiftMaster CSL24UL commercial slide gate operator. No access control system is installed.
- The Kaibeto Outpatient Treatment Center is equipped with a LiftMaster CSL24UL commercial slide gate operator but lacks a security camera and access control system.
- The Navajo Regional Behavioral Health Center (NRBHC) in Shiprock, New Mexico, an IDENTIV Hirsch Velocity 3.7 access control system is operational, along with a Panasonic security camera system using a WJ-NX400 network recorder. A motorized gate system is not present.

The following sites currently have no security camera system, no access control system, and no motorized gate system installed:

- Dilkon Outpatient Treatment Center
- Tuba City Outpatient Treatment Center
- Kayenta Outpatient Treatment Center
- Crownpoint Outpatient Treatment Center

PROJECT REQUIREMENTS:

1. The selected vendor shall evaluate the existing Hirsch Velocity 3.7 access control system to determine its suitability and recommend whether it remains acceptable or requires an upgrade or replacement with a more advanced access control and security management system.
2. The selected vendor shall evaluate the existing Hirsch IDENTIV controllers, card readers, proxy cards, and access control system at the Navajo Regional Behavioral Health Center in Shiprock, New Mexico. Based on this assessment, the vendor shall determine whether the current system remains effective or requires an upgrade or replacement to enhance security, compatibility, and overall system performance.
3. If the evaluation determines that the existing Hirsch Velocity 3.7 access control system will be retained, the vendor must ensure full compatibility with the current Hirsch Velocity 3.7 access control system infrastructure, including controllers, card readers, line modules, and proxy cards at the Navajo Regional Behavioral Health Center in Shiprock, New Mexico. Additionally, the vendor shall verify seamless integration with all security components to maintain operational efficiency, enhance functionality, and support future scalability.
4. The vendor shall conduct a comprehensive assessment of the existing Panasonic surveillance camera system at all designated sites. This assessment must identify defective, outdated, or non-functional cameras and equipment, providing recommendations for their removal, replacement, or upgrade.
5. The vendor shall remove all defective or outdated surveillance cameras and associated equipment as identified in the assessment. New cameras and equipment shall be provided and installed as necessary to ensure optimal security coverage, image quality, and system reliability across all project sites.
6. The vendor shall ensure that the upgraded Panasonic surveillance camera system is fully integrated with the access control system at all designated sites. This integration must enable synchronized security operations, allowing for real-time monitoring, automated event tracking, and enhanced incident response to strengthen overall site security and operational efficiency.
7. The advanced access control and security management system must support and integrate with the existing fire alarm system. The system should be programmed to automatically release secured doors in the event of fire alarm activation, ensuring safe egress and compliance with all applicable fire safety codes and regulations.
8. The vendor shall provide a detailed scope of programming and execute the full programming of all new panels and readers. This includes configuring all associated time zones, user roles, access permissions, door groups, master door groups, command sets, credential templates, and holiday schedules necessary for seamless system functionality. The vendor shall ensure that the entire access control system is fully operational and integrated with the head-end server for real-time monitoring, management, and security enforcement.
9. The system should be fully integrated into the DBMHS IT network, enabling secure connectivity across multiple remote sites. It must have the capability to track and log cardholder activity, recording entry and exit times for all authorized users across designated buildings. This integration should ensure real-time monitoring, centralized management, and comprehensive reporting to enhance security oversight and operational efficiency.

10. The vendor shall design, procure, install, and upgrade a commercial motorized gate system at the designated project sites. The system must be durable, reliable, and fully integrated with the access control system to ensure secure and efficient vehicle entry and exit. All installations shall comply with project specifications, industry standards, and security requirements to enhance perimeter protection and operational functionality. Refer to project specifications for detailed requirements.
11. The vendor shall provide all necessary labor, tools, equipment, materials, software applications, licenses, and services required to deliver a fully operational and integrated security access control system. This includes ensuring proper installation, configuration, and functionality of all system components while adhering to industry standards and project specifications.
12. If subcontractors are required, the vendor shall clearly define their roles and categories of work within the proposal. The proposal must include a comprehensive list of all subcontracting firms, along with their names, addresses, specific work categories, and valid state license numbers. This information shall be submitted as part of the proposal to ensure transparency, compliance, and proper qualifications of all subcontractors involved in the project.
13. The price quote shall be itemized and categorized into the following sections: Equipment, Supplies and Materials, Labor, Sub-total, Taxes, and Grand Total. Each category must provide a detailed breakdown of costs to ensure transparency and clarity in pricing.
14. The vendor shall provide comprehensive documentation, orientation, and hands-on training for DBMHS Management Information Systems (MIS) personnel to ensure a thorough understanding of the installed security and access control system. Training shall cover all aspects of system operation, including hardware functionality, software features, system configuration, troubleshooting, and program management. The vendor shall ensure that MIS personnel are fully equipped to operate, maintain, and manage the system effectively.
15. The vendor shall obtain and maintain, at their own expense, comprehensive general liability insurance to protect against claims arising from personal injury, property damage, or any other liabilities resulting from actions or omissions by the vendor, its employees, or agents in connection with the execution of this agreement. The insurance coverage shall meet or exceed industry standards and project requirements to ensure full protection throughout the duration of the contract.
16. Upon project completion, the vendor shall provide detailed as-built drawings and wiring diagrams illustrating the layout and floor plan of the access control system for all designated sites. These documents must accurately reflect the final installation, including the placement of all equipment, wiring routes, and system components, ensuring clarity for future maintenance, upgrades, and troubleshooting.

