REQUEST FOR PROPOSAL (RFP)
REBID RFP Number: 25-11-3933DB
WOMEN'S SHELTER AND SOCIAL SERVICES

Date: February 25, 2026

Project Title: Navajo Department of Family Services
Women's Shelter and Social Services

Project Schedule:

REBID of RFP	February 26, 2026
Proposal Due Date	March 12, 2026; 5:00 pm (DST)
Services Contract Start Date	April 1, 2026

Proposal:
All interested parties are invited to review and respond to this RFP at their discretion. All questions pertaining to the contents of this RFP contact via email Ms. Crescentia Tso, Department Manager III, crescentia.tso@ndcfs.org and Ms. Rhonda Jishie, Contract Analyst, Navajo Department of Family Services; at rhonda.jishie@ndcfs.org.

All parties responding to this RFP are instructed to submit four (4) proposals, one (1) original and three (3) copies to one of the following addresses:

Mailing Address:
Navajo Nation Office of the Controller
Purchasing Department
P.O. Box 9000
Window Rock, AZ 86515
ATTN: Darren Begay, Buyer
REBID RFP Number 25-11-3933DB

Physical Address:
Navajo Nation Office of the Controller
Purchasing Department
2559 Window Rock Blvd.
Administration Bldg. #1
Window Rock, AZ 86515
ATTN: Darren Begay, Buyer
REBID RFP Number 25-11-3933DB

All responses to this RFP shall be sent in a sealed envelope, including a return address, and clearly marked on the outside of the envelope; the following:

REBID RFP Number: 25-11-3933DB
Navajo Department of Family Services
WOMEN'S SHELTER AND SOCIAL SERVICES

DO NOT OPEN-RFP PROPOSAL

GENERAL INFORMATION AND GUIDELINES FOR THIS RFP

I. DESCRIPTION OF THE ORGANIZATION

The Navajo Department of Family Services, within the Navajo Division for Children and Family Services, is dedicated to promoting safety, healing, and empowerment for individuals and families affected by violence. The Department works to protect vulnerable populations, strengthen family systems, and support communities through culturally grounded, trauma-informed, and community-based services.

II. SCOPE OF THE CONTRACT

The purpose of this Agreement is for a Women's Shelter and Social Services programs.

III. RESPONDENT REQUIREMENTS

All respondents must have the capabilities listed herein, including sufficient detailed information with regard to experience and expertise in meeting the following requirements:

A. A legitimate and credible organizations or entities with a minimum of five (5) years of experience and history with providing the described scope of services.

B. Insurance coverages:

   a. The Navajo Nation should require the following minimum insurance requirements:

      i. Commercial General Liability coverage, ISO CG 0001 Form or equivalent with minimum limits of $1,000,000 per occurrence, $2,000,000 aggregate;

      ii. Auto Liability minimum limit of $1,000,000 per accident and should include non-owned autos;

      iii. Workers' Compensation coverage with statutory benefits and Employers Liability coverage with minimum limits of $1,000,000/$1,000,000/$1,000,000.

      iv. The Navajo Nation shall be named as additional insured for general and auto **liability coverages only.**

   b. Additionally, the Navajo Nation should require the contractor to carry Professional Liability with limits no less than $1,000,000 per claim. Professional Liability coverage should be on a claims made basis and the retro date should be no later than the start date of the project/agreement.

   c. Abuse/Molestation Liability with limits no less than $1,000,000 per claim, per occurrence, $2,000,000 aggregate;

   d. All coverages should include a waiver of subrogation. All coverages should be primary and the Navajo Nation's coverage non-contributory.

IV. SCOPE OF SERVICES

Services shall be comprehensive, coordinated, community-based, and accessible, maintaining the Navajo Nation's commitment to cultural appropriateness and relevance. The program will include the following components:

1. **Prevention:**
   Prevent incidents of family violence, domestic violence, and dating violence through education, outreach, and community engagement.
2. **Support and Shelter:**
   Provide immediate shelter and supportive services, ensuring access to community-based

programs for victims of family violence, domestic violence, or dating violence, and their dependents.

3. **Specialized Services:**
   Deliver tailored support for children exposed to violence and serve underserved populations, including victims who are members of underserved communities, through culturally responsive and trauma-informed care.

Through these efforts, the Department strives to create safe environments and strengthen the overall well-being of Navajo families and communities.

V. REQUIREMENTS

The respondent must comply with the Drug-Free Workplace Act of 1988 (41 U.S.C. § 8102 et. seq.) and the Pro-Children Act of 2001, 20 U.S.C. §§ 7181 through 7184; prohibit harassment based on race, sexual orientation, gender, gender identity (or expression), religion, and national origin; and furnish all requested information as specified in this RFP.

