



THE NAVAJO NATION

JONATHAN NEZ | PRESIDENT MYRON LIZER | VICE PRESIDENT

REQUEST FOR PROPOSAL Bid Number: 19-09-2168LE

Date: September 12, 2019

Project Title: Navajo Nation Division of Behavioral and Mental Health Services – Navajo Regional Behavioral Health Center – Kitchen Equipment Replacement and Installation Project, Shiprock, New Mexico. **The vendor must be a qualified Kitchen Equipment specialized service company.**

Project Schedule:

| | |
|--|-------------|
| Advertisement of RFP | 09/16-20/19 |
| Onsite Pre-Bid Meetings | 09/24/19 |
| Location: Navajo Regional Behavioral Health Center, Shiprock, New Mexico | |
| <i>For directions please call (505) 368-1438</i> | |
| Requests for Information Due Date | 09/27/19 |
| Bid Due Date | 10/11/19 |

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 Melvin Joe, Facility Manager (on site) – NRBHC/DBMHS at melvin.joe@nndoh.org or Michael Salabiye, Planner – DBMHS/DOH at michael.salabiye@nndoh.org

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

The Navajo Nation
Division of Finance – Purchasing
Attention: Lorita Etsitty, Buyer
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 clearly marked on the outside of the envelope; the following:

BID# 19-09-2168LE NNDBMHS NRBHC
Kitchen Replacement and Installation Project
Shiprock, NM
DO NOT OPEN-BID PROPOSAL

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 into a professional services contract with one (1) responsible, qualified, and independent Contractor 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 with regard to experience and expertise in meeting the following requirements:

1. A legitimate and credible vendor with a minimum of five (5) years' experience and history with providing the described services.
2. The Navajo Business Opportunity Act 5 NNC § 201, 205 will apply.
3. Federal requirements, if applicable.
4. All workmanship and materials shall comply with applicable Safety Codes.

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 make reference to the cost in this letter.
2. Organization qualifications and project experience. Include references.
3. Scope of Work
4. Product Specifications including cut sheets.
5. Design (detailed plan depicting layout).
6. Schedule
7. Copies of licenses, certifications, insurance certificates, and other relevant documents.
8. Sub-contractor Information, if applicable
 - a. Subcontractor work should not exceed certain percentage of entire project
9. **Costs to be submitted in a separate sealed envelope. Detailed breakdown of costs: Material, Labor, and other applicable costs; State Tax and 6% Navajo Nation Sales Tax.**
10. 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. Qualifications, credentials, and minimum five (5) years' work experience. This includes the capabilities to provide all requested services. (20 points)
 - b. Quality of products, ability to install, and warranty services. (30 points)
 - c. Project Schedule. (20 points)
 - d. Navajo Preference. (5 points)
 - e. ***Cost (separate sealed envelope).*** (25 points)
2. Applicable Federal Requirements (25 CFR 900, OMB Circulars A-87, GSA qualified vendor).
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 Shiprock, NM (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

The Navajo Nation DBMHS point of contact Michael Salabiye, Planner for inquiries related to the project and other matters. Questions and responses will be shared with all respondents. Mr. Melvin Joe, Facility Manager (on site) email address is melvin.joe@nndoh.org NRBHC/DBMHS, or Mr. Salabiye's email address is michael.salabiye@nndoh.org

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 into 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
19-09-2168LE**

**Navajo Division of Behavioral and Mental Health Services -
Navajo Regional Behavioral Health Center-
Commercial Kitchen Equipment Replacement Project
Shiprock, New Mexico**

The Division of Behavioral and Mental Health Services (DBMHS), Navajo Regional Behavioral Health Center (NRBHC) is in need of existing commercial kitchen equipment to be replaced as well as some new equipment. The facility is located in Shiprock, New Mexico and is a 50 bed residential facility and outpatient treatment center providing services to adolescents and adults. The facility has a full commercial kitchen including a walk-in freezer. The facility does have construction drawings which will be available for view at the onsite Pre-Bid meeting.

The following is the list of Kitchen Equipment to be replaced. Scope of Work Number and Equipment Number are according to a construction drawing of kitchen area.

| SOW# | Equip# | Description | Measurements | Comment |
|------|--------|--|--|-------------------------|
| 1. | 2 | Mechanical Defrost Timer for the Walk-in Freezer | Model #: 8000 Series | West back kitchen |
| 2. | 6 | A complete 5 unit system Compressor for the Walk-in Freezer | Available on-site as visual | Outside back west area. |
| 3. | 7 | Commercial Grade Stainless Steel Dunnage Rack | 42”L x 20”W | Dry Storage area |
| 4. | 9 | Commercial Grade Mobile Stainless Steel Receiving Table with cabinet shelves | 8’ft L x 30”W x 36” H | Receiving area |
| 5. | 16 | Commercial Grade Mobile Stainless Steel Vegetable Prep Table | 60”L x 30”W x 36”H | Preparation area |
| 6. | 17 | 2 - Commercial Grade Stainless Steel Garbage Disposals | model #100 and 200, volts: 208/230/480 | Preparation area |
| 7. | 20 | Commercial Grade Stainless Steel Double Door Reach in Freezer | 54”w x 29”L x 88”h with casters | Preparation area |
| 8. | 25 | Stainless Steel 3 Compartment Sink with Base (all commercial grade fixtures to be included) | 85”L x 29”W x 36”H | Dishwashing area |
| 9. | 28 | Commercial Grade Stainless Steel Type II Vapor Hood | 15’ft. 10” L x 48”W x 28”H | Dishwashing area |
| 10. | 31 | Stainless Steel Hand Sink with commercial grade fixture built in cabinet with double doors include shelving for storage – include lock | 15 ½ “L x 17 ¼ “W x 35” H | Dishwashing area |
| 11. | 33 | Commercial Grade Stainless Steel Disposer & Pre-Rinse Unit | 90”L x 30”W 54”L x 36”W | Dishwashing area |