SURVEILLANCE CAMERA SYSTEM SPECIFICATIONS

1. The surveillance system shall incorporate a combination of fixed PTZ (Pan-Tilt-Zoom), and wide-angle cameras to provide comprehensive coverage of all designated areas. All cameras must be high-definition (minimum 1080p resolution) and equipped with infrared night vision to ensure clear footage in low-light conditions. To enhance security monitoring, cameras must feature motion detection, real-time event alerts, and advanced video analytics for proactive threat identification.

2. The Network Video Recorder (NVR) system must be fully compatible with installed cameras and seamlessly integrate with the access control system. It must provide a minimum of six months of full-resolution video and audio storage, ensuring compliance with security requirements. The system shall support remote access for authorized personnel via a secure, encrypted connection and offer event-based, continuous recording, and backup storage options to enhance security and data retention.
3. The upgraded surveillance system must seamlessly integrate with the access control system, enabling synchronized security operations and automated event tracking. Video and audio feeds must be accessible via a secure, web-based interface and mobile application for real-time monitoring by authorized personnel. Additionally, the system should support centralized monitoring across all DBMHS sites through a secure, encrypted network connection, ensuring reliable and protected access to surveillance data.
4. The vendor shall survey sites to ensure comprehensive camera coverage of key areas while maintaining privacy compliance. Cameras must be strategically placed, with weatherproof, vandal-resistant housing installed per industry's best practices.
5. The vendor shall remove and dispose of all defective or outdated surveillance equipment in compliance with local and federal regulations. Replacement cameras must be of equal or greater quality, featuring audio recording capabilities to maintain or enhance system performance.
6. The surveillance system must be scalable, allowing for future expansion with additional cameras and increased recording capacity. It should also be compatible with emerging technologies to support ongoing security enhancements and system upgrades.
7. The vendor shall perform comprehensive system testing, including video feed verification, audio quality checks, network connectivity tests, and access control integration. A final walkthrough and system demonstration with DBMHS personnel must confirm system functionality, audio clarity, and coverage before project completion.

ACCESS CONTROL SPECIFICATIONS:

1. The vendor shall design, procure, upgrade, and install a comprehensive, centralized advanced access control and security management system. This system shall include door controllers, card readers, electronic door strikes, electromagnetic locks, exit motion sensors, door contacts, request-to-exit (REX) devices, push-to-exit buttons, and all necessary accessories. The system must enable seamless integration, real-time monitoring, and efficient management of all security access points across designated DBMHS sites. The solution shall be scalable, reliable, and compliant with all project specifications and applicable codes.
2. The access control system must support real-time tracking, continuous monitoring, and entry activity logging with event archiving, time zoning, and access group management. It shall enable operator interfacing, alarm handling, PIN authentication, manual overrides, system queries, and detailed reporting. Robust backup, restoration, and remote maintenance features must be included to ensure system reliability.
3. The system shall be deployed as a centralized solution—either cloud-based or on-premises—and support secure remote access for DBMHS MIS personnel. It must offer high availability, scalability, and data redundancy, and meet cybersecurity standards to protect sensitive data.

