REQUEST FOR PROPOSAL (RFP)
RFP Number: 26-08-4265SB
DOMESTIC VIOLENCE SHELTER AND SUPPORTIVE SERVICES

Date: August 27, 2026

Project Title: Navajo Department for Child Well-Being
Domestic Violence Shelter and Supportive Services

Project Schedule:

Advertisement of RFP	August 27, 2026
Proposal Due Date	September 16, 2026; 4:00 pm (MDT)
Services Contract Start Date	October 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 can be made via email to Ms. Crescentia Tso, Department Manager Crescentia.Tso@ndcfs.org and Ms. Rhonda Jishie, Contract Analyst, Navajo Department for Child Well-Being; at Rhonda.Jishie@ndcfs.org

All parties responding to this RFP are instructed to submit one (1) original and three (3) copies of the proposal to either of the following addresses:

Mailing Address:
Navajo Nation Office of the Controller
Purchasing Department
P.O. Box 9000
Window Rock, AZ 86515
ATTN: Sharon Belone, Buyer

or

Physical Address:
Navajo Nation Office of the Controller
Purchasing Department
2559 Window Rock Blvd.
Administration Bldg. #1
Window Rock, AZ 86515
ATTN: Sharon Belone, Buyer

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:

RFP Number 26-08-4265SB
Navajo Department for Child Well-Being
Domestic Violence Shelter and Supportive Services

DO NOT OPEN-RFP PROPOSAL

GENERAL INFORMATION AND GUIDELINES FOR THIS RFP

I. DESCRIPTION OF THE ORGANIZATION

The Navajo Department for Child Well-Being within the Navajo Division for Children and Family Services operates the Family Harmony Program, which is a federally funded program to: 1) prevent incidents of family violence, domestic violence, and dating violence; 2) provide immediate shelter, supportive services, and access to community-based programs for victims of family violence, domestic violence, or dating violence, and their dependents; and 3) provide specialized services for children exposed to family violence, domestic violence, or dating violence, underserved populations, and victims who are members of underserved populations.

II. TERM OF THE CONTRACT

The Navajo Nation intends to enter into a multi-year Contract with qualified and independent entities to provide services described in the Scope of Services. The Contract will begin on October 1, 2026 and will end on September 30, 2029, unless terminated earlier as provided in the Contract.

Fiscal Year	Term
2027	October 1, 2026 to September 30, 2027
2028	October 1, 2027 to September 30, 2028
2029	October 1, 2028 to September 30, 2029

The selected Respondents will be awarded based on the proposal, consumer needs, and the availability of funds. The funding will be paid on a fee-for-service basis at a unit cost rate of one-hundred dollars ($100.00) per eligible bed night per person. The eligible bed night is the sole reimbursable unit under this Contract.

The bed-night rate includes the shelter, operating, administrative, staffing, and supportive-service costs necessary to serve the individual. Supportive services are required components of the shelter program but are not separately billable or reimbursable.

Eligible Bed Night: One overnight stay by one eligible victim or dependent in a permanent bed located within the Respondent's established and staffed domestic violence shelter home or facility. The individual must be formally admitted to the shelter, physically occupy the shelter bed overnight, and be included in the shelter's daily census.

Overnight stays in hotels, motels, short-term rentals, voucher-funded lodging, and any other off-site lodging do not qualify as eligible bed nights or deemed as an established and staffed domestic violence shelter home or facility. The aforementioned stays shall not be invoiced or reimbursed under this Contract.

III. ELIGIBILITY REQUIREMENTS

Category 1: Certified non-profit organizations in accordance with Section 501 (c)(3) of the Internal Revenue Service Code, physically located within the jurisdictional boundaries of the Navajo Nation, or in an area considered near the Navajo Nation (pursuant to the Bureau of Indian Affairs service area definition at 25 CFR Part 20.100, see Attachment D); or

Category 2: Certified non-profit organizations in accordance with Section 501 (c)(3) of the Internal Revenue Service Code, physically located outside of the jurisdictional boundaries of the Navajo Nation, and not considered "near".

