STRENGTHENING FAMILIES PROGRAM
DIVISION OF SOCIAL SERVICES

FY 2017 REQUEST FOR PROPOSALS
Domestic/Family Violence Shelter and Supportive Services

I. BACKGROUND

The Division of Social Services (herein after called, "the Owner"), pursuant to the Navajo Nation Business Preference Act, 5 NNC § 205, et seq, is requesting for proposals from qualified shelter providers and programs to work in collaboration with the Owner and its representatives and other identified service delivery organizations to provide overnight/day and temporary shelter services for victims of family violence, domestic violence and dating violence and their dependents within the Navajo Nation. The Navajo Nation is committed to providing services to its tribal members and non-tribal members living or visiting within the Nation's boundaries who are experiencing domestic, family or dating violence, by funding programs located on the Navajo Nation through available funding from federal contracts and grants.

To expand and provide crisis shelter and related services to residents or visitors of the Navajo Nation, the Owner is seeking proposals from qualified non-profit, certified organizations to provide 24/7 crisis shelter services and supportive services on the Navajo Nation. Supportive services include operations of a 24/7 shelter facility, 24 hour crisis intervention, individual/group counseling, life skills development, transportation, and providing an accessible 24/7 crisis hotline for victims and their dependents.

II. ELIGIBILITY REQUIREMENTS

Category 1:
Certified non-profit organizations, Section 501 (c)(3) of the IRS Code located within the jurisdictional boundaries of the Navajo Nation or in an area considered near the Navajo Nation (accordance to Bureau of Indian Affairs service area definition under 25CFR Part 20.100, see Attachment E)

Category 2: Certified non-profit organizations, Section 501 (c)(3) of the IRS Code located outside of the jurisdictional boundaries of the Navajo Nation and not considered "near".

Additional Requirements:
The Owner will utilize federal funding to fund contracts under this RFP and comply with requirements of 2 CFR Part 200 on awarding contacts.

III. AWARD AMOUNTS

	Category 1	Category 2
Award Ceiling	$300,000	$10,000
Award Floor	$1,000	$1,000

IV. SCOPE OF SERVICES

The Applicant will work in collaboration with the Owner and its representatives to provide:

1. Overnight, day and temporary shelter services for victims of family violence, domestic violence, and dating violence and their dependents living or visiting on the Navajo Nation.
2. Provide supportive services related to providing 24/7 shelter services including:
    a. Crisis intervention,
    b. Safety planning,
    c. Transportation, and
    d. Shelter operations.
3. Other supportive services includes:
    a. 24 hour basic crisis intervention,
    b. Individual and group counseling,
    c. Life skills development,
    d. Referrals to community based services
    e. Advocacy and case management services,
    f. Transportation and
4. Provide 24/7 crisis hotline

This RFP is limited to the services stated above. An applicant may elect to provide all or some of the services stated above and must be clearly described in the applicant's proposal.

Work to be provided by the applicant include:

- Providing all personnel, space, equipment, and supplies necessary to perform the service required to operate a 24/7 shelter facility and program for supportive services of individual/group counseling, life skills development, and transportation and 24 hour crisis intervention.
- Providing equal services to victims of family violence, domestic violence and dating violence regardless of age, gender, ethnicity, marital status, sexual orientation, including whether an individual may be married to a person of the opposite or same sex and all those protected by law.
- Providing an accessible crisis/hotline phone number for victims who are need of immediate assistance and safety.
- Providing equal services to individuals with disabilities in compliance with the Navajo Nation Vocational Rehabilitation and Opportunities for the Handicap Act of 1984.
- Participating with the Owner and other identified service providers in addressing the immediate shelter and supportive services of victims on the Navajo Nation.
- Providing services in an culturally appropriate manner.
- Have the ability to invoice the Nation for services provided.

Please use the following definitions in reference to services to be provided under this RFP.

1. **Dating Violence:** Violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim and where the existence of such a relationship shall be determined based on a consideration of the length of the relationship, the type of relationship, and the frequency of interaction between the persons involved in the relationship.

2. **Domestic Violence:** Felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

3. **Family Violence:** Any act or threatened act of violence, including any forceful detention of an individual, which: (a) results in or threatens to result in physical injury; and (b) is committed by a person against another individual (including an elderly person) to whom such person is, or was, related by blood or marriage, or otherwise legally related, or with whom such person is, or was, lawfully residing. Additionally, the definitions of family and domestic violence encompass same-sex marriage and spouses consistent with the Supreme Court's decision in Obergefell v. Hodges, which held that same-sex marriages are entitled to equal treatment under the law.

