

**NAVAJO NATION**

**Navajo Treatment for Children & Their  
Families (NTCCF)**

**REQUEST FOR PROPOSAL  
HARDWARE REFRESH**

**DIVISION OF FINANCE –  
PURCHASING**

**BID 25-10-3899DB**

REQUEST FOR PROPOSAL  
BID #25-10-3899DB

PROJECT TITLE: Navajo Treatment for Children & Their Families, Hardware Fresh

**PROPOSAL DUE DATE: 11/21/25**

Primary Contact Person: Anthony M. Begay, Program Manager II  
Phone: (928) 871-7679  
Email: Anthony.Begay@ndcfs.org

Bids using FedEx, UPS, postal mail, or personal delivery must be submitted to:

Navajo Division for Children and Family Services  
48 West Highway 264, Quality Inn Office  
Complex, Suite #106  
P.O. Box 1967  
Window Rock, AZ 86515  
Attn: Anthony.Begay@ndcfs.org

**Bids may be electronically mailed to:** Anthony.Begay@ndcfs.org

PROPOSAL: All interested parties are invited to review and respond to this Request for Proposal (RFP) at their discretion. Respondents are instructed to contact Anthony M. Begay, Program Manager II, via email at [Anthony.Begay@ndcfs.org](mailto:Anthony.Begay@ndcfs.org) for all questions about the contents of this RFP. For technical questions, please contact Chris Wright, Technical Project Manager, via email at [chris.wright@nntanf.org](mailto:chris.wright@nntanf.org).

## **GUIDELINES FOR THE REQUEST FOR PROPOSAL**

### **I. DESCRIPTION OF THE ORGANIZATION**

NTCCF is dedicated to fostering the well-being and prosperity of our community by providing short-term, needs-based cash and in-kind support so that Navajo individuals and families can meet basic necessities and move toward greater self-sufficiency. Beyond issuing payments, the unit embraces a holistic, culturally grounded approach that pairs financial benefits with case-management, employment training, and respect for Diné cultural values.

### **II. SCOPE OF CONTRACT**

#### **A. Procurement of Technology Products and Support Services**

This RFP outlines the requirements for procuring various technological products and associated support services. The scope of this contract includes the supply and delivery of specified equipment and solutions from qualified vendors who maintain authorized partnerships with the relevant original equipment manufacturers (OEMs).

#### **B. Objective**

To select one or more vendors to supply and deliver hardware, technology equipment, and associated goods to support operational and security needs. Vendors will also be responsible for including OEM support for the delivered products for at least three (3) years.

#### **C. Scope of Products**

Vendors shall provide pricing, delivery timelines, and support details for the following categories:

- **Computer Hardware:** Laptops, desktops, and related components.
- **Peripherals:** Scanners, dock monitors, webcams, uninterruptible power supplies, headsets, keyboards, mice, and miscellaneous components.

#### **D. Delivery Requirements**

All products must be delivered within a reasonable and specified lead time after purchase orders are issued. Vendors shall indicate typical delivery timelines for all items quoted in their responses.

#### **E. Manufacturer Partnerships**

Respondents must demonstrate and provide evidence of current and active partnerships or authorized reseller status with the proposed hardware and technology solutions manufacturers.

#### **F. Support Services**

Vendors must include at least a three-year (3) support term for all hardware and software solutions quoted in their proposals. This includes:

- Technical support
- Warranty facilitation
- Hardware replacement (as applicable)
- Software update/patch guidance (as applicable)

No implementation, installation, integration, or configuration services are required or to be included in this RFP.

#### **G. Exclusions**

This contract scope excludes any labor or services related to hardware or software systems' physical setup, implementation, installation, or configuration.

### **III. RESPONDENT REQUIREMENTS**

All respondents must have the capabilities listed herein and must provide sufficient detailed information about the respondent's experience and expertise in meeting the following requirements:

- A. NDCFS prefers GSA-qualified vendors who can offer GSA schedule pricing. (GSA pricing not required if pricing beats GSA schedule pricing, or the products are not on the GSA schedule).
- B. The respondent must be an authorized reseller of all products listed in the SOW and be able to provide hardware and services from sources other than the grey or secondhand markets. All hardware must be considered NEW and not USED.
- C. The respondent must be able to provide the equipment listed in the SOW or source an appropriate replacement that meets or exceeds the specifications of the original product requested, with a justification for the adjustment.
- D. Where specific hardware manufacturers or models are specified, the respondent must provide the make/model to meet standardization requirements.
- E. Respondents are expected to collaborate with our team to integrate Autopilot configuration and deployment details into the system purchase and implementation process.