In addition to meeting the requirements of Category 1 or Category 2, each Respondent must operate an established domestic violence shelter home or facility with a minimum capacity of ten (10) permanent, dedicated shelter beds at the time the proposal is submitted and throughout the Contract term.

Hotel rooms, motel rooms, short-term rentals, voucher-funded lodging, and other off-site accommodations shall not be counted towards the ten-bed minimum.

Failure to meet the minimum shelter capacity requirement will deem the proposal as non-responsive and ineligible for an award.

IV. SCOPE OF SERVICES

The Respondent shall work in collaboration with the Navajo Nation to provide domestic violence shelter and supportive services that are responsive to the safety, language, cultural, and individual needs of the persons served and are provided in accordance with all applicable federal and Navajo Nation nondiscrimination requirements. Payment under this Contract shall be limited to eligible bed nights, as defined in Section II, for eligible individuals physically sheltered within the Respondent's established and staffed domestic violence shelter home or facility.

Although payment is calculated solely according to eligible bed nights in an established and staffed domestic violence shelter home or facility, the Respondent is responsible for providing or coordinating access to supportive services based on the needs of sheltered individuals and their dependents. Supportive services are included as part of the shelter program and are not separately billable or reimbursable.

A. Shelter

The Respondent shall provide immediate, overnight, day, or temporary shelter and related supportive services to adult and youth victims of family violence, domestic violence, or dating violence, and their dependents who live on, live near, or are visiting the Navajo Nation.

All overnight shelter services billed under this Contract must be provided within the Respondent's established and staffed domestic violence shelter home or facility.

The Respondent shall maintain a minimum of ten (10) permanent, dedicated shelter beds within the shelter home or facility throughout the Contract term. Hotels, motels, short-term rentals, vouchers, and other off-site lodging do not satisfy this shelter requirement, do not count toward the ten-bed minimum, and are not reimbursable as eligible bed nights under this Contract.

B. Supportive Services

The Respondent shall provide or coordinate access to supportive services based on the individual needs of sheltered victims and their dependents. These services are required

components of the shelter program and are included in the eligible bed-night rate. Supportive services are not separately billable or reimbursable under this Contract.

1. Provide individual and group counseling, peer support groups, and referral to community-based services to assist victims of family violence, domestic violence, or dating violence, and their dependents, in recovering from the effects of the violence.
2. Assist with developing safety plans, and supporting efforts of victims of family violence, domestic violence, or dating violence, and their dependents living to make decisions related to their ongoing safety and well-being.
3. Provide services, training, technical assistance, and outreach to increase awareness of family violence, domestic violence, and dating violence, and increase the accessibility of family violence, domestic violence, and dating violence.
4. Provide culturally and linguistically appropriate services,
5. Provide services for children exposed to victims of family violence, domestic violence, or dating violence, including age-appropriate counseling, supportive services, and services for the non-abusing parent and support that parent's role as a caregiver, which may, as appropriate, include services that work with the non-abusing parent and child together.
6. Provide advocacy, case management services and information, and referral services concerning issues related to family violence, domestic violence, or dating violence intervention and prevention, including:
    a) assist with accessing related federal and state financial assistance programs;
    b) legal advocacy to assist victims and their dependents;
    c) care services (including mental health, alcohol, and drug abuse treatment), but which shall not include reimbursement for any health care services;
    d) assist with locating and securing safe and affordable permanent housing and homelessness prevention services;
    e) transportation, childcare, respite care, job training and employment services, financial literacy services and education, financial planning, and related economic empowerment services; and
    f) parenting and other educational services for victims and their dependents.

C. Outreach and Prevention Services

The Respondent shall provide or coordinate outreach and prevention services, including access to a 24-hour crisis hotline, as part of its overall shelter program. Outreach and prevention services are not separately billable and do not constitute eligible bed nights.

This RFP is limited to the shelter and supportive services described above. Each Respondent must provide shelter through an established and staffed domestic violence shelter home or facility with a minimum of ten (10) permanent, dedicated shelter beds.

