



The Navajo Nation **DR. BUU NYGREN** *PRESIDENT*
Yideeskáądi Nitsáhákees **RICHELLE MONTOYA** *VICE PRESIDENT*

Invitation to Bid
Navajo Nation Department of Corrections
Uniforms
ITB# 26-04-4095SB

Project Title:

The Navajo Nation Department of Corrections is requesting for proposals from firms interested in providing uniforms for Corrections personnel.

Proposal Due Date:

May 4, 2026 3:00pm ****LATE PROPOSALS WILL NOT BE ACCEPTED****

Proposal:

All interested and qualified parties are invited to review and respond to this Invitation to Bid at their discretion. All questions pertaining to the contents of the ITB may contact Sharon Yellowhair, Principal Accountant by email: sharonyellowhair@navajo-nsn.gov

All parties responding to this ITB are instructed to submit or send three (3) proposals to the following address:

Navajo Nation Department of Corrections
PO Box 1949
Window Rock, AZ 86515
Attention: Sharon Yellowhair

Responses to this bid shall be sent in a sealed envelope, including a return address, and clearly marked on the outside of the envelope the following:

ITB# 26-04-4095SB
Uniforms
****DO NOT OPEN**-BID PROPOSAL**

I. DESCRIPTION OF THE ORGANIZATION

The Navajo Nation Department of Corrections (NDOC) oversees the detainment of Adult and Juvenile individuals throughout the Navajo Nation. Correction Districts are located at: Chinle, AZ, Crownpoint, NM, Kayenta, AZ, Shiprock, NM, Tuba City, AZ, Fort Defiance, AZ,

II. SCOPE OF THE CONTRACT

The NDOC intends to issue a purchase order to an independent contractor to provide the described apparel and equipment as explained in the attached scope of work. The objective is for NDOC personnel to conform to the NDOC uniform manual achieving an overall neat, professional appearance with a consistent type fabric, thickness, color, dye lot across all districts. We reserve the right to award one or multiple purchase orders issued for whole or part of this RFP (example; one vendor has the capability to provide uniforms but not equipment).

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:

1. A legitimate and credible vendor with providing the described apparel and equipment.
2. The Navajo Business Opportunity Act 5 NNC § 201, 205 will apply.

IV. SCOPE OF WORK

The NDOC is seeking a contractor that can provide uniforms to 300 NDOC personnel; 250 Corrections Officers, 30 Kitchen/Food Service; 20 Maintenance/Custodial Staff.

1. Contractor will provide uniforms to NDOC personnel only.
2. Contractor shall work with NDOC personnel during regular work hours to obtain uniforms for all corrections personnel.
3. The contractor will be responsible for their own travel related costs if any, for the duration for the proposal.
4. The contractor will arrange delivery or pick up of uniforms for each respective staff at a convenient location for NDOC personnel.
5. The contractor shall be flexible in working to arrange for replacement of uniforms and footwear should defects or wrong sizes are found at a later time.
6. Contractor must ensure their suppliers if any, will provide uniforms constructed of new material free from manufacturing defects, no polyester clothing.
7. Correction Officer uniforms should be of the same color dye and have finished hemmed edges.
8. A complete set of uniforms per Corrections Officer are considered to be the following quantities:

- 6 pair of pants,
- 4 short sleeve polo shirts
- 4 long sleeve polo shirts
- 1 jacket with an inside lining of a windbreaker,
- 2 pairs of duty boots

Badge:

Color: gold

Size: 1 5/8" wide & 2 1/2" height

Layout: 2 lines on top, 1ST line: NAVAJO NATION 2nd line: CORRECTIONS
Center position is Navajo Nation tribal seal, 4 colors
Bottom 1st line: Position title
Bottom 2nd line: call number

