

Tribal Employment Rights Office

Confederated Tribes of the Umatilla Indian Reservation



Indian Owned Business
Certification Application

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 Confederated Tribes of the Umatilla Indian Reservation TERO Program and other applicable federal and tribal laws.

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 Program.

Submit the certification application and required documentation to:

Confederated Tribes of the Umatilla Indian Reservation
Tribal Employment Rights Office
46411 Timine Way,
Pendleton, OR 97801.

For any questions, please contact us at:

Phone – (541) 429-7180

Fax – (541) 429-7190

Email – terostaff@ctuir.org

1. BUSINESS INFORMATION

Name of Business: _____

Corporation name (if applicable): _____

Business Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Business Phone: (____) _____ Fax: (____) _____

Email: _____ Website: _____

Number of employees for the business, including owner(s):

Full-time: _____ Part-time: _____ Other: _____

Number of Native American employees: Full-time: _____ Part-time: _____

Number of employees for affiliates and/or subsidiaries: Full-time: _____ Part-time: _____

2. PRINCIPAL OWNER INFORMATION

Full name: _____ Title: _____

Tribal Affiliation: _____ Enrollment No: _____

Residential Address (of owner): _____

City: _____ County: _____ State: _____ Zip: _____

Social Security No: _____ Driver's License No: _____ State: _____
(please attach copies of ID's)**3. FINANCIAL STATEMENTS AND TAXES**

To qualify as a certified Native American-owned business of a least 60% 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 or quarterly balance sheet Indicating the total assets, liabilities and equity of the company.

INCOME STATEMENTS: Submit the most recent 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.

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

Partnership: Form 1065 and all applicable schedules and attachments.

Corporation: Form 1120 or 11205 and all applicable schedules and attachments.

4. CERTIFICATION STANDARDS, PRESCRIPTION OF PREFERENCE

The CTUIR TERO program has developed this standardized certification application for businesses owned by Native Americans.

Certified Native American-owned businesses will be notified of all upcoming projects by the contract-letting party and/or the TERO program for services or products provided by your business. TERO subcontracting goals are usually assigned on all projects which require the prime contractor to exercise good faith to solicit and negotiate quotes from TERO-Certified Indian-owned businesses.

5. LEGAL STRUCTURE AND COMPANY CONTROL

1. Please select one:

Sole Partnership Partnership Corporation Joint Venture LLC Other: _____

Summary of Business:

2. Please list other business name(s) previously used by the applicant and/or owners:

3. Does this applicant's firm have any subsidiaries or affiliates or is it a subsidiary or affiliate of another firm?

Yes No

If yes, explain and include the name and address of subsidiary, affiliate or another concern. Describe the relationship in detail:

4. 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 each disbarment/suspension:

5. Has your firm ever had any licenses, permits or authorizations revoked by any jurisdiction?

Yes No

If yes, please explain actions taken:

6. How did you start or acquire your ownership in this business?

7. 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
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

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

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

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

10. Date you started business: _____ Date acquired majority ownership: _____

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

Yes No

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

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

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

13. 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:

14. Do you own or lease the company office space? If yes, please include copy of lease agreement.
[]Lease []Own []Other: _____

6. BUSINESS REGISTRATIONS, CERTIFICATIONS, LICENSES AND BONDING

1. Business Registrations, Certifications, Licenses & Bonding. Please provide copies of all current and valid business registrations, certifications, licenses and bonding documents.

Federal Identification No: _____ State ID No: _____

2. Construction Contractor's Board (CCB) License No: _____
(including electrical, plumbing, landscaping, welding, engineering, etc.)

List other professional licenses:

3. Certification with any state Minority Business Enterprise (MBE), Women Business Enterprise (WBE), Disadvantaged Business Enterprise (DBE), or Emerging Small Business (ESB) program. If you have obtained any of these certifications, please provide copy of that document.

State(s) Certified: _____

Small Business Administration 8(a) Certification No: _____ Exp: _____

Corporation No. (If applicable): _____ State(s): _____

Tribal Business License No: _____ Tribe(s): _____

4. Has your business ever been denied certification with any of the above?
[]Yes []No

If yes, please explain

5. Bonding:

Name of surety company/agent: _____

Contact Person: _____ Phone: (____) _____

Bonding Limit: \$ _____ Bonding capacity (attach proof): \$ _____

6. Insurance coverage:

Name of Insurance Company: _____

Agent: _____ Phone: (____) _____

Amount and Type of Coverage: _____

7. Identify your primary line or work or profession using the condensed North American Industry Classification System (NACIS) code list: _____ / _____
Description(s): _____

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

7. EXPERIENCE AND REFERENCES

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:

Name and Title: _____
Education: _____
Training: _____
Experience: _____

Name and Title: _____
Education: _____
Training: _____
Experience: _____

Name and Title: _____
Education: _____
Training: _____
Experience: _____

List three reliable references who can verify owner's/firm's capabilities. By listing these individuals, you authorize the TERO program staff to contact them for purposes of this application.

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. ADDITIONAL INFORMATION AND DOCUMENTATION

CORPORATIONS:

List all officers, directors, and key employees

Name/Title	Enrolled Native American (Y/N)	Years w/company	% time devoted to business	Annual Salary

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

Provide code of:

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

PARTNERSHIPS:

List all managers and members

Name/Title	Manager/Member	Native American (Y/N)	Years w/company

Provide copies of:

- 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)

Please submit the following documents, if applicable:

Franchise agreements

Credit agreements

List of key personnel including name, title, and years of experience

Bank references

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 60% owned, operated and controlled by an enrolled member of a federally recognized Tribe. Any material misrepresentation will be grounds for denial or revocation of certification.

Name and Title of owner/applicant: (please print/type): _____

Signature of owner/applicant: _____

Date: _____