



Navajo Housing Authority
Procurement Department
P.O. Box 4980, Window Rock, AZ 86515

ADDENDUM NUMBER ONE (1)
Issued: March 21, 2024

Project Name: Advertised – IFB #606 Construction Services for Demolition and Rebuild of Public Rental Housing Units in Ojo Amarillo, NM

To All Interested Bidders:

This addendum forms a part of the contract Documents and modifies the Original Bidding Documents and any Subsequent addenda. Acknowledge Receipt of this addendum in the space provided on the bid form, failure to do so is subject to bidder disqualification by the NHA.

This addendum consists of the following:

Additional bid document not included in the Bid packet. Appendix 1 – Indian Enterprises Qualification Statement applicable to Exhibit B-2 Indian Preference.

I. Form:

Attachment is Appendix 1 – Indian Enterprise Qualification Statement

All other provisions of this Invitation for Bid shall remain unchanged. Please ensure you acknowledge this Addendum Number One (1) on Exhibit “K” – Form of Bid, failure to do so is subject to bidder disqualification by the NHA.



Doris Yonnie, Procurement Specialist
NHA Procurement Department

To be used by those firms and vendors desiring to be qualified for Indian Preference.

INDIAN ENTERPRISES QUALIFICATION STATEMENT

NOTE: Submit complete questionnaire to the Navajo Housing Authority Procurement Department within the time frame specified. Use additional sheets to complete answer if needed.

The Undersigned certifies under oath the truth and correctness of all answers to questions made hereinafter:

1. Applicant wishes to qualify as:

___ An "Economic Enterprise" as defined in Section 3(3) of the Indian Financing Act of 1974 (P.L. 93-262); that is "any Indian-Owned... commercial, industrial or business activity established or organized for the purchase of profit: Provided, that such Indian owner-ship shall constitute not less than 51 percent of the enterprise:

___ A "Tribal Organization" as defined in Section 4(c) of the Indian Self Determination and Education Assistance Act (P.L. 93-638); that is: "the recognized governing body of any Indian Tribe; any legally established organization of Indians which is controlled, sanctioned or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities: Provided that in any case where a contract is let or grant made to an organization to perform services benefiting more than one Indian Tribe, the approval of each such Indian Tribe shall be a prerequisite to the letting or making of such contract or grant... "

2. Name of Enterprises or Organization: _____

Contact Person / Title: _____

Mailing Address: _____

Physical Address: _____

E-mail: Address: _____

Telephone Number: _____

Fax Number: _____

3. Check One:

___ Corporation

___ Joint Venture

___ Partnership

___ Other

____ Sole Proprietorship

4. Federal Tax ID Number: _____
If no, provide Name and copy of Social Security card.

5. Are you registered in SAM (System for Award Management)?
Yes _____ No _____

If you wish to do business with the Navajo Housing Authority, you must be registered with SAM and have a Unique Entity Identification Number (UEI). The UEI is a 12-character alphanumeric ID assigned to an entity by SAM). Website is www.SAM.gov.

On April 4, 2022, the UEI across the federal government changed from the DUNS Number to the UEI (generated by <https://www.sam.gov>)

6. Unique Entity Identification Number (UEI Number): _____

7. Answer the following **If a Corporation:**

a. Date of Incorporation: _____

b. State of Incorporation: _____

c. Give the names and addresses of the officers of this Corporation and establish whether they are Indian (I) or Non-Indian (NI).

NAME AND SOCIAL SECURITY	I OR NI	TITLE	ADDRESS	% OF STOCK OWNERSHIP

d. Complete the following information on all stockholders who are not listed in C above, owning 0% or more of the stock. Establish whether they are Indian (I) or Non-Indian (NI).

<i>NAME AND SOCIAL SECURITY</i>	<i>I OR NI</i>	<i>ADDRESS</i>	<i>% OF STOCK OWNERSHIP</i>

If a Sole Proprietorship or Partnership:

Date of Organization: _____

Give the following information on the individual or partners and establish whether they are Indian (I) or Non-Indian (NI).

<i>NAME AND SOCIAL SECURITY</i>	<i>I OR NI</i>	<i>ADDRESS</i>	<i>% OF STOCK OWNERSHIP</i>

If a Joint Venture:

a. Date of Joint Venture Agreement: _____

b. Attach the information of each member of the joint venture prepared in the appropriate format given above.

8. Give the name, address, and telephone number of the principal contact person of your organization: _____

9. Has any officer or partner of your organization listed in #7 been an officer or partner of another organization that failed in the last ten (10) years to complete a contract? _____

If yes, state circumstances:

10. Has this enterprise failed in the last ten (10) years, to complete any work awarded to it or to complete the work on time? _____

If so, note when, where, and why: _____

11. Will any officer or partner listed in #7 be engaged in outside employment?

_____ YES _____ NO

If yes, complete:

<i>NAME / TITLE</i>	<i>HOURS PER WEEK OUTSIDE THE ENTERPRISE</i>

12. Is the enterprise or anyone listed in #7 above, currently subject to an administrative sanction issued by any department or agency of the Federal Government?