4. **Intimate Partner Violence:** A term used interchangeably with "domestic violence, or dating violence."

5. **Personally Identifying Information or Personal Information:** Any individually identifying information for or about an individual, including information likely to disclose the location of a victim of domestic violence, dating violence, sexual assault, or stalking, regardless of whether the information is encoded, encrypted, hashed, or otherwise protected, including: a first and last name; a home or other physical address; contact information (including a postal, e-mail or Internet protocol address, or telephone or facsimile number); a social security number, driver's license number, passport number, or student identification number; and any other information, including date of birth, racial or ethnic background, or religious affiliation that would serve to identify any individual.

6. **Shelter:** The provision of temporary refuge and supportive services in compliance with applicable laws (including regulations) governing the provision, on a regular basis, of shelter, safe homes, meals, and supportive services to victims of family violence, domestic violence, or dating violence, and their dependents.

7. **Supportive Services:** Services for adult and youth victims of family violence, domestic violence, or dating violence, and their dependents. These services are designed to meet the needs of such victims and their dependents for short-term, transitional, or long-term safety; and provide counseling, advocacy, or assistance for victims of family violence, domestic violence, or dating violence, and their dependents.

The following are minimum standards in which each organization must have already established in their service processes.

1. Maintain all necessary licenses, leases and permits for the operation of the Applicant's programs including but not limited to:
    a. Lease agreement or deed showing ownership of place of business

b. Sanitation/environmental survey and safety requirements including the Fire Safety Code and yearly inspection of all building used by clients.
c. Procedures to safeguard medication and hazardous supplies.
d. Other licenses, as required, to engage in contracted activities.
e. Food handlers permits (if applicable)
f. Proper licensing and certification to provide specialized services (e.g. counseling, therapy, etc.) if applicable.

2. Established policies and protocols for maintaining the safety and protecting the confidentiality of the victims of family violence, domestic violence, and dating violence and ensure the confidentiality of records pertaining to any individual provided domestic violence services.

3. Established policies, procedures and protocols to maintain individual case records. At minimum, contain the following in each case record:
   a. Referral forms
   b. Intake forms
   c. Assessment forms
   d. Clients rights
   e. Consent to treat and consent to treat minors
   f. Client's grievance procedures
   g. Confidentiality forms
   h. Authorization to release information (time-limited)
   i. Safety or service plan
   j. Case notes using an approved progress note format
   k. Discharge summary
   l. Evaluation form

V. TERM OF CONTRACT

All contracts awarded in response to this RFP will be from October 01, 2016 to September 30, 2017. Allocation of awards will be based on availability of funds.

VI. PROPOSAL REQUIREMENTS

Proposal Format: Each proposal shall be typed and submitted on 8 ½" x 11" white paper, not staple and 3 hole punched and inserted in a binder. Font size shall be no less than 12-point type and in Time New Roman or Garamond font and between 1.5 to 2.0 line space for narrative sections A, B, C, D, E, F, G (except Organizational Chart), and I. 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.

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

A. Letter of Interest (Cover Page) – This section must identify the RFP name and include the organizations authorized officials' name, address, phone contact information, and email address whom is authorized to enter into a legal agreement with the Navajo Nation. Also include the organizations 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. Program Service Area – Provide a description of the service area and population to be served. Include specific Navajo communities and chapters.

D. Scope of Work – This section shall provide a description of the activities and services to be provided according to the scope of services under Section IV of this RFP. Provide a narrative describing how the organization will provide each services to victims of family violence, domestic violence and dating violence and their dependents on the Navajo Nation. Also include how your organization will reach out or provide services to victims and dependents whom are on the Navajo Nation. Include all key personnel position and their job duties and responsibilities in providing each service identified. Please state each numbered service than provide your narrative.

E. Approach/Collaborations – This section shall include how the applicant proposes to accomplish and perform each specific service as stated in the scope of work. Provide a narrative describing how the organization works in coordination and in collaboration with other DV/FV/DatV programs including Navajo Nation programs, DSS, DBHS, DFS, etc.) providing similar or related services located within at least a 100 mile radius of the applicant.

F. Experience – Describe the applicant's experience relevant to the Scope of Services requested by this RFP. List and describe any relevant work performed.

G. Organizational Capabilities – Provide information on the applicant's organization and partners (if applicable). Identify all staff and position with 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. List other resources, including total number of employees, number and location of offices, number and types of equipment available to support the scope of work. Include a current organizational chart.