The Respondent must also provide or coordinate access to supportive services based on the needs of sheltered individuals and their dependents. Respondents may describe additional supportive, outreach, or prevention services available through their programs. Payment under this Contract remains limited to verified eligible bed nights.

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.

The Respondent must:

1. Operate and staff an established domestic violence shelter home or facility where shelter and supportive services are provided on site;
2. Maintain no fewer than ten (10) permanent, dedicated shelter beds throughout the Contract term;
3. Provide or coordinate access to supportive services based on the needs of sheltered individuals and their dependents;
4. Bill only for eligible individuals who physically stayed overnight in a shelter bed located within the Respondent's established shelter home or facility;
5. Maintain daily shelter census, intake, admission, and discharge records sufficient to verify each invoiced bed night, subject to all applicable victim-confidentiality requirements; and
6. Exclude hotel, motel, short-term rental voucher-funded, and other off-site lodging stays from all bed-night invoices submitted to the Navajo Nation.

Compliance with the shelter-location and minimum capacity requirements is mandatory. Failure to maintain these requirements may result in denial of payment, corrective action, suspension or termination of Contract.

VI. RFP CONTENT AND REQUIRED INFORMATION

RFP Format: Each proposal shall be typed and submitted on 8 ½" x 11" white paper and inserted in a binder. Font size shall be 12-point type and in Times New Roman font and double line space for narrative sections C, D, E, F, and H. All pages shall be numbered and printed one-sided. Margins shall be no less than 1" around the perimeter of each page and each section separated by tabs. A proposal may not exceed thirty (30) pages in length, including coversheet and budget narratives. Do not include additional information beyond what is requested by this RFP, such as brochures or flyers.

The Respondent must identify the physical address of its established and staffed domestic violence shelter home or facility and document that the home or facility has at least ten (10) permanent, dedicated shelter beds. The proposal must include a written assurance that hotels, motels, short-term rentals, vouchers, and other off-site lodging will not be used to meet the ten-bed minimum or billed as eligible bed nights.

The Respondent must also explain how it will provide or coordinate access to the supportive services identified in Section IV.B. The proposal must distinguish between services provided directly by the Respondent and services made available through referral or coordination with another provider.

<u>Each proposal must be completed and assembled in the following order:</u>

A. **Letter of Interest (Cover Page)** – This section must identify the RFP name and include the organization's authorized officials' name, address, telephone contact information, and

email address. The official must be authorized to enter into a legal agreement with the Navajo Nation. Also, include the organization's DUNS number and Employer Identification Number.

B. **Table of Contents** - This section must reference the order of the proposal sections and provide page numbers.

C. **Executive Summary –** Brief summary of the proposal limited to one page.

D. **Program Service Area** – Provide a description of the geographic service area and population to be served. Include specific Navajo communities and chapters. An illustrative map may be included and attached (this will count toward the 30-page limit).

E. **Scope of Work** – Provide a description of the activities and services to be provided accordance with Section IV of this RFP. Clearly describe how the organization will provide shelter and supportive services to victims of family violence, domestic violence and dating violence, and their dependents on and near the Navajo Nation.

The Respondent must identify the physical address of its established and staffed domestic violence shelter home or facility and state the total number of permanent, dedicated shelter beds available. The Respondent must demonstrate that the established and staffed domestic violence shelter home or facility has a minimum of ten (10) permanent, dedicated shelter beds. The supporting documentation required to verify the shelter home or facility's bed capacity must be submitted under Section M of this RFP.

The Respondent must also explain how it will provide or coordinate access to the supportive services identified in Section IV.B. The proposal must distinguish between services provided directly by the Respondent and services made available through referral or coordination with another service provider.

The Respondent must confirm that hotels, motels, short-term rentals, vouchers, and other off-site lodging will not be used to satisfy the ten-bed minimum and will not be invoiced as eligible bed nights.

F. **Coordination and Collaboration** – This section shall include how the Respondent will coordinate and collaborate with other domestic, family, and dating violence prevention programs. Specify program names, location, and a description of the activities. List all similar or related service providers located within a 100-mile radius of the Respondent.