_____ YES _____ NO

If yes, complete:

<i>NAME OF PERSON/BUSINESS</i>	<i>DATE OF ACTION</i>	<i>TYPE OF ACTION</i>	<i>DEPARTMENT OR AGENCY</i>

13. Does this enterprise have any subsidiaries or affiliates or is it a subsidiary or affiliate of another concern?

_____ YES _____ NO

If yes, complete:

<i>NAME AND ADDRESS OF SUBSIDIARY, AFFILIATE OR OTHER CONCERN</i>	<i>DESCRIPTION OF RELATIONSHIP</i>

14. Does this enterprise or any person listed in #7 above have or intend to enter into any type of agreement with any other concern or person which relates to or affects the on-going administration, management or operations of this enterprise? These include but are not limited to management, and joint venture agreements and any arrangement or contract involving the provisions of such compensated services as administrative assistance, data processing, management consulting of all types, marketing, purchasing, production, and other type of compensated assistance.

_____ YES _____ NO

If yes, attach a copy of any written agreement or an explanation of any oral or intended agreement.

15. Has this enterprise ever been subject to a judgment of any court or administrative sanction (Federal, State, or Tribal)?

_____ YES _____ NO

Has any individual listed in #7 ever been subject to judgment of any court or administrative sanction (Federal, State, or Tribal)?

_____ YES _____ NO

If the answer is yes to any question, furnish details in a separate attachment.

16. Has any tax lien or other collection procedure been instituted against this enterprise or the individuals listed in #7 as a sole proprietor or partner in their capacities with this enterprises or other enterprise?

_____ YES _____ NO

If yes, furnish details in a separate exhibit.

17. Has this enterprise or any person listed in #7 ever been involved in a bankruptcy or insolvency proceeding? _ YES _ NO

If yes, furnish details in a separate exhibit.

18. What dollar amount of Working Capital is available to your enterprise prior to the start of construction? \$

Explain the source of these funds: _____

Include a copy of the company's most recent audited financial statement.

19. How will project development bookkeeping and payroll be maintained (Check one):

a. By contract with an outside professional accounting firm: _____

Name: _____ Telephone No.: _____

Address: _____

b. Records are to be kept by enterprise personnel: If "b" has been checked, state the Qualifications of your personnel to perform this function:

c. Other: _____

20. Trade References (including addresses and telephone numbers):

21. Bank and credit references (including addresses and telephone numbers):

22. a. Indicate the core crew employees in your work force, their job titles, and whether they are Indian or Non-Indian. Core crew is defined as an individual who is a current bona-fide individual who is regularly employed by the contractor in a supervisory or other key position when work is available.

- b. Over the past three (3) years, what has been the average number of employees:

23. Attach certification by a tribe or other evidence of enrollment in a federally recognized tribe for each officer, partner, or individual designated as an Indian in #7.
24. Attached a certified copy of the charter, article of incorporation, by-laws, partnership agreement, joint venture agreement and/or other pertinent organizational documentation.
25. Explain in narrative form the stock ownership, structure, management, control, financing, and salary or profit sharing arrangements of the enterprises, if not covered in answers to specific questions heretofore. Attached copies of all shareholder agreements, including voting trust, employment contracts, agreements between owners and enterprise. Include information on salaries, fees, profit sharing, material purchases, and equipment lease or purchase arrangements.
- Evidence relating to structure, management, control, and financing should be specifically included. Also, list the specific management responsibilities of each principal, sole proprietor, partner, or party to a joint venture (as appropriate) list in response to #7.
26. Attach evidence that the enterprise (or an individual in it) is appropriately licensed for the type of work that is to be performed. Include Federal I.D. Number.
27. Attach a brief resume of the education, technical training, business, employment, and design and/or construction experience for each officer, partner, or sole proprietor listed in #7. Include references.
28. List the type of service, supplies and work your firm offers:
(Attach line card, capabilities statement, and brochure. Attach additional sheet if appropriate)

29. Complete and submit a current w-9 form.

NOTE: I. Omission of any information may be caused for this statement not receiving timely and complete consideration.

ii. Knowing that the Navajo Housing Authority must approve a contract between this enterprise, the persons signing below certify that all information in this INDIAN ENTERPRISE QUALIFICATION STATEMENT, including exhibits and attachments, is true and correct.

iii. Print and type name below all signatures.

If applicant is Sole Proprietor or LLC, Sign Below:

Name Date

If applicant is in a Partnership or Joint Venture, all Partners must sign below:

Name Date

Name Date

If applicant is a corporation, affix corporate seal

Corporate Seal Date

By: _____
President's Signature

Attested by: _____
Corporate Secretary's Signature

WARNING: U.S. Criminal Code, Section 1010, Title 18, U.S.C. provides in part: "Whoever... makes, passes, utters, or publishes any statement, knowing the same to be false... shall be fined not more than \$5000 or imprisoned not more than two years, or both."

Issued August 1989

Notary Acknowledgment Form

State of _____ }

County of _____ }

This document was signed or attested before me on _____ [date] by

_____ [name(s) of person(s)].

(Seal)

Notary's signature: _____

My Commission expires on: _____