H. Budget and Budget Narrative Description– This section should include a proposed budget clearly identifying how the funds will be utilized for the term period 10/01/16 – 09/30/17. A sample budget form is attached as ATTACHMENT A. The Budget Description should be a narrative describing how the categorical costs are derived. Allowable costs are included as ATTACHMENT B. All cost should be based on the applicant's accomplishment of the scope of work.

Funds shall not be used for the following:

- 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.
- Expenditures for construction or construction related activities
- Purchase of real property

I. Sustainability Plan – This section should include how the applicant will plan to continue providing services should future funding not be available under this RFP. Provide a narrative describing the applicant's plan on continuing their scope of work, if funds become unavailable by the Owner, in the future.

K. Other documents needed to be submitted in response to the RFP.

1. A signed Navajo Nation Debarment and Suspension form (Attachment C)
2. A signed W-9 Form (Attachment D)
3. Board Authorization Letter to apply for this RFP
4. Copy of Proof of Non-Profit status
5. Copy of Financial Audit Report for Year 2015
6. Copy of active (current) registration of the federal System for Award Management (SAM) for your organization.
7. List of Current Board of Directors, position, number of years served and area of expertise
8. Minutes from the last Board of Director's Meeting (must be current)

*****Failure to meet the above conditions may result in disqualification of the proposal*****

VII. FUNDING AWARDED UNDER THIS RFP

Awards made under this RFP will be made with federal funds. All applicable federal laws, regulations and rules governing awarded contracts will apply (see listing below, but not limited to). All awards are subject to federal appropriations. In addition, all applicable Navajo Nation laws, rules and regulations for organizations operating on the Navajo Nation will apply.

Awards issued under this RFP are subject to 45 CFR Part 75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements. Funded applicants are responsible for ensuring that their activities comply with all applicable Federal regulations.

Debarment and Suspension. All awarded applicants must not be debarred or suspended by either the federal government or Navajo Nation government.

Requirements for Drug-Free Workplace. The Drug-Free Workplace Act of 1988 (41 U.S.C. § 8102 et seq.) requires that all organizations receiving federal funding (directly or by subaward) agree to maintain a drug-free workplace. By submitting an application in response to this RFP, the Authorizing Official agrees that their organization will provide a drug-free workplace and will comply with the requirement to notify the Owner if an employee is convicted of violating a criminal drug statute. Penalties may be imposed for failure to comply with these requirements.

Pro-Children Act. The Pro-Children Act of 2001, 20 U.S.C. §§ 7181 through 7184, imposes restrictions on smoking in facilities where federally funded (directly or by subaward) children's services are provided. The Act specifies that smoking is prohibited in any indoor facility (owned, leased, or contracted for) used for the routine or regular provision of kindergarten, elementary, or secondary education or library services to children under the age of 18. In addition, smoking is prohibited in any indoor facility or portion of a facility (owned, leased, or contracted for) used for the routine or regular provision of federally funded health care, day care, or early childhood development, including Head Start services, to children under the age of 18. The statutory prohibition also applies if such facilities are constructed, operated, or maintained with Federal funds (received directly or through subaward). The statute does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, portions of facilities used for inpatient drug or alcohol treatment, or facilities where WIC coupons are redeemed. Penalties may be imposed for failure to comply with the provisions of the law.

Prohibiting Harassment. All Awarded applicants must establish and publicize policies prohibiting harassment based on race, sexual orientation, gender, gender identity (or expression), religion, and national origin and will put such policies in place within 12 months. All Awarded applicants should ensure that all staff members are trained to prevent and respond to harassment or bullying in all forms during the award period.

VIII. SUBMISSION OF PROPOSALS

All proposals must be received no later than 5:00 p.m. MDT on October 7, 2016. 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 complete original proposal must be submitted in a sealed packet (taped, bind packaged, no rubber bands), labeled "FY 2017 SHELTER AND SUPPORTIVE SERVICES PROPOSAL".**

BY MAIL:
Division of Social Services
ATTN: FY 2017 SHELTER SERVICES PROPOSAL
P.O. Box 4590
Window Rock, AZ 86515

Applicants who choose mail delivery should consider sending their proposals with a delivery confirmation option.

BY HAND DELIVERY:
Navajo Nation Administration Building #2, 2nd Floor Northwest Corner.
(located directly north of the Navajo Police Headquarters/Courts.)
Division of Social Services – Executive Administration
Window Rock, AZ 86515

Faxed or e-mailed RFP packets are unacceptable and will not be considered for review. The content of any proposal **shall not** be disclosed to competing applicants prior to contract award. No substitute document for the forms provided in this application shall be accepted and will be considered incomplete and not considered for review. No photocopying will be completed on behalf of applicant, at the time of submittal.

