NEZ PERCE TRIBE
TREATY OF 1855
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Nez Perce

TRIBAL EMPLOYMENT RIGHTS OFFICE

P.O. BOX 365 • LAPWAI, IDAHO 83540-0365 • (208) 843-7363 • Fax: (208) 843-7365

The Pacific Northwest Region TERO programs are developing 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 other TERO programs. Once you are certified by the Nez Perce Tribe, TERO program your firm can then be recognized by other member TERO programs of the Pacific Northwest, as having met the standard certification procedures.

As sovereign entities, each Tribe exercises their respective autonomy in determining which Native American businesses are eligible for certification and how preference is prescribed. In no manner does your certification status obligate any other 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.

Applicants are evaluated on the basis of documentation submitted to a particular TERO program for review and certification. Any changes anticipated in the ownership and/or control of the firm or in the documentation submitted in the application for certification must be fully disclosed at the time of the application.

A certification fee of $100.00 is applied to each applicant. The certification term is valid for three years, upon which a new certification application and fee is processed. During this period all applicants are required to submit annual tax returns and any other documentation involving changes in organizational structure, stocks and control, etc. Failure to provide the annual tax returns and other requested documentation could result in the revocation of your Certified Indian Business status with the Nez Perce Tribe, TERO program.

Please contact the Nez Perce Tribe, TERO program for any further information.

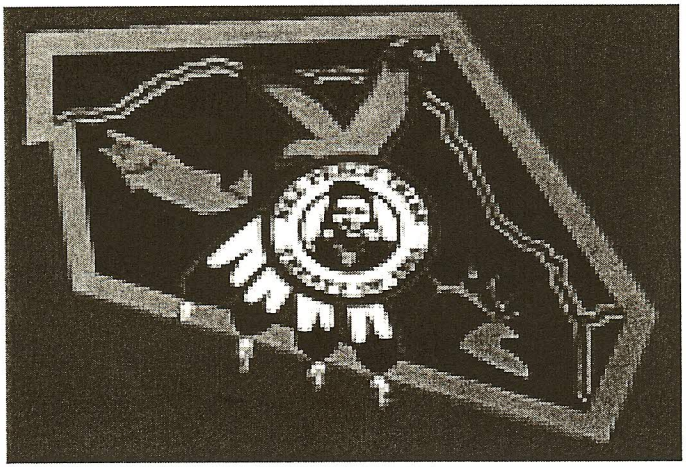
Nez Perce TERO
PO BOX 365
LAPWAI, ID 83540-0365
(208) 843-7363

Tribal Employment Rights Office

-Nez Perce Tribe-

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 Nez Perce Tribal Employment Rights Office 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 utilizing a TERO 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 Nez Perce Tribe, TERO Program.

APPLICATION FOR CERTIFICATION

Native American Businesses

Nez Perce Tribe, TERO

Tribal Employment Rights Office

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, check one) Tribal Enrollment Card ☐ CIB ☐ NCSA ☐

Social Security No.: _____ Driver's License No. _____

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

Summary of Business: _____

_____

_____

_____

_____

Please list other business name(s) previously used: _____

_____

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.

_____

_____

_____

_____

_____

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
_____	$_____	$_____	$_____
_____	$_____	$_____	$_____
_____	$_____	$_____	$_____
_____	$_____	$_____	$_____

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 copies** 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? ☐ Lease ☐ Own
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): _____

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: __ __ __ __ / __ __ __ __
http://www.census.gov/epcd/naics02/

Description(s):_____

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

_____
_____
_____
_____
_____
_____
_____
_____

4. Company Control, Experience & References

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

Name	Address	Phone Number

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).

Project/Contract	Contact Person	Phone Number	Amount	Year	Role

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:

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

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	COLLEGE/Vocation	Year	Degree/Certificate

5. Financial Statements & Taxes

To qualify as a certified Native American-owned business of *at 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 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.

** Percentage of ownership and eligibility for certification and preference may vary from tribe to tribe.*

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/LLC: 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. NOTE: Application must be signed by owner and notarized.

Corporations: List all officers, directors and key employees.