G. **Current Organizational Chart** – Provide a current organizational chart depicting each position and include names of employees who are assigned to each position of the organization. The organizational chart must be signed and dated by an approving authorized official, such as Governing Board President or Secretary.

H. **Experience** – Describe the Respondent's experience relevant to the Scope of Services requested by this RFP. Include all key personnel positions and their job duties and responsibilities in providing each service identified. Identify the amount of time to be

devoted to the services listed. Include the professional qualifications of each staff to be assigned to accomplish the scope of work. Must have the necessary resources and equipment to support the scope of work, staff development plans, and personnel policies and procedures.

I. **Budget and Budget Narrative Description (Costs to be submitted in separate sealed envelope)**

This section should include a detailed budget and budget narrative for each clearly identifying how the funds will be used for the term period to begin on October 1, 2026 and to end on September 30, 2029, and **the estimated costs for subsequent years from October 1, 2027 to September 30, 2028, and from October 1, 2028 to September 30, 2029.**

A required budget form is attached as ATTACHMENT A & B and instructions are attached as ATTACHMENT C. *The budget narrative will be used to only justify the bed night rates and not to claim expenses by each category.* The Budget Narrative should describe how FVPSA funds will be used to support planned activities and services as described in the Scope of Services that may include, for example:

1. Staff positions and titles along with the duties and responsibilities for each including an estimated percentage of effort funded by FVPSA.
2. Training and technical assistance activities that may include travel to conferences, meetings, and other associated costs.
3. Development of public awareness and prevention materials.
4. Established and staffed domestic violence whelter home or facility rent, utilities, maintenance, etc.
5. Client support costs such as transportation, food, clothing, etc.
6. Outreach program costs.
7. Consulting or contractual agreements for services.
8. Reasonable costs for non-capital equipment and related technology necessary to carry out the Scope of Work.

J. **Statement to assure funds shall not be used for the following:**

a. Cost of organized fund raising, including financial campaigns, endowment drives, solicitation of gifts and bequests, and similar expenses incurred solely to raise capital or obtain contributions;
b. Expenditures for construction, construction related activities, and facility renovation;
c. Purchase of real property;
d. Vehicles;
e. Capital Equipment or other major purchases;
f. Direct payment to any victim(s) or their dependents;
g. 100% Personnel costs; and
h. Excessive Executive Administrative Costs.

K. **Insurance and Property Management Administration:**

1. Identify and submit copies of workman's compensation and all general liability insurance coverage, fidelity bonds, property damage insurance (include vehicles) as recommended and verified by the Navajo Nation Risk Management Program:

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.

2. Statement to Assure current applicable licenses and certificates for Environmental Requirements are posted and/or on file, including but not limited to:

1. Fire and safety inspection;
2. Sanitation permits/certification;
3. Food handlers permits/certificates; and
4. Material Safety Data Sheets (MSDS) requirement.

L. **Sustainability Plan** – This section should include how the Respondent will continue services should future funding not be available under this RFP. Provide a narrative describing the Respondent's plan on continuing their scope of work, if funds become unavailable by the Nation, in the future. Providing an explanation on the dependency of funding from the Nation is not an acceptable response.

M. **Required documents to be submitted with a proposal in response to this RFP.**

a. A signed Navajo Nation Debarment and Suspension form (Attachment E);
b. A signed W-9 Form (Attachment F);
c. A Board Authorization Letter authorizing the organization to apply for this RFP;
d. Current Proof of Non-Profit status, dated no more than two (2) years before the proposal due date. The IRS Tax Exempt Organization Search website is recommended for verification https://www.irs.gov/charities-non-profits/exempt-organizations-select-check;
e. A copy of Health & Safety Occupancy and Operations permit from the State, County or Navajo Nation Department of Health;
f. Proof of current liability insurance as recommended and verified by the Navajo Nation Risk Management Program;
g. A copy of the organization's Financial Audit Report for calendar or fiscal year 2025;

