



WINSLOW INDIAN HEALTH CARE CENTER, INC.

REQUEST FOR PROPOSALS
Winslow Indian Health Care Center, Inc. (WIHCC)
Dilkon Medical Center (DMC)
GENERAL SERVICES DEPARTMENT
500 N. Indiana Ave.
Winslow, AZ 86047

ISSUANCE DATE: Thursday, April 2, 2026

RFP GS2026-002 Art Sculpture Services

Offer Due Date/Time: ALL PROPOSALS MUST BE RECEIVED BY THE CONTRACTING OFFICER OR DESIGNEE REFERENCED ON THIS COVER PAGE NO LATER THAN **5:00 PM MST (local time) on Thursday, April 30, 2026**. Proposals received after this deadline will not be accepted. The date and time of receipt will be recorded for each proposal.

The Winslow Indian Health Care Center Inc., (WIHCC) is requesting proposals for traditional art sculpture services for the Dilkon Medical Center (DMC). Please carefully read the instructions, specifications, and requirements. Failure to comply may result in an offer being classified as unresponsive and disqualified. Proposal packets can be emailed by requesting through General Services contact information below, or by visiting our website, www.wihcc.com to access the Proposal Packets online. Hardcopies are also available at address indicated below.

Contracting Officer Contact Information: The Contracting Officer who is responsible for the conduct of this procurement whose name, address, and telephone number are listed below. Should clarification or inquiries arise, please direct them via email to procurement@wihcc.org for further assistance. If a delegation has been issued, the designee will be the secondary contact:

CONTRACTING OFFICER

DESIGNEE

Name: Gaylyn Johnson
Title: Director of General Services
E-mail: gaylyn.johnson@wihcc.org
Address: 500 North Indiana Avenue
Winslow, AZ 86047

Name: Chelsea Attakai
Title: Procurement Specialist
E-mail: chelsea.attakai@wihcc.org
Address: 500 North Indiana Avenue
Winslow, AZ 86047

Public Disclosure: Responses to become public records. All materials submitted in response to this RFP become a matter of public record and shall be regarded as public record.



I. PURPOSE:

The purpose of this Request for Proposal (RFP) is to invite qualified artists and artist teams to submit proposals for a permanent stone sculpture to be installed in the main lobby of the new Dilkon Medical Center (DMC). This commemorative artwork will honor the elders, families, advocates, and leaders whose dedication made the new medical center possible. The sculpture will serve as a cultural landmark and focal point representing resilience, healing, and intergenerational continuity within the Southwest Navajo Nation.

Dilkon Medical Center (DMC) is seeking proposals to craft a permanent stone sculpture at the following location:

1. Dilkon Medical Center
1 Medical Center Drive
Dilkon, AZ 86047

II. BACKGROUND:

The WIHCC is a non-profit, tribal organization providing hospital/ambulatory care facility to approximately 18,000 patients across the southwest portion of the Navajo Nation and bordering towns. In addition to primary care services, WIHCC also provides urgent care services and specialty clinics (e.g. cardiology, podiatry, neurology, general surgery) on an outpatient basis.

The DMC facility is located on the Navajo reservation in Dilkon, Arizona. This new center of operations is approximately 35 minutes north of Winslow and 90 minutes east of Flagstaff. Roughly four times the size of WIHCC's Medical Office Building, the new facility in Dilkon expands our capacity and services through the addition of an Emergency Department and 12 short stay beds.

The purpose of this RFP is to solicit sealed proposals to establish contract for the procurement of goods and/or services.

III. PROJECT DESCRIPTION:

The commissioned artwork will be a stone sculpture depicting:

- An elder Navajo standing or seated
- A young Navajo child, symbolizing youth, future generations, and continuity
- Both figures in traditional Navajo clothing, reflecting cultural authenticity and modesty

The sculpture must include:

- Convey respect, cultural sensitivity, and uplifting representation
- Embody themes of knowledge-sharing, advocacy, and family roles in Navajo culture
- Align with the architectural and healing environment of the medical center
- Artists may interpret the theme creatively while honoring cultural protocols.

IV. PROPOSAL PREPARATION AND SUBMISSION:

In order to be considered for selection, Contractor must submit a complete response to this RFP. RFPs submitted shall be enclosed in a sealed envelope with the recipient and return address clearly labeled, and shall be accompanied with an Electronic Copy of the proposal response (PDF required) on a USB Drive. The solicitation number “**RFP GS2026-002**” will need to be identified on the envelope. Each proposal shall be mailed or hand delivered to the attention of Gaylyn Johnson, Contracting Officer at the location listed below. Submittals must be received **no later than 5:00 PM on Thursday, April 30, 2026.**

1. Send physical copy to the following address:

Winslow Indian Health Care Center, Inc.
Attn: Gaylyn Johnson, Director of General Services
500 N. Indiana Ave, Winslow, AZ 86047

Proposals received after deadline will be considered late and will be excluded from consideration.