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

IX. EVALUATION CRITERIA

The Owner will conduct a comprehensive, fair and impartial evaluation of all Proposals received in response to this RFP. Each Proposal will be analyzed to determine overall responsiveness and qualifications under the RFP.

Evaluation criteria:

A.	Letter of Interest (Cover Page)	3 points
B.	Table of Contents	3 points
C.	Program Service Area	10 points
D.	Scope of Work	20 points
E.	Approach/Collobartion	14 points
F.	Experience	12 points
G.	Organizational Capabilities	12 points
H.	Budget and Budget Narrative	12 points
I.	Sustainability Plan	6 points
J.	All other required documents	8 points (1 point per document)

The selection committee may select all, some or none of the applicants for interviews. If the Owner elects to conduct interviews, applicants may be interviewed and re-scored based upon these same criteria, or other criteria to be determined by the selection committee. The Owner may also request additional information from applicants at any time prior to final approval of a selected applicant. The Owner reserves the right to select one, or more, or none of the applicants to provide services. Final approval of a selected applicant or applicants is subject to the action of the Navajo Nation.

Evaluation of Proposals

The evaluation of proposals will be performed by an evaluation committee and based on availability of funds. Proposal that do not score 70 points or above will not be considered for funding. Funding received through the Owner are to be used strictly for activities listed in the RFP and applicants proposal.

Review Committee

The Owner will appoint a review committee. The committee will be responsible for reviewing and scoring proposals to determine whether or not the recommendations have been made consistent with the evaluation criteria outlined

X. AWARD OF CONTRACT AND RESERVATION OF RIGHTS

A. This RFP does not commit the Owner to enter into a Contract, award any services related to this RFP, nor does it obligate the Owner to pay any costs incurred in preparation or submission of a proposal or in anticipation of a contract.
B. The Owner reserves the right to award one, more than one or no contract(s) in response to this RFP.
C. The Contract, if awarded, will be awarded to the Applicant(s) whose Proposal(s) is deemed most advantageous to the Owner, as determined by the selection committee, upon approval of the Navajo Nation.
D. The Owner may accept any Proposal in whole or in part. If subsequent negotiations are conducted, they shall not constitute a rejection or alternate RFP on the part of the Owner. However, final selection of an applicant is subject to Navajo Nation approval.
E. The Owner reserves the right to accept one or more proposals or reject any or all proposals received in response to this RFP, and to waive informalities and irregularities in the proposals received. The Owner also reserves the right to terminate this RFP, and reissue a subsequent solicitation, and/or remedy technical errors in the RFP process.
F. Contract documents are not binding on the Owner until approved by the Navajo Nation. In the event the parties cannot negotiate and execute a contract within the time specified, the Owner reserves the

right to terminate negotiations with the selected Applicant and commence negotiations with another Applicant.

G. Successful Applicant(s) must be able to formally invoice the Owner for services rendered.
H. Conflicts of Interest. Selected Applicant will be required to warrant and certify that, its officers, employees and agents are neither officials nor employees of the Navajo Nation.

Protest of Award:
The decision of the Owner will be final; no appeals or request for appeals will be accepted.

XI. SCHEDULE OF EVENTS

Following is a list of **projected dates/times (excluding Due Date)** with respect to this RFP:

RFP Issue Date	September 21, 2016
Proposals Due	October 7, 2016 at 5:00pm MDT
Review and Evaluation Period	October 10-11, 2016
Notification Period	October 11, 2016
Negotiation and Contract Development	October 11 – October 14, 2016

XII. RFP INFORMATION

For information regarding this RFP or to request for a RFP Guideline please refer questions to:

Michele Jones, Program Manager
Division of Social Services
PHONE: 928-871-6851
FAX: 928-871-7273
EMAIL: michelejones@navajo-nsn.gov (use the subject line "RFP Question")

COURTESY
CHECK LIST

- ☐ Cover Page
- ☐ Table of Content
- ☐ Narrative Sections
- ☐ Organizational Chart
- ☐ Budget Narrative and Justification
- ☐ Budget Summary
- ☐ Board Authorization Letter
- ☐ Signed W-9
- ☐ Signed Navajo Nation Debarment and Suspension Form
- ☐ Proof of 501 (c) (3) Non-Profit Status (https://www.irs.gov/charities-non-profits/exempt-organizations-select-check) is the recommended website to use.
- ☐ Copy of active registration on SAM.gov
- ☐ List of Current Board of Directors
- ☐ Financial Audit Report for Year 2015
- ☐ Minutes from last Board of Director's Meeting (must be current)

ATTACHMENT A

BUDGET AND NARRATIVE

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	

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	

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

Indicate the total amount of funds requested.