h. A current and active registration of the Federal System for Award Management (SAM) for the organization. Must be less than one (1) month old.
i. A current list of the Board of Directors identifying each member's position, number of years served and area of expertise;
j. Proof of Corporate Registration with the Navajo Nation, including a current Certificate of Good Standing and Certificate of Authority issued by the Navajo Business Regulatory Department.
k. A basic floor plan or room-and-bed layout of the established and staffed domestic violence shelter home or facility identifying each sleeping area, the number of permanent shelter beds in each sleeping area, and the facility's total permanent shelter-bed capacity;
l. Current photographs of each sleeping area showing the permanent shelter beds included in the facility's stated bed capacity; and
m. A certification signed by the Respondent's authorized official confirming that:
    1. The established and staffed domestic violence shelter home or facility contains at least ten (10) permanent, dedicated shelter beds;
    2. The identified beds are located within the Respondent's established and staffed domestic violence shelter home or facility;
    3. The established and staffed domestic violence shelter home or facility will maintain the required minimum capacity throughout the Contract term; and
    4. Hotels, motels, short-term rentals, vouchers, and other off-site lodging are not included in the facility's stated bed capacity and will not be invoiced as eligible bed nights.

For confidentiality and security purposes, floor plans and photographs must not include individuals, personal information, or sensitive security details and will be used only to verify shelter-bed capacity.

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. SUBMISSION OF PROPOSALS

All proposals must be received no later than 4:00 p.m. MDT on September 16, 2026. The date and time received will be recorded on each proposal. Proposals received after the deadline will not be considered for review and will be returned.

One (1) complete original proposal and three (3) copies must be submitted in a sealed packet (taped, bind packaged, no rubber bands), labeled "Domestic Violence Shelter and Supportive Services" with a **written returned address identifying the Respondent's name, Respondent's certification number and Priority Ranking under the Navajo Nation Business Opportunity Act (if applicable) and "BID NO. 26-08-4265SB"**

BY MAIL:

Mailing Address:
Navajo Nation Office of the Controller
Purchasing Department
P.O. Box 9000
Window Rock, AZ 86515
ATTN: Sharon Belone, Buyer

or

Physical Address:
Navajo Nation Office of the Controller
Purchasing Department
2559 Window Rock Blvd.
Administration Bldg. #1
Window Rock, AZ 86515
ATTN: Sharon Belone, Buyer

Respondents who choose mail delivery should consider sending their proposals with a delivery confirmation option and must be received at the Navajo Nation Office of the Controller, Purchasing Department on or before 4:00 p.m. MDT on September 16, 2026.

Faxed or e-mailed proposal packets are unacceptable and will not be considered for review. The content of any proposal will not be disclosed pursuant to the Privacy Act, 2 N.N.C §85(A)(11). No substitute documents for the forms provided in this application shall be accepted prior to and after proposal deadline date and will be considered incomplete and not considered for review. Photocopying will not be completed on behalf of Respondent, at any time.

All proposals meeting the requirement become the property of the Nation upon receipt and will not be returned. Any information deemed confidential by the Respondent should be clearly noted on the page(s) where confidential information is contained; however, the Nation cannot guarantee that it will not be compelled to disclose all or part of any record under the Navajo Nation Privacy Act, since information deemed confidential by the Respondent may not be considered confidential under Navajo Nation law.

VIII. DISQUALIFICATION OF PROPOSALS

Prior to a proposal moving onto the evaluation stage, all proposals will be screened for compliance with the instructions of this RFP. Any proposal failing to follow instructions in this RFP will be disqualified and removed from consideration, this includes, but not limited to submitting more than one proposal, not following the proposal requirements and/or failing to submit required documents.

IX. EVALUATION PROCESS (pre-qualifying process)

A. Evaluation Criteria

1. Qualifications, credentials, and minimum five (5) years' work experience. This includes the capabilities to provide all requested services. (20 points)
2. Scope of Work. (45 points)
3. Requirements: Letter of Interest, Table of Contents, Executive Summary, Program Service Area, Coordination and Collaborations (5 points)
4. Budget (separate sealed envelope). (30 points)

Evaluation of Proposals:

The evaluation of proposals will be performed by an evaluation team. Proposals not scoring 70 points or above will not be considered for an award. Funding received through the Navajo Nation are to be used strictly for activities listed in the RFP and Respondents' proposal.