#### **IV. SCOPE OF WORK**

NTCCF is seeking the following hardware, software, and services:

1. **Quantity 18 - Dell – Dell Pro 14 Premium Laptop - PA14250 with the following specifications:**  
14-inch, Touch Gorilla Glass, QHD+ Tandem OLED, 400 nit, Low power, HDR, ComfortView+ 8 MP IP Cam, Intel Ultra 7 268V, vPro, 5.0 GHz, Win 11 Pro, 32 GB DDR5, 1 TB SSD, Intel BE201 Wi-Fi 7 2x2, Bluetooth 5.4, Wireless Card, 5G Qualcomm Snapdragon X72 Global 5G Model, eSIM+ Verizon, 60 Wh, ExpressCharge, 65W AC Adapter, 3\$ Power Cord 1M, ENERGT STAR Qualified, EPEAT 2018 Registered
  - Warranty – 5 Years
2. **Quantity 18 - Dell – Dell Premier Wireless ANC Headset - WL7024:**
  - Warranty – 3 Years
3. **Quantity 16 - Dell – Dell UltraSharp 27 Monitor – U2724DE:**
  - Warranty – 3 Years
4. **Quantity 3 - Dell – Dell UltraSharp 34 Curved Thunderbolt Hub Monitor – U3425WE:**
  - Warranty – 3 Years
5. **Quantity 18 - Dell – Dell Pro Premium Collaboration Keyboard – KB900:**
  - Warranty – 3 Years
6. **Quantity 18 - Dell – Dell Premier Rechargeable Wireless Mouse – MS7421W:**
  - Warranty – 3 Years
7. **Quantity 24 - APC - BR1500MS2**
8. **Quantity 18 – Canon - imageFORMULA DR-S350NW scanners:**
  - Warranty – 3 Years
9. **Quantity 18 - Dell – Dell EcoLoop Urban Sleeve 15-16 – CV4625**
10. **Quantity 18 – Samsonite Tectonic 2 Large Backpack, Black/Orange, 18 x 13.3 x 8.6**
11. **Quantity 8 – HP – HP Color LaserJet Pro MFP 4301fdw Wireless Printer - #4RA82F#BGJ**
  - Warranty – 3 Years
12. **Quantity 8 – HP – HP 210A Black Original LaserJet Toner Cartridge, W2100A**
13. **Quantity 8 – HP – HP 210A Yellow Original LaserJet Toner Cartridge, W2102A**
14. **Quantity 8 – HP – HP 210A Cyan Original LaserJet Toner Cartridge, W2101A**
15. **Quantity 8 – HP – HP 210A Magenta Original LaserJet Toner Cartridge, W2103A**
16. **Quantity 8 – HP – HP Color LaserJet MFP 4301fdw Fuser Kit – 120V**
17. **Quantity 3 – SideTrak – SideTrak Solo Pro 15.8” Freestanding Portable Monitor**
18. **Quantity 1 – OWL – Meeting Owl 4+**
  - Warranty – 3 Years
19. **Quantity 1 – OWL – Soft-Sided Meeting Owl Carrying Case**

**20. Quantity 1 – Dell – Dell Pro 7-in-1 USB-C Travel Hub – DA310**

## V. REQUIREMENTS

The respondent will furnish a comprehensive proposal that meets the requirements in the Scope of Work, Scope of Contract, and Respondent Requirements sections of this RFP.

## VI. EVALUATION PROCEDURES

### A. Evaluation Criteria

Proposals will be evaluated by NTCCF using the following criteria (maximum points listed):

- i. Proposal Content and Organization ..... 15 points
- ii. Methodology and timelines to complete the Scope of Work ..... 50 points
- iii. Qualifications, Credentials, and Work experience in  
working with Tribal Programs ..... 15 points
- iv. Cost breakdown (in a separate sealed envelope) ..... 20 points
- Possible Total Points ..... 100 points**

### B. Selection Criteria

NTCCF will use the criteria outlined in VII (A) to evaluate and compare proposals submitted. The order in which they appear is not intended to indicate their relative importance.