***** Corrections Officer Uniform *****		
Item	Color	Special Instructions
Command shirts	Tan;	
Polo Shirts	Tan;	
BDU Trousers	Chocolate Brown;	
Windbreakers	Black;	Corrections logo on the left shoulder
Jackets	Black;	Corrections logo on the left shoulder
Boots	Black;	leather
T-Shirts	Black;	
Accessories		
Handcuff	Silver or black	
Handcuff case	Black;	Nylon with Velcro or snap closure.
Stinger flashlight		
Flashlight holder	Black;	Nylon with Velcro or snap closure
Key Holder w/clip on	Black;	Nylon. Clip on in back of holder
Nameplate	Brass	Black lettering. First name initial with capital last name
Insignia	Brass;	district name (example; Tuba City Juvenile = TCJ, Chinle Juvenile = CHJ)
Insignia	Brass;	department (NDOC)
Badges	Brass shield	
Shoulder Patch	Gold with green trim	
Uniform Belt	Black	No basketweave, 1 ½ “ wide w/ 3 brass snaps or Velcro closure
Cap	Black	Yellow text lettering “Corrections”
Gloves	Black	
Gear Bag	Black	Corrections logo in yellow print
Mace/Holster	Black	
Baton	Black	Expandable
Baton holder	Black	Nylon
Glove pouch	Black	Nylon
Tie	Black	clip on
Body Armor	Black	
Rescue tool/holster	Black	
CPR mask/holster	Black	Nylon
Trooper hat	Brown	Trooper Drill Campaign Hat, 100% wool with chinstrap & 4 corner top

Kitchen/Food Service Uniform	Black, Grey, Navy, Maroon	Scrub top with short sleeves Scrub bottom with elastic waistband Name, Title and District to be embroidered on left chest
Shoes	Black, Grey	Non Slip shoes 1 pair
Maintenance Uniform	Black, Grey, Navy, Brown,	Polo tops with Name, Title, district embroidered on left chest. All seasons outerwear; shirt jackets, insulated jackets; bibs, work pants, demin pants. May include sweater caps, gloves.
Boots	Black or brown	Steel toe safety boots 1 pair

V. REQUIREMENTS

The respondent will furnish all requested (required) information as specified in the ITB.

VI. PROPOSAL CONTENT AND REQUIRED INFORMATION

Please utilize the outline described below.

1. Organization letter expressing your interest and a brief description of your proposed services.
2. Organization qualifications, credentials, work experience with like type project experience, include references and the methodology including product lead times and times to complete.
3. Costs are to be submitted in a separate sealed envelope and must include a detailed breakdown of costs, such as: Direct Labor Costs, Materials (parts and supplies), other applicable costs, include 6% Navajo Nation Tax and 10% owner’s contingency.
4. Scope of Work.
5. Copies of licenses/certifications, IRS form W-9 (3/2024), 2-page Navajo Nation Debarment Form, Certificate of Liability Insurance.

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

1. Evaluation Criteria – evaluations will be conducted by a committee that will review responses based upon the completeness and responsiveness of the contractor.
 - a. Qualifications (20 points)
 - b. Credentials (20 points)
 - c. Work experience. This includes the capabilities to provide all requested services. (20 points)
 - d. Methodology to complete the scope of work (25 points)
 - e. Price. (15 points)
2. The Navajo Nation Department of Corrections reserves the right to interview respondents if deemed necessary due to tied scores or other legitimate matters. 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 Fort Defiance, AZ (if necessary). It is the intention of NDOC to award one (1) vendor to provide all services as specified.

4. Samples of Correction Officer uniforms may be requested.

5. NDOC will not be held liable for cost associated with interviews and presentations.

VIII. TYPE OF CONTRACT

The Navajo Nation will utilize a standard purchase order for the procurement of goods and services for this project.

IX. COMPLIANCE WITH LAWS AND REGULATIONS

The successful contractor shall comply with all Federal, Tribal, State and Local Laws, regulations and Navajo Nation rules and policies pertaining to work, and shall, at its expense, procure any permits that may be required.

X. PERIOD OF PERFORMANCE

The period of the performance will be determined and negotiated based on the scheduled proposed by the respondent and the contract implementation date.

XI. PAYMENT AND SUBMISSION OF INVOICES

The Navajo Nation purchase order terms and conditions will describe this section.

XII. RIGHTS

The Navajo Nation reserves the right to reject any and all proposals, in whole or part based on the requirements set forth in this ITB.

XIII. AGREEMENTS TERMS AND CONDITIONS

The Navajo Nation purchase order terms and conditions will provide all other legal and contractual obligations, terms, and requirements of this project. The Navajo Nation will not relinquish any of its sovereignty rights.

Exhibit A
IRS form W-9 (2024 version)

**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) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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

Social security number	
or	
Employer identification number	

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.

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person	Date

General Instructions

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

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

What's New

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

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

Purpose of Form

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

Exhibit B
Navajo Nation Debarment and Suspension form

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