4. The access control system must operate over a wide-area network (WAN), supporting multi-site integration. It must ensure secure data transmission and centralized management while being compatible with future security infrastructure expansions.
5. Electromagnetic locks must be fail-safe, requiring continuous power to remain locked and automatically unlocking in emergencies such as fire alarm activation or power failure. The system shall integrate with the fire alarm system to enable automatic door release, using dry contact relays or network-based signaling, in compliance with NFPA 101, NFPA 72, IBC, and local codes. Fire alarm integration testing must verify door release, system communication, and alarm logging.
6. Each electromagnetic lock shall provide a minimum holding force of 600 pounds to ensure secure door retention and durability under high-traffic conditions. Emergency egress must be supported with REX devices, motion sensors, and push-to-exit buttons to facilitate safe exit.
7. If a backup power supply (UPS) is installed, the system must still override and release all electromagnetic locks upon fire alarm activation to ensure safe egress. The access control hardware shall include non-volatile memory and a battery backup system to maintain continuous operation and automatic restoration after outages.
8. The vendor shall provide and configure an intelligent field panel controller and ID card printer capable of managing 10 to 100 proxy cards across all locations. The system must support centralized credential management, remote provisioning, and real-time updates for secure and efficient user access.
9. All new locks, including electromagnetic locks and electronic door strikes, must be universal and compatible with any access control platform. They must meet or exceed industry standards for reliability, security, and long-term support.
10. The vendor shall supply and install all mounting hardware, relays, transformers, and power supplies required for reliable, long-term operation of the access control system. All components must be securely installed and compliant with applicable standards.
11. The system must include full programming of hardware/software parameters including unlock schedules, door timing, access permissions, alarm event handling, and communication protocols for centralized and automated control across all sites.
12. The vendor shall provide comprehensive documentation, orientation, and hands-on training for DBMHS personnel, covering hardware usage, software configuration, credential management, troubleshooting, and maintenance, to ensure effective and sustainable system operation.

MOTORIZED GATE SPECIFICATIONS:

1. The vendor shall design, supply, upgrade, and install a commercial-grade motorized gate system at all designated project sites, ensuring seamless integration with the access control system for enhanced security and operational efficiency.
2. All sites requiring a motorized gate shall be equipped with sliding gates, designed for durability, smooth operation, and long-term performance in various environmental conditions.

3. The motorized gate system shall be powered by a LiftMaster Elite Series model CSL24UL motor or an equivalent model with similar or superior specifications, ensuring reliability and compliance with industry standards.
4. The system should include a Battery Backup System to provide uninterrupted access and functionality during power outages, ensuring continuous site security and accessibility.
5. The vendor shall coordinate all required electrical and data cabling to support the motorized gate system's operation, ensuring compliance with industry's best practices and local code requirements.
6. The gate operator should have a dedicated electrical circuit with the appropriate amperage and voltage, ensuring stable and reliable performance.
7. Each motorized gate system should be rated for gates up to 50 feet long or 1,500 lbs. and must comply with UL 325 safety standards to ensure operational safety and efficiency.
8. The vendor shall install a 1-to-2-inch conduit from the building to the motorized gate location, ensuring proper routing of power and communication cables.
9. A Proximity Card Reader shall be installed at each gate entry point, allowing authorized personnel access via the access control system.
10. The vendor shall install a ground (free exit) loop on the inside of the gate to detect vehicles pulling up, triggering the gate to open automatically for authorized exits.
11. The vendor shall perform all necessary excavation, trenching, and backfilling from the building to the gate location, ensuring proper installation and protection of conduits and cabling.
12. The vendor shall conduct a comprehensive inspection and testing of all existing infrastructure including conduits, cabling, wiring, motors, and power sources to ensure compatibility and functionality. Any malfunctioning components shall be repaired or replaced as needed. Procurement of items outside the original scope may be subject to a separate bid. The final system must be fully operational and compliant with all specifications outlined above.

WARRANTIES, TECHNICAL SUPPORT, AND REPAIRS:

1. The vendor shall provide detailed warranty documentation covering all work, parts, and labor associated with this project, ensuring transparency and accountability.
2. The vendor shall offer a 5-year warranty on all installed hardware and parts, including the next-business-day replacement for any defective components. This warranty shall cover all access control, surveillance camera, and motorized gate system components to ensure long-term reliability and functionality.
3. The vendor shall provide Return Material Authorization (RMA) support for all hardware, ensuring a streamlined process for returning and replacing defective or malfunctioning equipment.
4. The vendor shall offer 24x7x365 technical support, including on-demand telephone support and an online ticketing system, to assist with hardware and system failures, troubleshooting, and operational inquiries.

5. In emergency situations, the vendor shall provide next-business-day hardware and component repairs for all project locations to minimize downtime and maintain system integrity.
6. The vendor shall include routine hardware and software upgrades as needed to ensure access control, surveillance camera, and motorized gate systems remain up to date with advancing technology and maintain compatibility with industry standards.
7. The vendor shall provide a 5-year software license for all installed applications, including ongoing updates and upgrades, to maintain optimal system performance, security, and functionality.