Name/Title	Enrolled Native American	Years w/ Company	*% of* time devoted to business	Annual Salary
	[ ] Yes [ ] No			
	[ ] Yes [ ] No			
	[ ] Yes [ ] No			
	[ ] Yes [ ] No			
	[ ] Yes [ ] No			
	[ ] Yes [ ] No			

If additional space is needed, please continue on separate attachment. Complete the following checklist:

[ ] Corporate federal tax returns, Form 1120(S)
[ ] Provide copies of stocks certificates (copy both sides) and stock transfer ledger
[ ] Stock holder agreements, voting rights and disposal of stock, etc.
[ ] Work history of owner(s) including education, experience, and training.
[ ] Rental/lease and professional service agreements (office space, equipment, etc.)
[ ] Company profile, including brief description of firm's product(s) or service(s)
[ ] Current licenses necessary to conduct your business. Examples: contractor's license (construction, landscaping, electrical, plumbing, welding, engineering, architectural, 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

Partnerships/LLC: *List all managers and members.*

Name/Title	Manager/Member	Native American	Years w/ Company
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

Checklist: Please ensure that all of the following items have been submitted.

- ☐ Federal tax return (most recent), Form 1065 with all schedules, attachments
- ☐ Work history, resumes of principal owner(s), officers.
- ☐ Agreements of partnership (buy-outs, profit-sharing, contributions, etc.)
- ☐ Rental/lease and professional service agreements related to the business
- ☐ Company profile, including a brief description of the firm's product(s) or service(s)
- ☐ Current licenses necessary to conduct your business. (Contractor's license, etc.)
- ☐ Articles of Organization (LLC)
- ☐ Agreements related to stock ownership, rights, copies of shares, etc.
- ☐ Operating Agreement (LLC)
- ☐ Resumes of all partners showing education, training and employment with dates
- ☐ Minutes of most-recent company meetings affecting ownership/management/control (LLC)
- ☐ Organization chart, company brochures
- ☐ Proof of capital invested (See pg. 3)

Sole Proprietor: Checklist

- ☐ Firm's federal tax returns for past year, Form 1040 (Schedule C, Profit/Loss)
- ☐ Work history, including current duties within this business for *each owner* and the key employee(s). Include education, experience, and training with dates related to the primary line of work.
- ☐ Rental/lease agreements and professional service agreements (for office space, equipment, etc.) related to the business
- ☐ Proof of enrollment (copy of tribal enrollment card, other enrollment documents)
- ☐ Company profile (brochure, flier, etc.) including a brief description of the firm's product(s) or service(s).
- ☐ Current licenses necessary to conduct your business. Examples: contractor's license (construction, landscaping, electrical, plumbing, welding, engineering), DEQ license, professional license, etc.
- ☐ Assumed business name registration, if applicable
- ☐ Equipment list for office and field

[ ]

For all *new businesses* (in operation for less than a year), the following items (if applicable) also must be submitted:

☐ Canceled checks relating to the start-up of the business **or**

☐ An invoice with paid receipts or canceled checks relating to the start-up of the business, **and**

☐ One reference for whom work has been performed or to whom goods or materials have been sold during the prior year, **and** one reference from whom goods, major equipment, or materials have been purchased for the business.

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

Franchise agreements, Credit agreements, and bank references.

7. Certification Standards & Prescription of Preference

Applicants are evaluated on the basis of documentation submitted, and possibly an interview of the principal owner(s) and on-site visit of the company's business. Any changes anticipated in the ownership and/or control of the firm or in the documentation submitted in the application for certification must be fully disclosed at the time of application.

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

Certification of Native American-owned businesses is designed to: 1) Verify that the applicant is a Native American enrolled with a federally-recognized Indian tribe; 2) That the applicant is the majority owner, if not 100%, of the business being certified, and; 3) That the applicant is the primary beneficiary of the business being certified. Documentation and information requested is essential to fulfill these 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 Nez Perce Tribe, TERO program.

In no manner does your certification status obligate the TERO program 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 Nez Perce Tribe, TERO program for further details or 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 the Nez Perce Tribe, TERO program.

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: _____