2. All questions pertaining to this proposal must be submitted in writing via email to procurement@wihcc.org. Clarification and Questions will be accepted no later than Thursday, April 9, 2026.
3. All Proposals shall become the property of WIHCC. WIHCC reserves the right to reject any or all proposals and to waive any information in the proposals received whenever such rejection or waiver is in the best interest of the WIHCC.
4. Contractor’s proposal will need to clearly label and address the items as outlined in Part VI. Special Proposal Requirements section. All pages of the proposal should



be numbered. All forms provided in this RFP must be thoroughly completed and included in the appropriate sections of the proposal.

V. ARTISTIC QUALITY BASED SCOPE OF WORK:

The project aims to create a culturally grounded sculpture that reflects Navajo traditions, stories, and symbolism. The objective is to promote healing, wellness, and community connection through art while also honoring local tribal heritage and incorporate authentic cultural elements. This artwork will provide a meaningful and welcoming visual feature within the DMC facility. Through this art, the project seeks to promote healing, wellness, and community connection.

A. CULTURAL SIGNIFICANCE

The sculpture will represent:

- The communities served by DMC: Teesto, Indian Wells, White Cone, Jeddito, Birdsprings, Leupp, Tolani Lake, Winslow, and Holbrook.
- Generations who advocate for improved healthcare access.
- Values of healing, resilience, community, and cultural continuity.
- Recognition of the Medical Center's Executive Team, Board Members, and staff who contributed to the facility's development.
- All artwork must adhere to Navajo cultural respect and sensitivity.

B. INSTALLATION LOCATION

1. The sculpture will be installed in the main lobby of DMC under the central staircase in a decorative commemorative space. It will be positioned for visibility from the entrance and adjacent public areas.
2. Artists must consider dimensions, sightlines, and visitor circulation.

C. PROJECT GOALS

1. The selected artwork should celebrate Navajo identity and heritage, enhance the healing environment, serve as a meaningful commemorative piece, provide durability, safety, require low maintenance, and improve the experience of patients, families and staff.

D. PARTICIPANTS

This RFP is open to professional artists (teams) with experience in sculpture. Knowledgeable in Indigenous and Navajo culture representation. Artists are eligible to collaborate with cultural consultants or Navajo craftsmen. Preference may be given to artists from the Navajo Nation or Southwest Navajo region.



E. PROJECT CLOSEOUT & DELIVERABLES REQUIREMENTS

Upon completion of the project, and prior to final acceptance and payment, the Artist shall provide a complete project closeout package to WIHCC. The purpose is to ensure long-term preservation, safety, and maintainability of the installed artwork within a healthcare environment. The closeout package shall include, at minimum, the following:

1. Care and Maintenance Manual

The Artist shall provide a comprehensive written manual outlining the proper care, preservation, and maintenance of the sculpture. This manual shall include:

- Recommended routine cleaning procedures, including approved cleaning agents and methods.
- Preventative maintenance requirements and frequency (if applicable)
- Environmental considerations (e.g. temperature, humidity, UV exposure)
- Instructions for protection against wear, damage and/or vandalism.
- Guidance for safe handling during any future relocation or maintenance activities.
- Identification of any materials, finishes, coatings, and/or sealants used

2. Warranty Documentation

The Artist shall provide a formal written warranty that includes:

- Warranty period (minimum recommended: one (1) year from final acceptance)
- Coverage details, including defects in materials, craftsmanship, and structural integrity.
- Responsibilities of the Artist for repairs or replacement of defective components.
- Exclusions or limitations of warranty coverage.
- Contact information for warranty service requests.

3. As-Built Documentation

The Artist shall submit final documentation reflecting the completed installation, including:

- Final dimensions, weight, and material specifications of the sculpture.
- Installation details, anchoring methods, and base/foundation information.



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- Structural considerations and load requirements (if applicable).
- Final photographs of the installed artwork (minimum of four perspectives).

4. Operations and Contact Information

The Artist shall provide:

- Primary contact information for future consultation, repairs, or conservation.
- Recommended specialists or conservators (if applicable) for long-term preservation.
- Availability for future maintenance or restoration services (optional but preferred)

5. Acceptance Requirement

Final acceptance of the project will be contingent upon WIHCC's review and approval of all closeout documentation listed above. Incomplete or missing documentation may delay project acceptance and final payment.

