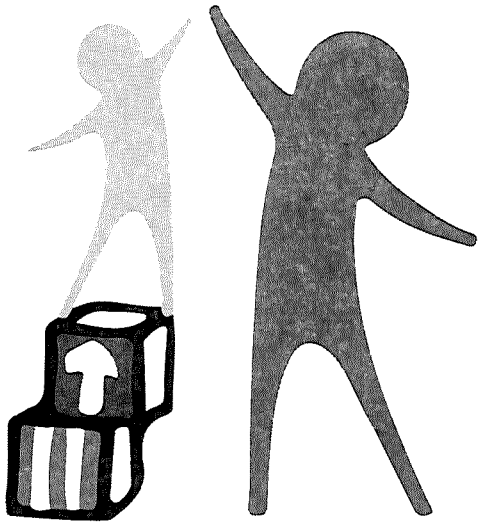
Child-Parent Centers, Inc.



Request for Proposals

Four-Door Mid-Sized Sedans

Dated: 10/30/2026

PURPOSE AND GENERAL SCOPE OF WORK

Child-Parent Centers, Inc. (CPC) is currently accepting bids for two (2) four-door mid-sized sedans. CPC is a federally-funded, non-profit organization that provides Head Start and Early Head Start services and is the designated federal grantee serving southeast Arizona.

Our primary mission is to provide school readiness programs for low-income children entering kindergarten. We serve ages three to five in our Head Start Program and ages birth to three in our Early Head Start Program. Our program provides nutritional, social, and academic services to the children and to their families.

Our agency currently serves approximately 2,100 children and employs over 600 employees in 39 locations in Pima, Santa Cruz, Cochise, Graham and Greenlee counties.

TERMS OF SERVICE

Sedans must be received and paid for by CPC, Inc. **no later than July 31, 2027**. Should the vehicle not be delivered by the above deadline, we reserve the right to cancel the order with no ramifications. Vendor will understand that acceptance of proposal does not guarantee purchase. A Purchase Order will be issued to obligate and commit funds.

VEHICLE PRICING

The pricing must include all taxes, registration, fees and any and all additional charges associated with the purchase (out-the-door price).

SPECIFICATIONS

Please see attached Sedan Bid Specification Form (ATTACHMENT A) for specifications and minimum requirements this vehicle must meet. Please also see Sedan Bid Specification Form (ATTACHMENT B) – use this to submit a lower-end sedan option bid.

ATTACHMENTS

Include the following in your Proposal:

- RFP Submittal/Decline Form
- Vendor/Bidder Fact Sheet and Questionnaire
- Debarment Certification
- W-9 Form
- Sedan Bid Specification Form (ATTACHMENT A) – **taxes and all fees should be included in your bid price**
- Sedan Bid Specification Form (ATTACHMENT B) for lower-end sedan option bid, if applicable – **taxes and all fees should be included in your bid price**

Also include the following:

- Copy of current Certificate of Liability
- Copy of current Workers Compensation Liability
- Copy of current Business License

PROPOSAL GUIDELINES AND REQUIREMENTS

This is an open and competitive process.

If your dealership is not able to submit a proposal at this time, we ask that the decline box be marked on the Submittal/Decline form and return it to Kristi Rosing at krosing@childparentcenters.org or by fax at (520) 884-0605.

Proposals must contain the signature of a duly authorized officer or agent of the dealership submitting the proposal.

Provisions of this RFP and the contents of the successful responses are considered available for inclusion in final contractual obligations.

In the event that the awarded dealership fails to perform the scope of work or becomes insolvent after the agreement is signed, CPC reserves the right to cancel.

Please review the specifications and mail or deliver your proposal to:

Child-Parent Centers, Inc.
Procurement Department
602 E. 22nd Street
Tucson, AZ 85713

All proposals must be received by **Friday, December 4, 2026,** no later than **3:00 pm**. Proposals must be clearly marked **"Sealed Bid – Sedans 2026"**.

If you have additional questions regarding the requirements, please email questions to krosing@childparentcenters.org. All questions must be received by **Monday, November 23, 2026.**

Our open competition policies require prospective vendors to submit all questions in writing. Funding requirements do not allow CPC to accept verbal quotes.

Please note: All instructions must be followed in order to be considered for this proposal. Prospective vendor **will not** be considered if **all** necessary information and documents are not provided with proposal.

NEW VEHICLE SPECIFICATIONS LIST (Sedan)

This form is to be used to indicate the specs needed in the new vehicles to be purchased by Child-Parent Centers, Inc. Please indicate that all items and functions itemized in the list below are included in the quoted vehicle.