VI. PROPOSAL CONTENT AND REQUIRED INFORMATION

Utilize the outline described below in a proposal with four (4) copies.

A. Organizational letter expressing an interest and a brief description of proposed services. Do not reveal or make reference to the cost in the organizational letter. A signed Navajo Nation Certification Regarding Debarment, suspension, and Contracting Eligibility and a signed W-9 Form.

B. Scope of Work including goals, objectives, activities and time schedule. Proof of current liability insurance outlined in Section III. Respondent Requirements B. Insurance Coverages. Proof of Corporate Registration with the Navajo Nation from the Navajo Business Regulatory Department: 1. A copy of a Current Certificate of Good Standing. 2. A copy of Certificate of Authority.

C. Organization qualification and project experience. Include a minimum of two (2) professional references.

D. Costs to be submitted in a separate sealed envelope. (Detailed breakdown of budget in the Budget Narrative and Budget Summary.

E. 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.

F. Visibly mark "Proprietary" that the offeror determines as proprietary information.

G. Visibly mark on the outside of the packet the offeror's priority status, if any, under the Navajo Business Opportunity Act.

VII. EVALUATION PROCESS (pre-qualifying process)

A. Evaluation Criteria

1. Qualifications, credentials, and minimum five years' work experience. This includes the capabilities to provide all requested services. A signed Navajo Nation Certification Regarding Debarment, Suspension, and Contracting Eligibility and a signed W-9 Form(30 points)
2. Scope of Work; A copy of A copy of a current Certificate of Good Standing and a copy of a Certificate of Authority issued from the Navajo Business Regulatory Department (40 points)
3. Navajo Preference.

4. Budget (separate sealed envelope). (30 points)

B. Applicable Federal Requirements
   1. In the acceptance of State Funds, the Navajo Department of Family Services is required to comply with all Federal, State, and Tribal Laws and Regulations, including 45 Code of Federal Regulations Part 92, Uniform Administrative Requirements for Grants and Cooperative Agreements to States, and Local and Tribal Governments; Section 92.36 €, (1) requiring the grantee to take all necessary affirmative steps to assure minority firms, women businesses and labor surplus area firms are used when possible, including complying with the Navajo Nation's Business Opportunity Act, 5 N.N.C. § 201 et seq.

C. The Navajo Department of Family Services reserves the right to interview respondents if deemed necessary due to tied scores or other legitimate matters.
   1. This may entail a presentation from the respondent for clarification and/or details on services or other requirements. The presentation will be scheduled to be presented at the Navajo Department of Family Services office located in Window Rock, AZ (if necessary). It is the Navajo Department of Family Services' intention to award organizations or entities to provide all services as specified in the scope of services.

VIII. TYPE OF CONTRACT

The Navajo Nation will utilize a standard Services Contract for the procurement of services for this project.

IX. PERIOD OF PERFORMANCE

The period of performance will be from April 1, 2026 to March 31, 2027, and negotiated based on the schedule proposed by the respondent and the contract implementation date.

X. TECHNICAL DIRECTION

The Navajo Department of Family Services point of contact are Ms. Crescentia Tso, Department Manager III, crescentia.tso@ndcfs.org and Ms. Rhonda Jishie, Contract Analyst, Navajo Department of Family Services; at rhonda.jishie@ndcfs.org. for inquiries related to this RFP and other matters.

XI. PAYMENT AND SUBMISSION OF INVOICES

The Navajo Nation Services Contract will include a comprehensive description of 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 under no obligation to enter a contract pursuant to this Request for Proposals (RFP) and reserves the right to issue a subsequent RFP for the same services.
The Navajo Nation is a sovereign government. All contracts resulting from this RFP shall comply with Navajo Nation laws, rules, and regulations, including, but not limited to, the Navajo Preference in Employment Act, and all applicable federal laws, rules, and regulations.

This procurement process, and any resulting agreements with respondents, shall be governed by the laws of the Navajo Nation and applicable federal law. Nothing in this RFP shall be construed as a waiver of the Navajo Nation's sovereign immunity. Furthermore, the Navajo Nation Business Opportunity Act shall apply to this RFP. All additional legal and contractual obligations, terms, and requirements related to this project will be set forth in the Navajo Nation Services Contract.

XIV. SCHEDULE OF EVENTS

Following is a schedule of events regarding this RFP:

a. Rebid of RFP February 26, 2026
b. Proposal Due Date March 12, 2026; 5:00 pm (DST)
c. Services Contract Start Date April 1, 2026

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

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.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ 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.

☐ 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 . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

___ - ___ - ____

or

Employer identification number

__ - _____

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	**Signature of U.S. person**	**Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

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