VENDOR GENERAL RESPONSIBILITIES:

1. The vendor shall thoroughly assess the site prior to commencing work, identifying and addressing any potential challenges. Any concerns should preferably be raised during the on-site pre-bid meeting at each location. For vendors unable to attend, site layouts and diagrams will be provided to ensure full understanding of the project scope.
2. The award of this contract shall be contingent upon the vendor's ability to demonstrate that qualified personnel with the necessary expertise are available to successfully execute the scope of work in accordance with project requirements.
3. The vendor shall obtain prior approval from authorized DBMHS personnel before performing any work that may impact the facility's power supply, system functionality, or require system reboots. No exceptions shall be made to this requirement.
4. Any modifications or disruptions to fire barrier systems, including firewalls, enclosures, and floor penetrations, must be reviewed and approved by authorized DBMHS personnel to ensure compliance with safety and building codes.
5. All newly installed equipment shall be properly grounded in accordance with industry standards and electrical safety regulations to ensure long-term reliability and system integrity.
6. The vendor shall be fully responsible for supplying all necessary wiring, cabling, and related materials required for the successful installation and operation of the system.
7. Since all sites mentioned in this RFP are active Behavioral and Mental Health facilities, the vendor's personnel shall always conduct themselves professionally and respectfully. This includes maintaining awareness of the sensitive nature of the environment, respecting the presence of clients, staff, and scheduled events, and minimizing disruptions to facility operations.

VENDOR GENERAL SITE MAINTENANCE:

1. The vendor shall clean up, remove, and properly dispose of all debris generated from the work performed. The vendor is responsible for always maintaining a clean and orderly worksite, ensuring minimal disruption to facility operations.
2. All work, including the start-up and testing of equipment, shall be conducted during regular working hours, unless prior authorization is granted by DBMHS personnel for after-hours work.

3. The vendor shall ensure that all work performed is fully complete, operational, and compliant with all project specifications, industry standards, and regulatory requirements. The final installation must be functional in all respects and ready for immediate use.
4. The vendor shall be fully responsible for the repair and/or replacement of any damage caused by its workforce, including but not limited to walls, ceilings, floors, equipment, and facility infrastructure. All repairs must restore the affected areas to their original condition at no additional cost to DBMHS.
5. All conduits and raceways shall be concealed unless prior approval has been obtained to install them on the wall surfaces. If exposed installations are necessary, all runs should be aligned with building lines and painted to blend with the surrounding area, ensuring a clean and professional appearance.
6. Any wall or ceiling surfaces disturbed during installation shall be restored to their original condition, using matching materials, textures, and finishes to maintain the integrity and aesthetics of the facility.
7. Upon project completion, the vendor shall restore all displaced ceiling tiles, furnishings, and equipment to their original positions, ensuring that the facility is left in the same condition as before the work began.

END SCOPE OF WORK

**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 <i>How to get a TIN</i> , later.	Social security number <table><tr><td></td><td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td></tr></table>				-			-			
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Note: If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	Employer identification number <table><tr><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>				-						
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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	<table><tr><td>Signature of U.S. person</td><td>Date</td></tr></table>	Signature of U.S. person	Date
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

must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid).
- Form 1099-DIV (dividends, including those from stocks or mutual funds).
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds).
- Form 1099-NEC (nonemployee compensation).
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers).
- Form 1099-S (proceeds from real estate transactions).
- Form 1099-K (merchant card and third-party network transactions).
- Form 1098 (home mortgage interest), 1098-E (student loan interest), and 1098-T (tuition).
- Form 1099-C (canceled debt).
- Form 1099-A (acquisition or abandonment of secured property).

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

Caution: If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);
2. Certify that you are not subject to backup withholding; or
3. Claim exemption from backup withholding if you are a U.S. exempt payee; and
4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and
5. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What Is FATCA Reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding. Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441–1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the disregarded entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the grantor trust.
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust and not the beneficiaries of the trust.

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(l)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a saving clause. Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if their stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first Protocol) and is relying on this exception to claim an exemption from tax on their scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include, but are not limited to, interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester;
2. You do not certify your TIN when required (see the instructions for Part II for details);
3. The IRS tells the requester that you furnished an incorrect TIN;
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only); or
5. You do not certify to the requester that you are not subject to backup withholding, as described in item 4 under "*By signing the filled-out form*" above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier.