VI. SPECIAL PROPOSAL REQUIREMENTS:

Proposals should be thorough and detailed so WIHCC may properly evaluate capabilities to provide the required goods and services. Contractor must submit these documentations/items as a complete proposal:

1. ORGANIZATIONAL EXPERIENCE, QUALITY, AND STABILITY (30 POINTS):

- a. Letter of Interest or Cover Sheet
- b. Resume
- c. Artist Statement and Approach: description of proposed work, interest in project, and approach to culturally respectful representation
- d. Concept Sketches or Renderings: initial visuals of the sculpture
- e. Listing of materials and construction details: proposed stone medium (e.g. limestone, sandstone, marble, etc.), estimated dimensions and weight, structural and safety considerations
- f. Timeline: creating, transport, and installation schedule
- g. Portfolio: up to (5) five images of past work (PDF/JPG), demonstrate experience with stone sculpture preferred
- h. References: contract information for (2) two professional references
- i. Navajo Preference (Additional 10 points)
- j. Completed W-9 Form (attached)
- k. Acknowledgement of any Addendas (attached)



2. QUALITY AND DEMONSTRATION (30 POINTS):

- a. Cultural appropriateness and community relevance
- b. Artistic merit, craftsmanship, and originality
- c. Feasibility, durability, and safety
- d. Appropriateness for the designated space
- e. Artist qualifications and experience
- f. Detailed closeout package for after care maintenance and warranty documentation

3. PROJECT COST (30 POINTS):

- a. The Project Cost should be all-inclusive and cover all costs associated with the project.
- b. Complete and Submit the Cost Proposal Form (attached)

VII. SELECTION CRITERIA AND AWARD:

An evaluation committee shall evaluate proposals based on the weighted criteria listed below. Submittals should completely address each of the following evaluation criteria in the order presented, elaborating on all responses where possible.

- I. ORGANIZATIONAL EXPERIENCE, QUALITY AND STABILITY (30 Points Possible)
- II. OVERALL EXPERIENCE AND DEMONSTRATION (30 Points Possible)
- III. PROJECT COST (30 Points Possible)
- IV. NAVAJO PREFERENCE (10 Points Possible)

Evaluation Criteria Summary: The following is a summary of the evaluation factors and the weighted value assigned to each.

CRITERIA		MAXIMUM POINT VALUE	
1.	ORGANIZATIONAL EXPERIENCE, QUALITY, AND STABILITY	30	Points Possible
2.	QUALITY AND DEMONSTRATION	30	Points Possible
3.	PROJECT COST	30	Points Possible
4.	NAVAJO PREFERENCE	10	Points Possible
	Total	100	Points Possible

AWARD

Award will be made to the overall highest scoring Proposer. Notwithstanding any other provisions of this solicitation, the WIHCC reserves the right to: (1) waive any immaterial defect or informality; or (2) reject any or all proposals or portions thereof; or (3) reissue a solicitation. WIHCC plans to award the Contractor by May 8, 2026. WIHCC will then mutually discuss and refine the scope of work with the selected contractor and shall negotiate final conditions, compensation, and performance schedule.

VIII. SCHEDULE:

The timetable set out herein represents WIHCC’s best estimate of the schedule that will be followed in the RFP process. In an event in the timetable, such as the “closing date for receipt of proposals”, is delayed, the rest of the timetable dates may be shifted by the same number of days.

ACTIVITY	TIME	DATE
Issue Date / RFP Released		April 2, 2026
Clarification and Questions No Later Than	5:00 PM	April 9, 2026
Proposal Due Date	5:00 PM	April 30, 2026
Proposal Evaluations Complete	TBD	TBD
Notice of Intent to Award	TBD	TBD
Contract Issued	TBD	TBD

IX. ACKNOWLEDGEMENT OF ADDENDA

AUTHORIZED SIGNATURE PAGE

THE FOLLOWING INFORMATION MUST BE COMPLETED AND RETURNED WITH THE RFP:

Please note that the information requested is for reporting purposes only and will not be used in evaluating or awarding an agreement.

ACKNOWLEDGMENT OF ADDENDA

The undersigned acknowledges receipt of the following addenda:

Addenda No.	Dated:
Addenda No.	Dated:
Addenda No.	Dated:

The undersigned acknowledges that the Contractor has examined this RFP with its related documents and is familiar with all of the conditions surrounding the described materials, labor and/or services.

The undersigned further states that the Contractor submitting this RFP is not in violation of any applicable Conflict of Interest laws or regulations included in this RFP.

NAME	
ADDRESS:	
CITY/STATE/ZIP:	
TELEPHONE:	
FAX:	
EMAIL:	
TITLE:	
DATE:	
Signature:	

Cost Proposal Form
RFP GS2026-002 Art Sculpture

In order to meet the minimum required deliverables, WIHCC, Inc. is requiring a cost proposal to be submitted as an essential feature of the response. If the contract is awarded, the Contractor acknowledges to reference and invoice on rates shown below. Evaluation is based on lowest proposed rate combined with Performance/Services, and Customer Service response.

The proposed rate will be all-inclusive of all overhead and administrative costs such as telephone, office supplies, computer usage, travel, etc.

Description of Services	Total Cost

The undersigned acknowledges that the rate applies to all services provided to WIHCC by the Contractor in the course of providing the Art Sculpture Services described in this solicitation.

Print Name

Signature

Date

2024)

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. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input type="checkbox"/> 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
	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 <input type="checkbox"/>		
	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.

Social security number									
				-					
or									
Employer identification number									

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.

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
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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