| | | | | |
|-----|----|---|--|----------------------|
| 12. | 37 | Commercial Grade Mobile Stainless Steel Twin Convection Oven with double doors | 38" w x 32" L x 57" with legs x 31½" depth | Cooking area |
| 13. | 39 | Commercial Grade Mobile 6-Burner Range with Oven - Natural Gas. | 36" w x 36" L x 31 ½" depth, | Cooking area |
| 14. | 44 | Commercial Grade Mobile Stainless Steel Char-Broiler & Stand | 36" w x 34" L x 35½" depth | Cooking area: |
| 15. | 50 | Stainless Steel Mop Sink with Commercial Grade fixtures include stainless steel hose attachment | 24" x 24" x 9H | By Employee Restroom |
| 16. | 53 | 2-Commercial Grade Stainless Steel Sneeze Guards for salad bar. | 2 – 46 ¾ "L x 10 ½ H | Serving area |
| 17. | 13 | One 15 Quart Mixer | 15 Q Mixer | Preparation area |

The following items are "New" Equipment:

| | | | | |
|-----|------------------|---|---|--|
| 18. | 29 | Dish sanitizing washing unit | 40" L x 23 ½" W x 58" H | Across the 3 compartment sink area |
| 19. | Ceiling | Commercial fire retardant ceiling tiles—restaurant food prep | 2'x4' | From Stove Hood area |
| 20. | 27 | Commercial Grade Under Cabinet Water Heater | 24" L x 18 ½" W x 18" w/legs | Dishwashing area |
| 21. | 51, 52, 53, 55 | Commercial Grade Stainless steel 3 compartment steam table with cooler unit Steel Counter with upper and lower shelving unit | 96" L x 30" W x 26" H | Serving Line area |
| 22. | Mobile table | 4 - Commercial Grade Stainless Steel Food Transport Carts | 2 - Small: 20 5/8" W x 66 ½ H w/casters 2- Large: 20 5/8" W x 31" depth with casters | Not listed on drawing SS Work Table area |
| 23. | 56 | New installation Stainless Steel Roll up Window Gates with lock | 8'ft L x 47" H-main serving area | Serving area |
| 24. | 58 | New installation Stainless Steel Roll up Window Gates with lock | 34 ½ "L x 48" H dishwasher area | Dishwashing area |
| 25. | Mobile Salad Bar | Commercial Grade Mobile Stainless Steel Salad Bar with sneeze guard | 69" L x 23" W and 55 ¼" with sneeze guard. | Not listed on drawing. |
| 26. | 34 | Solid Steel Soiled Dish table | 83 ½" W x 90" Length 37" H from top rail. | Dishwashing area |
| 27. | 21 | Ice Machine and Bin | 68" H x 29 ½" W x 32 ½" L | Near Freezer |
| 28. | 43 | Commercial Microwave Oven | 1.5 cubic foot | Stainless Steel Work Table |
| 29. | 45 | Griddle top with Oven | 48" W x 31" L x 34" H top of griddle, 55" top of shelf | Cooking area |

Notes:

- The vendor must be a qualified Kitchen Equipment specialized service company.

- Vendor will be responsible to repair any damage caused by workmanship. Existing damage will be reported to the maintenance person on staff immediately upon discovery.
- All applicable safety codes are to be adhered to before, during and after the services are completed.
- Contractor is responsible for field verifying measurements.
- Quarterly Preventive Maintenance to include but not limited to cleaning guidelines provided to on-site kitchen staff and all kitchen fixtures are functional.
- Ten year warranty costs to be included.

End scope of work

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

| | | | |
|-----------------------|---|---|--|
| Print or type. | See Specific Instructions on page 3. | <p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p> | <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p> |
| | | <p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p> <hr/> | <p>Requester's name and address (optional)</p> <hr/> |

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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

| | | | | | | | | | | | |
|---------------------------------------|--|--|--|---|--|--|---|--|--|--|--|
| Social security number | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | - | | | - | | | | |
| or | | | | | | | | | | | |
| Employer identification number | | | | | | | | | | | |
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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 | 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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS 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-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), 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.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

**NAVAJO NATION CERTIFICATION
Regarding Debarment and
Suspension**

Applicant acknowledges that to the best of his/her knowledge that their company and principal participants on this contract:

- 1. Are not debarred, suspended, or otherwise slated for debarment, ineligible and/or excluded from participation on Federal, State, and Tribal Government contracts etc.

- 2. Are not presently nor have been under criminal indictment or civilly charged by a governmental entity (Federal, State, and Tribal Government) for fraud, forgery, falsification, theft, bribery, destruction of records, receiving stolen property and other criminal offenses in the administration of a government contract.

- 3. Have not been terminated for cause or convenience by a governmental entity in the administration of a government contract (Federal, State, and Tribal Government).

- 4. If the Navajo Nation determines that the Certificate provided herein is not true, it will be grounds to terminate the contract and pursue other legal remedies.

Applicant's Address

Name & Signature of Applicant

Type or Print Name

Signature Date