What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you are no longer tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

• **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note for ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040 you filed with your application.

• **Sole proprietor.** Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or "doing business as" (DBA) name on line 2.

• **Partnership, C corporation, S corporation, or LLC, other than a disregarded entity.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

• **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. Enter any business, trade, or DBA name on line 2.

• **Disregarded entity.** In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner's name on line 1. The name of the owner entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For

example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, enter it on line 2.

Line 3a

Check the appropriate box on line 3a for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3a.

IF the entity/individual on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation.
• Individual or • Sole proprietorship	Individual/sole proprietor.
• LLC classified as a partnership for U.S. federal tax purposes or • LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation	Limited liability company and enter the appropriate tax classification: P = Partnership, C = C corporation, or S = S corporation.
• Partnership	Partnership.
• Trust/estate	Trust/estate.

Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

Note: A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

Line 4 Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third-party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space on line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).

- 2—The United States or any of its agencies or instrumentalities.
- 3—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities.
- 5—A corporation.
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or territory.
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission.
- 8—A real estate investment trust.
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940.
- 10—A common trust fund operated by a bank under section 584(a).
- 11—A financial institution as defined under section 581.
- 12—A middleman known in the investment community as a nominee or custodian.
- 13—A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
• Interest and dividend payments	All exempt payees except for 7.
• Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
• Barter exchange transactions and patronage dividends	Exempt payees 1 through 4.
• Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5. ²
• Payments made in settlement of payment card or third-party network transactions	Exempt payees 1 through 4.

¹ See Form 1099-MISC, Miscellaneous Information, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) entered on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37).

B—The United States or any of its agencies or instrumentalities.

C—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i).

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i).

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.

G—A real estate investment trust.

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940.

I—A common trust fund as defined in section 584(a).

J—A bank as defined in section 581.

K—A broker.

L—A trust exempt from tax under section 664 or described in section 4947(a)(1).

M—A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, enter "NEW" at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have, and are not eligible to get, an SSN, your TIN is your IRS ITIN. Enter it in the entry space for the Social security number. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/EIN. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, you will generally have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon. See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third-party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))**	The grantor*

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (see Regulations section 1.671-4(b)(2)(i)(B))**	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name on line 1, and enter your business or DBA name, if any, on line 2. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

* **Note:** The grantor must also provide a Form W-9 to the trustee of the trust.

** For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information, such as your name, SSN, or other identifying information, without your permission to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax return preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity, or a questionable credit report, contact the IRS Identity Theft Hotline at 800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 877-777-4778 or TTY/TDD 800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Go to www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their laws. The information may also be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.

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

SERVICES CONTRACT BETWEEN THE NAVAJO NATION AND

Consultant's telephone number

CONTRACT NO: _____

FOR THE PERIOD: BEGINNING _____
ENDING _____

PAYMENTS TO BE MADE FROM:

Account: _____ - _____ Fees: \$ _____

Account: _____ - _____ Expenses: \$ _____

Account: _____ - Taxes: \$ _____

TOTAL PAYMENTS ON THIS CONTRACT NOT TO EXCEED: \$ 0.00

UNDER THE TERMS AND CONDITIONS OUTLINED IN:

ATTACHMENT A – Mutual Promises and Agreements

ATTACHMENT B – Scope of Work

EXHIBITS:

EXHIBIT A – Accounting Codes and Budget

EXHIBIT B – Consultant Credentials

EXHIBIT C – Certificate of Insurance

Employer's Identification No.: _____

or

this number must match Form W-9

Consultant's Social Security No.: _____

SERVICES CONTRACT

ATTACHMENT A- Mutual Promises and Agreements

This Services Contract ("Contract") is made and entered into by and between the Navajo Nation, hereinafter called the "NATION" and _____, hereinafter called the "CONSULTANT." Collectively, the NATION and the CONSULTANT are the "PARTIES." The PARTIES agree as follows:

