

# *Tribal Employment Rights Office* *-Pacific Northwest Region-*



## **Certification Application** Native American Business

### *TO THE APPLICANT:*

This application is for certification of a majority or wholly-owned Native American business interested in providing their services and/or products via contracting opportunities under the purview of the Pacific Northwest TERO programs as provided for by the Indian Self-Determination and Education Assistance Act (P.L. 93-638), specifically 7(b), and other applicable federal and tribal laws.

Prescription of preference for Native American-owned businesses is applied accordingly by the discretion of each Tribe participating in the regional certification process. Each certified applicant is encouraged to understand the respective preference guidelines of each Tribe to determine their eligibility and to identify viable opportunities for their business.

Certification of Native American-owned businesses is designed to: 1) Verify that the applicant is Native American; 2) That the applicant is majority owner, if not 100%, of the business, and; 3) That the applicant is the primary beneficiary of the business being certified. Documentation and information required is essential to fulfill the criteria. Any deliberate or intentional effort to misrepresent the ownership of the business applying for certification will result in exclusion of contract opportunities by the TERO programs of Pacific Northwest Region.

## ***APPLICATION FOR CERTIFICATION*** **Native American Businesses** ***Pacific Northwest Region TERO***

**1. Name of firm:** \_\_\_\_\_

Corporation name (if applicable): \_\_\_\_\_

Name of Principal Owner: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Residential Address (of owner): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Business Phone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

E-mail or Web site: \_\_\_\_\_

Owner's full name: \_\_\_\_\_ Title: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Enrollment No.: \_\_\_\_\_

ID Submitted (attach copy):      Tribal Enrollment Card \_\_\_\_\_ CIB \_\_\_\_\_ ANCSA \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Driver's License No. \_\_\_\_\_

**2. Legal Structure:**     Sole Proprietorship       Partnership       Corporation

Summary of Business: \_\_\_\_\_

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Please list other business name(s) previously used: \_\_\_\_\_

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Does this applicant's firm have any subsidiaries or affiliates or is it a subsidiary or affiliate of another concern? If yes, explain and include the name and address of subsidiary, affiliate or another concern. Describe the relationship in detail.

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Has this business or owners/co-owners been debarred or suspended from contracting with any Tribes or any department or agency of the State or Federal Government?

Yes  No

If yes, please explain and include the name of person or business, date of action, type of action, and with whom. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your firm ever had any licenses, permits or authorizations revoked?  Yes  No

If yes, please explain actions taken: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did you start or acquire your ownership in this business? \_\_\_\_\_

\_\_\_\_\_

List dollar amount invested by any individual(s) to start or buy this business. Attach sources of financing and supportive documents (loan agreements, receipts, cancelled checks, initial bank statements, CDs, etc.). If other, please explain on an attached page:

Name/Position	Money	Equipment	Other-explain
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

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Date you started business: \_\_\_\_\_ Date acquired majority ownership: \_\_\_\_\_

Do you own office equipment, field equipment, or vehicles used in the business?

Yes  No

If yes, please include copy of equipment list, estimated value, and copies of titles of equipment and/or of promissory notes for purchase of equipment.

Do you lease office equipment, field equipment, or vehicles used in the business?

Yes  No If yes, please include copy of lease agreement(s).

Does your firm share any resources (employees/personnel, office space or facilities, equipment, storage space, financing) with any other firm or individual?

Yes  No

If *yes*, please identify company and the resources shared and explain: \_\_\_\_\_  
\_\_\_\_\_

Do you own or lease the company office space?  Yes  No

If *yes*, please include copy of lease agreement.

### 3. Business Registrations, Certifications, Licenses & Bonding

Federal Identification No.: \_\_\_\_\_ State ID No.: \_\_\_\_\_

Construction Contractor's Board (CCB) License No: (attach copy) \_\_\_\_\_

Including electrical, plumbing, landscaping, welding, engineering, etc. List other professional licenses.

Certification with any state Minority Business Enterprise (MBE), Women Business Enterprise (WBE), Disadvantaged Business Enterprise (DBE), or Emerging Small Business (ESB) program. If so, please provide copy of certification approval.

State(s) Certified: \_\_\_\_\_

Small Business Administration 8(a) Certification No.: \_\_\_\_\_ Exp: \_\_\_\_\_

Please provide copy of certification approval.

Corporation No. (if applicable): \_\_\_\_\_ State(s): \_\_\_\_\_

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Tribal Business License No.: \_\_\_\_\_ Tribe(s): \_\_\_\_\_

Has your business ever been denied certification with any of the above?  Yes  No

If yes, please provide brief explanation of action.

Bonding: Name of surety company/agent: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Bonding Limit: \$ \_\_\_\_\_ Bonding Capacity (attach proof): \$ \_\_\_\_\_

Insurance coverage: Name of insurance company: \_\_\_\_\_

Agent: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Amount and Type of Coverage: \_\_\_\_\_

Number of employees for the business, including owner(s): full-time \_\_\_\_ part-time \_\_\_\_

Number of Native American employees: full-time \_\_\_\_ part-time \_\_\_\_

Number of employees for affiliates and/or subsidiaries: full-time \_\_\_\_ part-time \_\_\_\_

List other businesses in which you or any other owners have ownership or interest:

\_\_\_\_\_

Identify your primary line or work or profession using the attached condensed North American Industry Classification System (NACIS) code list: \_\_\_\_ / \_\_\_\_

Description(s): \_\_\_\_\_

Note any other firm capabilities by describing other products/services your firm offers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 4. Company Control, Experience & References

List three reliable references whom can verify owner's/firm's capabilities.

Name	Address	Phone Number
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_____	_____	_____
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_____	_____	_____
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List major projects, contracts or subcontracts performed by the firm, listing most recent first. If a new business, list previous business references. Indicate role (prime, sub, Jv).