C. Applicable Federal Requirements

1. In the acceptance of federal funds, the Navajo Department for Child Well-Being 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 €, (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.* and the Navajo Nation's Procurement Act, 12 N.N.C. § 301 *et. seq.*

D. The Navajo Department for Child Well-Being 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 for Child Well-Being office located in Window Rock, AZ (if necessary).

It is the Navajo Department for Child Well-Being's intention to award organizations or entities to provide all services as specified in the scope of services.

X. PAYMENT AND SUBMISSION OF INVOICES

The Navajo Nation Services Contract will describe this section.

XI. AGREEMENT TERMS AND CONDITIONS

The Navajo Nation is not bound to enter into a contract under this RFP and may issue a subsequent RFP for the same services.

The Navajo Nation is a sovereign government and all contracts entered into as a result of this 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 this RFP.

The Navajo Nation Services Contract will provide all other legal and contractual obligations, terms, and requirements of this project.

XIV. SCHEDULE OF EVENTS

Following is a schedule of events regarding this RFP:

A. Advertise RFP	August 27, 2026
B. Proposals Due	September 16, 2026; 4:00 pm (MDT)
C. Contract Start	October 1, 2026

BUDGET NARRATIVE **ATTACHMENT A**

REQUIRED FORM

Applicant's Name:_____

PERSONNEL – *For staff positions supported in whole or in part of the Project. List each position by title and name of employee, if available. Show the annual salary and amount of time to be devoted to the project. Compensation paid for employees engaged in project activities must be consistent with that paid for similar work within the applicant's organization, including overtime pay.*		
NAME/POSITION/ANNUALSALARY	**COMPUTATION**	**COST**
John Doe, Project Director , $49,920.00	24.00/hour X 1040 hours	12,480
Justification Narrative: *Provide a description of what each position budgeted will contribute to the project. Provide any other justification on how cost was derived.*		
TOTAL PERSONNEL		
FRINGE BENEFITS – *Fringe Benefits should be based on actual known costs or an established formula. FB are only for personnel listed above on the percentage of time devoted to the project.*		
ITEM	**COMPUTATION**	**COST**
FICA @ X.XX%		
Unemployment & Workers Compensation @ X%		
TOTAL FRINGE @ XX%		

TRAVEL – *Itemized travel expenses of project personnel by purpose (i.e. staff to training, transportation costs, cost for paying gas, vehicle repairs for Program owned vehicles, is to be reported in this section)*				
PURPOSE OF TRAVEL	**LOCATION**	**ITEM**	**COMPUTATION**	**COST**
Attend Mandatory Contractor's Orientation	TBD	Hotel/lodging Meal	83/night X 3 Nights 46/day X 3 Days	$387.00
Justification Narrative: *Provide a justification for each travel cost by explaining how it is relevant to the project.*				
TOTAL TRAVEL				

EQUIPMENT – *List all equipment to be purchased. Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technical advances. Rented or leased equipment cost should be listed in the "Contractual" category.*		
ITEM	**COMPUTATION**	**COST**
Justification Narrative: *Provide an explanation of how the equipment is necessary for the success of the project. Attach a narrative or organizational policy on the procurement method to be used.*		
TOTAL EQUIPMENT		

SUPPLIES – *List items by type (office supplies, postage, copying paper, etc. Generally supplies include materials that are expendable or consumed during the course of the project*		
SUPPLY ITEM	**COMPUTATION**	**COST**
Justification Narrative: *Provide an explanation of how the supplies are necessary for the success of the project.*		
TOTAL SUPPLIES		