BUDGET CATEGORY	AMOUNT
PERSONNEL	$
FRINGE BENEFITS	$
TRAVEL	$
EQUIPMENT	$
SUPPLIES	$
CONTRACTUAL	$
OTHERS	$
TOTAL AMOUNT OF REQUEST	**$**

ATTACHMENT B

SHELTER AND SUPPORTIVE SERVICES
GUIDE FOR ALLOWABILITY OF COST

ITEM	Yes	No	Restricted
PERSONNEL			
Shelter/Program staff	x		
Shelter/Program Supervisor	x		
Administrative & Support Staff (Executive Directors, CEOs, Fiscal Managers, Administrative Assistants, etc) only the time portion devoted to the project			x
Fund raiser/fund development		x	
Board/Advisory Council members		x	
Stipends/Honorariums		x	
Overtime for Shelter/Project Staff	x		
Bonuses		x	
FRINGE BENEFITS			
Fringe Benefits for personnel as allowed above	x		
Deferred compensation match		x	
Accumulation and use of vacation/sick leave	x		
TRAVEL, TRANSPORTATION AND TRAINING			
Shelter/Program staff mileage, lodging and meals	x		
Administration mileage and lodging as related to project purpose			x
Transportation for victim safety	x		
Bus tickets, tokens, taxi, (victim transportation)	x		
Board/Advisory Council business		x	
Staff laundry, entertainment, alcohol		x	
Victim relocation expenses		x	
Vehicle maintenance/repairs (prorate, if shared)	x		
Training registration and fees for shelter/program staff	x		
Training registration and fees for shelter/program volunteers	x		
Training registration and fees for administrative/support staff as related to project purpose			x
Direct service training provided to other agencies	x		
Victim participation in conferences	x		
Purchase of books, manuals, DVDs (project related)	x		
Web-based training (project related)	x		
EQUIPMENT			
Shelter equipment; washer, dryer, freezer, refrigerator, stove	x		
Phone Systems	x		
Cell phones	x		
Typewriters, shedders, copiers, printers, fax machines	x		
Computers	x		
Overhead and LCD projectors	x		
Television	x		
File cabinets, desks, chairs	x		
Client use sofas, chairs, tables, etc., (Shelters only)	x		
Playground equipment (Shelters only)	x		
Lighting	x		
Security Equipment	x		
Purchase of Project Vehicle		x	

SUPPLIES			
Printing/Copying/Reproduction for project purposes	x		
Postage for project purposes	x		
Phone leases and maintenance fees	x		
Billing (local, long distances and toll-free)	x		
Voice mail, call waiting	x		
Cable or satellite dish		x	
Internet services	x		
Food for victims receiving shelter services	x		
Victims support group food	x		
Staff meeting snacks		x	
Board meeting foods		x	
Support group supplies	x		
Children's activities supplies	x		
Shelter based support activities	x		
Victim emergency basic need items	x		
Client medical cost		x	
Resource material, books, videos	x		
Computer software	x		
Subscriptions to newspapers, magazines	x		
Media/Advertising as related to project purpose	x		
Office Supplies, Paper, pens, folders, toner, etc.	x		
Malpractice insurance (professional liability)	x		
Auto Insurance (prorate if shared)	x		
Office/Space Rent (prorate if shared)	x		
Mortgage payments		x	
Cost of Utilities, gas, electric, water, sewer	x		
Security System	x		
Building liability Insurance		x	
Purchase of Real Property		x	
Building modifications (handicap access),only if owned			x
Garbage collection	x		
Cleaning services	x		
Building improvements minor (yes if owned)			x
Cooking utensils/dishware for shelter services	x		
Bedding and linens, for shelter services	x		
Cleaning supplies	x		
Paper products	x		
First aid kit and supplies	x		
CONTRACT SERVICES/CONSULTANTS			
In-service trainer for shelter/program staff for project purposes			x
In-service trainer for administration or board members		x	
Traditional practitioner for project purposes			x
Bookkeeping/Financial (must be cost shared)			x
Auditing (cost shared with other funding)			x
Animal care for shelter victims	x		
Hotel/Motel safe housing	x		
Food provided at training		x	

Budget Item (Cont'd)	Yes	No	Restricted
Salary payment for training participants		x	
Lease of project vehicles	x		
OTHER			
Indirect costs according to current approved rate			x
Memberships to professional organizations	x		
Program relocation expenses		x	

ATTACHMENT C

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

ATTACHMENT D

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

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

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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 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 on page 3.

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

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

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?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

ATTACHMENT E

"Near Reservation" Designated Communities

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