<u>Project/Contract</u>	<u>Contact Person</u>	<u>Phone Number</u>	<u>Amount</u>	<u>Year</u>	<u>Role</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Identify by name and title in company ALL individuals (owners and non-Indian owners) who have responsibilities for day-to-day management/supervision in the table below:

<u>Responsibility</u>	<u>Name/Title</u>	<u>Percentage</u>
<u>Financial Decisions</u>	_____	_____
<u>Marketing/Sales</u>	_____	_____
<u>Estimating/Bidding</u>	_____	_____
<u>Personnel Decisions</u>	_____	_____
<u>Purchasing Equipment</u>	_____	_____
<u>Field Supervision</u>	_____	_____
<u>Signatory Authority</u>	_____	_____

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For the owner of a self-proprietorship, and any co-owner(s) of a partnership, joint-venture, or corporation, list for each below the EDUCATION, TRAINING & EXPERIENCE that would qualify the owner(s) as capable of managing the business being certified:

<u>NAME</u>	<u>COLLEGE/Vocation</u>	<u>Year</u>	<u>Degree/Certificate</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## 5. Financial Statements & Taxes

To qualify as a certified Native American-owned business of a least 51% ownership, the following factors determine if the firm meets the minimum requirements:

VALUE: The Native American owner must establish that they provide real value for their stated ownership interest by providing Capital, Equipment, Real Property, or similar Assets commensurate with the value of their ownership share.

PROFITS: The Native American owner must receive the Percentage or All Profits equal to their share of ownership interests, and make the same or greater contributions to their firm established as partnerships or joint-ventures as their non-Native American partner or co-owner.

The following financial information of the firm is requisite for certification:

BALANCE SHEETS: Submit the most recent year-ending balance sheet indicating the total assets, liabilities and equity of the company.

INCOME STATEMENTS: Submit the most recently quarterly profit/loss statement of the company, indicating revenues/sales, expenses (including salaries and fringe paid to each owner), gross and net profit, and distribution of such profit.

ANCILLARY COMPENSATION: List any management fee, bonuses, reimbursements, expenses, or other arrangements of payment distributed between the Native American and non-Native American owners beyond their share of profits and salaries.

TAXES: Please submit a complete copy of the owner(s) or firm's federal tax returns for the past three years if this is your initial certification with TERO. For an owner or firm already certified by TERO and is providing an annual update please submit the most recent, complete tax filing.

Sole-Proprietor: Form 1040 (Schedule C, Profit or Loss from business).

Partnership: Form 1065 and all applicable schedules and attachments.

Corporation: Form 1120 or 1120S and all applicable schedules and attachments.

**6. Additional Information & Documentation**

The following information is required to complete the review of the certification application of the firm.

<b>Corporations:</b>		List all officers, directors and key employees.		
Name/Title	Enrolled Native American	Years w/ Company	% of time devoted to business	Annual Salary
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			

If additional space is needed, please continue on separate attachment.

- Provide copies of stocks issued for each shareholder
- Stock holder agreements, voting rights and disposal of stock, etc.
- Articles of Incorporation and all subsequent Amendments
- Copy of state incorporation certificate(s)
- Copy of minutes of first corporate organizational meeting and most recent meeting
- Most recent Annual Report
- Copy of Corporate By Laws
- Resumes of Principals of the Company
- Documents of interest in other businesses
- Organizational chart, company brochures

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<b>Partnerships:</b>		List all managers and members.	
Name/Title	Manager/Member	Native American	Years w/ Company
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	



Yes  No

Yes  No

- Agreements of partnership (buy-outs, profit-sharing, contributions, etc.)
- Agreements related to stock ownership, rights, copies of shares, etc.
- Resumes of all partners showing education, training and employment with dates
- Organization chart, company brochures
- Proof of capital invested (See pg. 3)

For all applicants, please submit the following documents, if applicable:

Franchise agreements, Credit agreements, list of key personnel including name, title, and years of experience and bank references.

### **7. Certification Standards, Prescription of Preference**

The Pacific Northwest Region TERO programs have developed standard, centralized certification procedures for businesses owned by Native Americans. The intent of this effort is designed to enhance viable opportunities for experience and success besides working cooperatively with the TERO programs. Once you are certified by a TERO program your firm will be recognized by all other member TERO programs of the Pacific Northwest and be placed on their Native American business directory for solicitations.

As sovereign entities, each Tribe exercises their respective autonomy in determining which Native American businesses are eligible for certification, how preference is prescribed, and the fee amount assessed for certification. In no manner does your certification status obligate the member TERO programs to secure contracts or procurements for your firm’s services and/or products beyond provisions established by Tribal law and applicable federal law.

Please contact the appropriate TERO program for details and information.

## **Certification Affidavit**

I do solemnly declare and affirm that the contents of the foregoing documents are true and correct and include all information necessary to identify and explain the operation of \_\_\_\_\_ (name of firm), as well as the ownership thereof.

The undersigned, in addition, swears that this business is at least 51 percent owned by one or

more members of a federally recognized Tribe whose management and daily business operations are controlled by one or more such individuals.

**Any material misrepresentation will be grounds for denial or revocation of certification by members of the TERO programs of the Pacific Northwest Region.**

Signature of owner/applicant: \_\_\_\_\_

Name (please print/type): \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_ before me appeared applicant \_\_\_\_\_, who being duly sworn did execute the foregoing affidavit, and did state that she/he was properly authorized by \_\_\_\_\_ (name of firm) to execute the affidavit and did so as her/his free act and deed.

**Notary Seal here**

State of: \_\_\_\_\_

Notary Public: \_\_\_\_\_

Commission Expires: \_\_\_\_\_