UTILITIES AND COMMUNICATIONS – *List all names of companies / supplier for utilities and communication services to be purchased. Generally utilities include services for electricity, telephone, internet, cell phones, wifi, that are expendable or consumed during the course of the project.*			
NAME OF CONSULTANT	**SERVICES TO BE PROVIDED**	**COMPUTATION**	**COST**
Justification Narrative: *Provide an explanation of how the utilities and communications are necessary for the success of the project.*			
TOTAL UTILITIES AND COMMUNIVATIONS			

CONTRACTUAL – *List all contracts or services to be procured. For each consultant enter the name, services to be provided, fee/rate and estimated time to be spent on the project. Consultation fees beyond $450 per day may require additional justification and prior approval by the Nation.*			
NAME OF CONSULTANT	**SERVICES TO BE PROVIDED**	**COMPUTATION**	**COST**
TOTAL CONTRACTUAL			

RENTAL AND LEASES – *List all lease and rent for office space, shelter facility, including temporary rentals of storage facilities, equipment such as copier machines, computers, etc. For all rental and lease you would need to provide cost per square footage and number months of rent.*			
NAME OF CONSULTANT	**SERVICES TO BE PROVIDED**	**COMPUTATION**	**COST**
Justification Narrative: *Provide an explanation of how the supplies are necessary for the success of the project.*			
TOTAL CONTRACTUAL			
PARTICIPANTS COSTS – this section is for all costs for project participants, i.e. bus passes, safe hotel/ motel stays, participant's meal vouchers or payment of meals, personal hygiene items, etc. **No funds / cash are to be given directly to participants including checks to be cashed.** List all items by make or type and basis for computation.			
NAME OF CONSULTANT	**SERVICES TO BE PROVIDED**	**COMPUTATION**	**COST**
Justification Narrative: *Provide an explanation of how the supplies are necessary for the success of the project.*			
TOTAL CONTRACTUAL			
OTHER COSTS– *list items (e.g. rent, printing, telephone, security services, etc.) by major type and basis for computation (i.e. rent you would need to provide cost per square footage and months of rent)*			
ITEM DESCRIPTION		**COMPUTATION**	**COST**
Justification Narrative: *Provide an explanation of why cost is necessary for the success of the project.*			
TOTAL OTHER			
GRANT TOTAL			

Budget Summary

ATTACHMENT B
REQUIRED FORM

Indicate the total amount of funds requested.

BUDGET CATEGORY	**AMOUNT**
PERSONNEL	$
FRINGE BENEFITS	$
TRAVEL	$
EQUIPMENT	$
SUPPLIES	$
UTILITIES AND COMMUNICATION	$
CONTRACTUAL	$
RENTALS AND LEASES	$
PARTICIPANTS COSTS	$
OTHERS	$
TOTAL AMOUNT OF REQUEST	**$**

Narrative Instructions

ATTACHMENT C

PERSONNEL – *For staff positions supported in whole or in part of the Project. List each position by title and name of employee, if available. Show the annual salary and amount of time to be devoted to the project. Compensation paid for employees engaged in project activities must be consistent with that paid for similar work within the applicant's organization, including overtime pay.*

FRINGE BENEFITS – *Fringe Benefits should be based on actual known costs or an established formula. FB are only for personnel listed above on the percentage of time devoted to the project.*

TRAVEL – *Itemized travel expenses of project* **personnel** *by purpose (i.e. staff transportation costs of participants, attending multi-disciplinary team meetings regarding clients, etc. Travel expenses regarding prevention/outreach activities is not an allowable expense. Vehicle repairs for Program owned vehicles and cost for paying gas/fuel, is to be reported in "Other Cost" section)*

EQUIPMENT – *List all equipment to be purchased. Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technical advances. Rented or leased equipment cost should be listed in the "Rental & Lease" category.*

SUPPLIES – *List items by type (general office supplies, postage, copying paper, pens, staples, janitorial supplies, etc. Generally supplies include materials that are expendable or consumed during the course of the project*

UTILITIES AND COMMUNICATIONS – *List all names of companies/supplier for utilities and communication services to be purchased. Generally utilities include services for electricity, telephone, internet, cell phones, wifi, that are expendable or consumed during the course of the project*