NTCCF shall not be obligated to accept the lowest-priced proposal, but shall make an award to the most responsible and responsive proposer whose proposal is most advantageous to and best serves the needs of NTCCF and the Navajo Nation, taking into consideration the price and the evaluation factors set forth.

### C. Applicable Federal Requirements

In the acceptance of Federal Funds, the NTCCF is required to comply with all Federal 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 (e), (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., Subsection 201-215 and the Navajo Nation's Procurement Rules and Regulations.

## **VII. TYPE OF CONTRACT**

When the contract is awarded to the successful respondent, the Navajo Nation will utilize the standard Service Contract to procure goods and services for this project.

## **VIII. PERIOD OF PERFORMANCE**

The performance period will be determined and negotiated based on the timelines proposed by the respondent for completing the project.

## **IX. PAYMENT AND SUBMISSION OF INVOICES**

- A. Payment for work performed under this contract will not exceed the contract amount.
- B. A request to modify, amend, or increase the contract amount must be submitted in advance in writing, agreed upon, and signed by both parties.
- C. Payments will be made to the contractor upon receipt of an original invoice(s) with original signature(s) and date(s) and detailed supporting documentation of the amount to be paid.
- D. All correspondences and/or invoices for this project must refer to the contract number assigned.

## **X. RIGHTS**

- A. The NTCCF reserves the right to reject any proposals, in whole or in part.
- B. NTCCF reserves the right to request clarification of information submitted and additional information from any proposer.
- C. NTCCF reserves the right to award all or a portion of the required services to more than one proposer at NTCCF's sole discretion.
- D. This RFP is not an agreement/contract or an obligation of funds, and the NTCCF is not obligated or responsible for the cost of preparing the proposal.
- E. The respondent must provide a current Certificate of Liability Insurance.
- F. Proposals must be received on or before 4:00 PM on **11/21/25**. Proposals received after 4:00 PM or later will not be accepted.
- G. Faxed proposals will not be accepted.

## **XI. AGREEMENT TERMS AND CONDITIONS**

The services requested will be provided under the Terms and Conditions outlined in the Navajo Nation's Standard Agreement. A copy of the Standard Agreement can be made available upon request. The Agreement contains the Standard Provisions and Special Provisions applicable to the services anticipated in this RFP. If the organization cannot agree to the terms and conditions outlined in the Agreement, the respondent must indicate the specific section(s) of the Agreement that are unacceptable and submit alternative language explaining their change to that section. The Navajo Nation will consider the alternate language proposed by the respondent, and the Navajo Nation will not be bound by the alternate language change received from the respondent. If the organization stipulates that the Navajo Nation be bound to the language change in the Agreement, the Agreement may not be considered or rejected.

The NTCCF will reasonably try to execute an agreement by selecting the proposal that best meets its needs and requirements. The Agreement shall be signed by the contractor and returned to the NTCCF within five (5) working days of receipt. The Agreement will not become effective until it is signed by a person holding the required authority for both parties.

Failure to execute the Agreement within the period identified above will be sufficient cause for voiding the award of the Agreement. If the successful bidder refuses or fails to accept the Agreement, the NTCCF may award the contract to the following qualifying organization that responded to the bid.

**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://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.<br>See Specific Instructions on page 3. | <b>1</b> 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.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                    |
|                                                        | <b>2</b> Business name/disregarded entity name, if different from above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                    |
|                                                        | <b>3a</b> 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.<br><br><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<br><br><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .<br><b>Note:</b> 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.<br><br><input type="checkbox"/> Other (see instructions) | <b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br><br>Exempt payee code (if any) _____<br><br>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____<br><br>(Applies to accounts maintained outside the United States.) |
|                                                        | <b>3b</b> 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"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                    |
|                                                        | <b>5</b> Address (number, street, and apt. or suite no.). See instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Requester's name and address (optional)                                                                                                                                                                                                                                                                            |
| <b>6</b> City, state, and ZIP code                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                    |
| <b>7</b> 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.

|                                       |      |
|---------------------------------------|------|
| <b>Social security number</b>         |      |
|                                       | -  - |
| <b>or</b>                             |      |
| <b>Employer identification number</b> |      |
|                                       | -    |

**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.

|                  |                          |      |
|------------------|--------------------------|------|
| <b>Sign Here</b> | 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](http://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