1. **Contract Term.** The NATION agrees to use the non-exclusive services of the CONSULTANT beginning _____, and ending _____.
2. **Scope of Work.** The CONSULTANT agrees to perform the services described in ATTACHMENT B - Scope of Work ("Scope of Work"). Any changes to the Scope of Work must be agreed to by the PARTIES through a formal Modification of the Contract pursuant to Paragraph 13 below.
3. **Compensation.** The NATION agrees to compensate the CONSULTANT for services performed under this Contract by paying a sum not to exceed \$_____, as per EXHIBIT A – Accounting Codes and Budget, to include the Navajo Nation and local government sales tax amounts described in Paragraph 18, below, for work performed within the territorial jurisdiction of the NATION.
4. **Authorized Representative.** The CONSULTANT shall work with the _____ (Contracting Program), and its Authorized Representative, _____, in the performance of work or services under this Contract. No payment shall be made unless said Authorized Representative approves the work performed or services provided under this Contract and has approved the invoice(s) submitted by the CONSULTANT. Only the Authorized Representative or someone formally delegated by the Authorized Representative may assign tasks under the Scope of Work. All invoiced expenditures must be supported by receipts.
5. **Contract Number.** Contract Number C-_____ shall cover this Contract, and reference to this number shall be made on all invoices submitted by the CONSULTANT to the NATION for payment.
6. **Availability of Funds.** The liability of the NATION under this Contract is contingent upon the availability of funds. Pursuant to 2 N.N.C. §223(B), all contracts shall have sufficient funds available to perform the services under the Contract.
7. **Travel Expenses.** The PARTIES recognize that the CONSULTANT may incur reasonable travel expenses in connection with providing services to the NATION. For said travel expenses to be eligible for reimbursement hereunder, the Authorized Representative must approve the travel in writing before said expenses are incurred.
8. **Consultant is an Independent Contractor.** Neither CONSULTANT nor its employees are, or shall be deemed, NATION employees. In its capacity as an independent contractor, CONSULTANT agrees and represents, and the NATION agrees, that CONSULTANT: (a) has the sole right to control and direct the means, manner, and method by which the services will be performed; (b) shall utilize its own employees, facilities, equipment, tools, and supplies in performing the services; (c) is not eligible to participate in, and is not eligible for coverage under any NATION employee benefit plans or offerings; and (d) is free to make its services available to third parties. Nothing in this Contract shall be construed to create any agency or employment relationship between CONSULTANT or any of its employees and the NATION. Neither Party shall have any right, power, or authority to assume, create, or incur any expense, liability, or obligation, express or implied, on behalf of the other. The

CONSULTANT is responsible for payment of all taxes related to this Contract, and except as otherwise provided in Section 18 below, the **NATION** is not responsible for withholding, and shall not withhold, income taxes, FICA, unemployment taxes, or other taxes of any kind from any payment it owes to **CONSULTANT**, nor shall the **NATION** be responsible for remitting the employer's share of employment taxes to federal or state governments.

9. **The Nation's Ownership of Work Product.** The product(s) and title of the **CONSULTANT'S** work and services under this Contract shall be and will remain the property of the **NATION**. The **NATION** may use the work product for any purpose without prior approval or additional payment.
10. **The Nation's Right to Inspect Place of Business and to Inspect and Audit Books and Records.** The **CONSULTANT** agrees that the **NATION** may, at reasonable times, inspect the part of the plant or place of business of the **CONSULTANT** that is related to the performance of this Contract; and **CONSULTANT** further agrees that the **NATION** may, at reasonable times and places, inspect and audit the **CONSULTANT'S** books and records to the extent that such books and records relate to the performance of this Contract. The **CONSULTANT** shall maintain such books and records, and such books and records of any Subcontractor, for at least five (5) years from the date of final payment under this Contract. Further, **CONSULTANT** agrees to include in any Subcontractor agreement related to this Contract, provisions that the Subcontractor agrees (a) that the **NATION** may, at reasonable times, inspect the part of the plant or place of business of the Subcontractor that is related to the performance of this Contract; (b) that the **NATION** may, at reasonable times and places, inspect and audit the Subcontractor's books and records to the extent that such books and records relate to the performance of this Contract; and (c) that the Subcontractor shall maintain its books and records related to the performance of this Contract for at least five (5) years from the date of the **CONSULTANT'S** final payment under this Contract.
11. **Contact Information: Final Invoice.** Copies of all correspondence, reports, and invoices under this Contract shall be furnished to:

*Insert the **NATION'S** and the **CONSULTANT'S** contact and contact information:*

NOTE: The final invoice will be due within thirty (30) days after the Contract ends.

12. **Indemnification.** The **CONSULTANT** agrees to hold harmless and indemnify the **NATION** against any and all losses, costs, damages, claims, accident or injury to person or property including death, attorneys' fees, expenses, and other liability whatsoever (collectively, "Claims"), arising under, related to, or in connection with this Contract, except to the extent such Claims are directly caused by the gross negligence or wanton and willful conduct of the **NATION** or to the extent they result from the negligence of **NATION** officials or employees as provided for and in accordance with 1 N.N.C. §551 *et seq.*
13. **Modifications.** Any modifications to this Contract shall be made only by written amendment, signed and executed by all parties to this Contract. If a cost-based selection method, such as the submission and evaluation of bids, was used to procure this Contract, any amendment to increase this Contract that exceeds twenty percent (20%) of the original accepted bid amount shall be handled pursuant to 2 N.N.C. §223(F).