Minimum Specifications	Yes/No/Specific Response
White	
4-Door, 4-5 Passenger Car, Sedan	
Engine Displacement	
Engine Configuration	
Fuel Type	
Factory Window Tint	
Automatic Transmission	
Adjustable Steering Wheel	
Power Brakes	
Power Seats	
Power Steering	
Power Locks/Windows	
Factory Air Conditioning	
*Keyless Entry/Remote Start	
Conventional Trunk	
Cruise Control	
Front/Side Airbags	
Floor Mats (Front/Back)	
Spare Tire	
*Backup/Safety Cameras	
*Lane Sensors	
*GPS Standard Equipment	
GPS Service Subscription	
*8-inch Monitor	
USB Adaptors	
*Bluetooth/Handsfree Calling	
Dark Grey/Black Cloth Interior	
Minimum 24 MPG City/30 MPG Highway	
General Warranty Information:	
Make/Model of Vehicle:	
Price Per Vehicle (Including Sales Tax, License Fee, Prep):	
Availability:	
Note: The pricing must include all taxes, registration, fees and any and all additional charges associated with the purchase and delivery of the vehicle(s)	
Dealer Name:	
Address:	
Telephone:	
Authorizing Agent:	
Title:	
E-mail:	

Note: "CPC, Inc. is exempt from Federal taxes but not exempt from State and Local taxes. (Taxpayer ID or Certificate is available upon request.)

*Items with an *are not an agency requirement nor minimum qualification. Wanting to know if it is part of the standard equipment with this make/model.

ATTACHMENT A

NEW VEHICLE SPECIFICATIONS LIST (Sedan)

This form is to be used to indicate the specs needed in the new vehicles to be purchased by Child-Parent Centers, Inc. Please indicate that all items and functions itemized in the list below are included in the quoted vehicle.

Minimum Specifications	Yes/No/Specific Response
White	
4-Door, 4-5 Passenger Car, Sedan	
Engine Displacement	
Engine Configuration	
Fuel Type	
Factory Window Tint	
Automatic Transmission	
Adjustable Steering Wheel	
Power Brakes	
Power Seats	
Power Steering	
Power Locks/Windows	
Factory Air Conditioning	
*Keyless Entry/Remote Start	
Conventional Trunk	
Cruise Control	
Front/Side Airbags	
Floor Mats (Front/Back)	
Spare Tire	
*Backup/Safety Cameras	
*Lane Sensors	
*GPS Standard Equipment	
GPS Service Subscription	
*8-inch Monitor	
USB Adaptors	
*Bluetooth/Handsfree Calling	
Dark Grey/Black Cloth Interior	
Minimum 24 MPG City/30 MPG Highway	
General Warranty Information:	
Make/Model of Vehicle:	
Price Per Vehicle (Including Sales Tax, License Fee, Prep):	
Availability:	
Note: The pricing must include all taxes, registration, fees and any and all additional charges associated with the purchase and delivery of the vehicle(s)	
Dealer Name:	
Address:	
Telephone:	
Authorizing Agent:	
Title:	
E-mail:	

Note: "CPC, Inc. is exempt from Federal taxes but not exempt from State and Local taxes. (Taxpayer ID or Certificate is available upon request.)

*Items with an *are not an agency requirement nor minimum qualification. Wanting to know if it is part of the standard equipment with this make/model.

ATTACHMENT B

RFP Submittal/Decline Form

Four-Dour Mid-Sized Sedans 2026

Date: _____

Check one of the following:

- ❑ Submitting a proposal
- ❑ Declining a proposal – We would appreciate if you would please provide a brief explanation of why you are declining at this time. Thank you!

_____

_____

Agency Name:	Agency Contact:
Agency Address:	Agency Telephone:
	Agency Fax:
	Agency Email:

If submitting a proposal, please include the following:

1. RFP/Bid Submittal Decline Form
2. Vendor/Bidder Fact Sheet and Questionnaire
3. Debarment Certification Form
4. W-9 Form
5. Sedan Bid Specification Form **(ATTACHMENT A) – taxes and all fees should be included in your bid price**
6. Sedan Bid Specification Form for lower-end sedan option bid, if applicable **(ATTACHMENT B) – taxes and all fees should be included in your bid price**
7. Copy of current Certificate of Liability
8. Copy of current Workers Compensation Liability
9. Copy of current Business License

**CPC must have these on file to consider you for a contract or bid award.*

To assist us in meeting our reporting guidelines, please return this form with the RFP submittal or if declining email to Kristi Rosing at krosing@childparentcenters.org or fax to (520) 884-0605.