CONTRACTUAL – *List all contracts or services to be procured. For each consultant enter the name, services to be provided, fee/rate and estimated time to be spent on the project. Consultation fees beyond $450 per day may require additional justification and prior approval by the Nation.*

RENTAL AND LEASES – *List all lease and rent for office space, shelter facility, including temporary rentals of storage facilities, equipment such as copier machines, computers, etc. For all rental and lease you would need to provide cost per square footage and number months of rent)*

PARTICIPANTS COSTS– *this section is for all costs for project participants, i.e. bus passes, safe hotel/motel stays, participant's meal vouchers or payment of meals, personal hygiene items, etc.* **No funds/cash are to be given directly to participants including checks to be cashed**. *List all items by major type and basis for computation.*

OTHER COSTS– *list items (e.g. shelter food, printing, professional membership fees, building repairs and maintenance, security services, program vehicle repairs and maintenance, fuel/gas for program vehicles, etc.) by major type and basis for computation.*

Designated Communities "Near Navajo Nation"

ATTACHMENT D

ARIZONA

1. Winslow
2. Holbrook
3. Flagstaff
4. Wupatki
5. Marble Canyon
6. Page
7. Joseph city
8. Grand Canyon
9. Gray Mountain
10. Sanders
11. Chambers
12. Navajo
13. Sun Valley

NEW MEXICO

1. Farmington
2. Gallup
3. Milan
4. Grants
5. Bloomfield
6. Aztec
7. Kirtland
8. Magdalena
9. Cuba
10. Waterflow
11. Gamerco
12. Fort Wingate
13. Mentmore
14. Thoreau
15. Prewitt

UTAH

1. Blanding
2. Bluff City

NAVAJO NATION CERTIFICATION

Regarding Debarment, Suspension, and Contracting Eligibility

Consultant/Project Name	Work Location

1. Applicant acknowledges, in accordance with the Navajo Nation Procurement Act, 12 N.N.C. §§ 301-80, to the best of its knowledge, Applicant, in either its present form or in any other identifiable capacity, that it has not:
   a. been convicted in any jurisdiction for the commission of a criminal offense incident to obtaining, or attempting to obtain, a public or private contract or subcontract, or in the performance of such Contract or subcontract;
   b. been convicted in any jurisdiction for embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, or any other offense indicating a lack of business integrity or business honesty which currently, seriously, and directly affects responsibility as a Navajo Nation Contractor;
   c. been convicted in any jurisdiction under any antitrust statute arising out of the submission of offers;
   d. violated contract provisions, such as having:
      i. deliberately failed, without good cause, to perform in accordance with the purchase description or within the time limit provided in the contract; or
      ii. a record of failure to perform, or of unsatisfactory performance, with the terms of one or more contracts; or
   e. been determined to be ineligible to conduct business with the Navajo Nation under the Navajo Business Opportunity Act, 12 N.N.C. §§ 201-380;
   f. submitted bad offers where such offers are lower than the expected price, or overstate the Applicant's qualifications; and
   g. engaged in any other cause so serious and compelling as to affect Applicant's responsibility as a Navajo Nation Contractor, including debarment or suspension by another government.
2. Applicant certifies that the individual named below is authorized to represent Applicant for purposes of the declarations in this certification, and that all such declarations are made on behalf of Applicant and all of its owners, partners, officers, members, employees, officials, agents, or parties-in-interest;
3. Applicant acknowledges that, if the Navajo Nation determines this executed Certification is untrue or not wholly accurate, the Navajo Nation shall have grounds terminate the contract award or contract and pursue other legal remedies, at the Navajo Nation's discretion.
4. Applicant certifies that, to the best of its knowledge, 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. §§ 1501-16 and 5 N.N.C. §§ 201-380.
5. Applicant 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	Printed name individual signing on Applicant's behalf
Applicant Address	Title of individual signing on Applicant's behalf
Applicant Address	Signature of individual signing on Applicant's behalf
Applicant Address	Date

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)

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 . . . . . ☐

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.)

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