14. **Disputes; No Waiver of Sovereign Immunity.** Any and all disputes arising under, related to, or in connection with this Contract will be resolved first through negotiation between the **PARTIES** under the laws of the **NATION**. If negotiation does not resolve the dispute, the **NATION** may pursue legal action. Nothing herein shall be construed as a waiver of the **NATION'S** sovereign immunity.
15. **Termination.** The **NATION** may terminate this Contract at any time upon ten (10) days advance written notice to the **CONSULTANT**, in the event that: (a) the **NATION**, in its sole discretion, determines the **CONSULTANT'S** work or services provided are not satisfactory; (b) the **CONSULTANT** fails to submit reports and other documents as requested by the **NATION** within defined time schedules to the satisfaction of the **NATION**; (c) the **CONSULTANT** fails to submit verification of invoices to the **NATION** for payment to the satisfaction of the **NATION**; (d) the **CONSULTANT** is in breach of any material term or condition of this Contract; or (e) funds are not appropriated or otherwise made available to support continuation of this Contract.
16. **Applicable Law and Jurisdiction.** The **CONSULTANT** shall comply with all Navajo Nation laws, as they may be amended from time to time, including, but not limited to, the Navajo Business and Procurement Act, 12 N.N.C. §§1501 *et seq.*, the Navajo Preference in Employment Act, 15 N.N.C. §§601 *et seq.*, the Navajo Nation Business Opportunity Act, 5 N.N.C. §§201 *et seq.*, the Navajo Nation Corporation Act, 5 N.N.C. §§3101 *et seq.*, the Navajo Nation Limited Liability Company Act, 5 N.N.C. §§3600 *et seq.*, and the Navajo Uniform Commercial Code, 5A N.N.C. §§1-101 *et seq.*, and applicable regulations. The **CONSULTANT** agrees to be subject to the jurisdiction of Navajo Nation courts and tribunals.
17. **Pre-Contract Costs.** Costs incurred before the finalization of this Contract deemed reasonable, allowable, and allocable to performance of the Contract as agreed to by the **PARTIES** may be paid under this Contract.
18. **Navajo Nation Taxes.** The **CONSULTANT** shall comply with all applicable Navajo Nation tax laws under Title 24 of the Navajo Nation Code and corresponding regulations. The **CONSULTANT** is subject to and shall be liable for payment of the Navajo Nation 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.*

The **CONSULTANT** shall segregate, on each invoice, the work performed within and outside the territorial jurisdiction of the Navajo Nation, and within and outside the jurisdictions of governance-certified chapters that impose a local sales tax. The **NATION** shall withhold from each payment to the **CONSULTANT** the applicable Navajo Nation Sales Tax and/or local sales tax due from the total invoice amount associated with work performed within the Navajo Nation and/or within governance-certified chapters that impose a local sales tax (excluding Tuba City Chapter and Kayenta Township). The amount withheld reflects the Navajo Nation Sales Tax and/or local sales tax due on such invoice amounts. The **NATION** shall transfer the withheld amount to the Office of the Navajo Tax Commission as payment of the Navajo Nation Sales Tax and/or local sales tax on behalf of the **CONSULTANT**. The **CONSULTANT** will then indicate on the quarterly tax return or returns required for the Navajo Nation Sales Tax and/or local sales tax that this amount

has been previously withheld and paid to the Office of the Navajo Tax Commission. It is hereby acknowledged that the **NATION** withholding amounts pursuant to this section in no way removes responsibility from the **CONSULTANT** as a taxpayer for timely filing of tax returns and timely payment of any other amounts, which may be owed for taxes.

The **CONSULTANT** is subject to the Tuba City Chapter Sales Tax on gross receipts for all work performed within the Tuba City Chapter pursuant to the To’Nanees’Dizi Local Government Tax Code, as may be amended from time to time, and shall pay the sales tax directly to the Tuba City Chapter. The **CONSULTANT** is subject to the Kayenta Township Sales Tax on gross receipts for all work performed within the Kayenta Township pursuant to the Kayenta Township Tax Ordinances, as may be amended from time to time, and shall pay the sales tax directly to the Kayenta Township. The **NATION** shall not withhold this portion of the tax that is directly payable to Tuba City Chapter or Kayenta Township.