VENDOR/BIDDER FACT SHEET AND QUESTIONNAIRE

Please return to:

CHILD-PARENT CENTERS, INC.
Procurement Department
602 E. 22nd St.
Tucson, AZ 85713

DATE: _____

NAME OF COMPANY/DIVISION: _____

STREET ADDRESS: _____
MAILING ADDRESS: _____

TELEPHONE: _____ FAX: _____ OFFICE HOURS: _____

REPRESENTATIVE: _____ HOW LONG IN BUSINESS?: _____
REPRESENTATIVE EMAIL ADDRESS: _____
IDENTIFY YOUR BUSINESS OR SERVICES YOUR BUSINESS PROVIDES:
_____

LEGAL STRUCTURE:
Sole Proprietorship: ___ Partnership: __ Corporation: __
*Vendors supplying services (contracting, etc.) shall supply the following:
Federal Employers Tax I.D. number (TIN): _____

Contractor license types/numbers held: _____

SELF-CERTIFICATION CATEGORIES – PLEASE CHECK APPROPRIATE CATEGORIES:
NOTE: DEFINITIONS –
"Control" is defined as exercising the power to make policy decisions.
"Operated" is defined as actively involved in the day-to-day management and not merely acting as officers or directors.

_____ LARGE BUSINESS – A domestic concern which, including domestic and foreign divisions and affiliates, normally employees 500 or more persons, is independent or publicly owned or controlled and operated, and which may be a division of another domestic or foreign concern.

_____ SMALL BUSINESS – The term "small business" shall mean a small business as defined pursuant to section 3 of the Small Business Act and in relevant regulations promulgated thereto. Generally, unless your firm is operating in an industry with a special size standard, it is considered small if (a)it has fewer than 500 employees for manufacturing industries, (b) has average annual receipts for three (3) preceding years of less than $12 million for general construction (c) has average annual receipts for preceding fiscal years of less than $2 million for service industry.

_____ MINORITY OWNED BUSINESS – A concern that is at least fifty-one percent (51%) owned by one or more minority individuals; or, in the case of any publicly owned business, at least fifty-one percent (51%) of the stock of which is owned by one or more minority individuals, and whose management and daily business operations are controlled by one or more minority individuals. Please check the appropriate group(s) listed here and note percentage of ownership.

___ (F) = Female ___ (M) = Male ___ Black Americans ___ Hispanic Americans
___ Asian-Indian Americans ___ American Indians ___ American Eskimos and Aleuts ___ Other Designated Minority
___ Native Hawaiians

Please specify: _____

_____ ARE YOU A U.S. CITIZEN?

_____ WOMEN OWNED BUSINESS – a concern that is at least fifty-one percent (51%) owned by one or more women: or, in the case of any publicly owned business, at least fifty-one percent (51%) of the stock of which is owned by one or more women, and whose management and daily business operations are controlled by one or more women.

_____ HANDICAPPED-OWNED BUSINESS – A concern that is at least fifty-one percent (51%) owned by one or more individuals who have a physical or mental impairment that substantially limits one or more major life activity. The individuals(s) must either have a record of such impairment or correctly regard him-herself(selves) as having such an impairment or in the case of any publicly owned business, at least fifty-one percent (51%) of the stock of which is owned by one or more handicapped persons, and whose management and daily business operations are controlled by one or more such individuals.

* Mandatory

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS - PRIMARY COVERED TRANSACTIONS

By signing and submitting this proposal, the applicant, defined as the primary participant in accordance with 45 CFR Part 76 certifies to the best of his or her knowledge and belief that it and its principals:

a. *are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transaction by any Federal Department or agency;*
b. *have not within a 3-year period preceding this proposal been convicted or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction: violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statement, or receiving stolen property;*
c. *are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification; and*
d. *have not within a 3-year period preceding this application/proposal had one or more public transaction (Federal, State or local) terminated for cause or default.*

The inability of a person to provide the certification required above will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The Department of Health and Human Services' (HHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

The prospective primary participant agrees that by submitting this proposal, it will include the clause entitled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided below without modification in all lower tier covered transactions.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION - LOWER TIER COVERED TRANSACTIONS (TO BE SUPPLIED TO LOWER TIER PARTICIPANTS)

By signing and submitting this lower tier proposal, the prospective lower tier participant, as defined in 45 CFR, Part 76, certifies to the best of its knowledge and belief that it and its principals:

a. *are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.*
b. *where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal.*

The prospective lower tier participant further agrees by submitting this proposal that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

CERTIFICATION REGARDING LOBBYING FOR CONTRACTS, GRANTS, LOANS AND COOPERATIVE AGREEMENTS

The undersigned certifies to the best of his or her knowledge and belief, that:

1. *No Federal appropriate funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan, or cooperative agreement.*
2. *If any funds other than Federal appropriated funds have been paid or will be paid to any person influencing or attempting to influence an officer or employee or an agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.*
3. *The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.*

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty or not less than $10,000 and not more than $100,000 for each such failure.

I hereby agree to the above certifications and assurances.

_____
Signature of Certifying Official

_____
Title

_____
Applicant Organization

_____
Date
11/03/26

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)

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.)

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 . . . . . ☐

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