The **CONSULTANT** is solely responsible for the payment of all applicable taxes.

19. **Consultant Debarment; Suspension.** If the **CONSULTANT** in its present form or any other identifiable capacity as an individual, business corporation, partnership or other entity is deemed ineligible, debarred, or suspended pursuant to the Navajo Business and Procurement Act, 12 N.N.C. §§1501, *et seq.* or the Navajo Nation Procurement Act, 12 N.N.C. §§301, *et seq.*, the **CONSULTANT** is not legally able to enter into this Contract, and this Contract shall be null and void unless the factors that warranted the ineligibility, debarment or suspension have been sufficiently addressed as provided by applicable Navajo Nation laws.
20. **Insurance Coverage.** The **CONSULTANT** shall obtain and maintain adequate insurance coverage as recommended and verified by the Navajo Nation Risk Management Program (“RMP”) for the entire term of the Contract. The insurance coverage shall name the **NATION** as an additional insured as specified by the RMP, and the **CONSULTANT** shall notify the contracting program and the RMP, c/o The Navajo Nation, P.O. Box 1690, Window Rock, Arizona 86515 within five days of any change in the insurance policy. Proof of such insurance is attached as **Exhibit C – Certificate of Insurance**, which is made part of this Contract. The failure to fully comply with this provision shall render this Contract null and void.
21. **Conflicting and Additional Terms.** Any additional terms and conditions of the **CONSULTANT** are attached hereto and incorporated into this Contract, provided however that in the event of any conflict between the terms and conditions of this Contract and any of the **CONSULTANT’S** additional terms and conditions, the terms and conditions of this Contract shall control and govern. Any additional terms and conditions not attached to this Contract shall have no force or effect.

SIGNATURES OF THE CONTRACT

For the Consultant:

_____ Date

For The Navajo Nation:

Branch Chief
The Navajo Nation
Post Office Box 9000
Window Rock, Arizona 86515
Date

SERVICES CONTRACT

ATTACHMENT B – Scope of Work (include timeframe)

FIRM NAME _____

ADDRESS _____

TELEPHONE NO. _____

SERVICES CONTRACT

EXHIBIT A – Accounting Codes and Budget

FIRM NAME _____
ADDRESS _____
TELEPHONE NO. _____

ACCOUNTING CODES

<u>Account Number</u>	<u>Account Name</u>	<u>Item Totals</u>
_____ - _____	_____	\$ _____
_____ - _____	_____	\$ _____
_____ - _____	_____	\$ _____
TOTAL CONSULTANT FEES AND EXPENSES:		\$ 0.00

ATTACH A DETAILED BUDGET TO THIS EXHIBIT A USING THE FORMULAS BELOW.

The detailed budget total must match the totals above and the totals on Page 1 of the Contract.

_____ *-Cost Estimate-Fees*

\$ _____ per day or per hour x _____ work days or work hours outside the Navajo Nation: \$ _____
\$ _____ per day or per hour x _____ work days or work hours within the Navajo Nation: \$ _____
_____ % Navajo Nation tax on fees for work within the Navajo Nation: \$ _____
Total Fees: \$ _____

_____ *-Cost Estimate-Expenses*

Travel (_____ miles x \$ _____ per mile): \$ _____
Meals (_____ meals x \$ _____ per meal): \$ _____
Lodging (\$ _____ per night x _____ required overnight stays): \$ _____
Airfare (\$ _____ per trip x _____ trips): \$ _____
Materials, supplies, and goods (list each item and associated cost): \$ _____
Total Expenses: \$ _____

SERVICES CONTRACT

EXHIBIT B - Consultant Credentials

FIRM NAME _____
ADDRESS _____
TELEPHONE NO. _____

FOR INTERNAL GUIDANCE ONLY - Include in this section:

1. Consultant's current resume. If Consultant is a firm, use the resume of the primary responsible party,
2. Signed Navajo Nation Certification Regarding Debarment and Suspension,
3. Completed and signed W-9 Form, and
4. Any other credentials that are relevant to the work in this contract.

SERVICES CONTRACT

EXHIBIT C - Certificate of Insurance

FIRM NAME _____
ADDRESS _____
TELEPHONE NO. _____

FOR INTERNAL GUIDANCE ONLY - Include in this section:

1. The Consultant's Certificate(s) of Insurance, and
2. The Risk Management Program's (RMP) signed Memorandum which indicates that this particular Certificate of Insurance meets RMP's minimum insurance requirements.