

Attachment G - TERO - Indian Enterprise Qual Statement

INDIAN ENTERPRISE QUALIFICATION STATEMENT

NOTE: Submit completed questionnaire to the Pascua Yaqui Procurement Officer within the time frame specified. Use additional sheets to complete answers if needed.

The Undersigned certifies under oath the truth and correctness of all answers to questions made hereinafter:

1. Applicant wishes to qualify as:

- ☐ An "*Economic Enterprise*" as defined in Section 3(e) of the Indian Financing Act of 1974 (P.L. 93-262); that is "any Indian-Owned...commercial, industrial or business activity established or organized for the purpose of profit: Provided, that such Indian Ownership shall constitute not less than 51 percent of the enterprise,

--or--

- ☐ A "*Tribal Organization*" as defined in Section 4(c) of the Indian Self-Determination and Education Assistance Act (P.L. 93-638); that is: "the recognized governing body of any Indian Tribe; any legally established organization of Indians which is controlled, sanctioned or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities: Provided, that in any case where a contract is let or grant made to an organization to perform services benefiting more than one Indian Tribe, the approval of each such Indian Tribe shall be a prerequisite to the letting or making of such contract or grant..."

2. Name of Enterprise or Organization: _____

Address: _____

Telephone No.: _____

3. Check One:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> L.L.C. | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Other: _____ |

4. If a Corporation:

a. Date of incorporation: _____

b. State of incorporation: _____

- c. Give the names and addresses of the officers of this Corporation and establish whether they are Indian (I) or Non-Indian (NI).

Title	Name And Social Security No.	I/NI	Address	% of stock Ownership
President				
Vice-President				
Secretary				
Treasurer				

- d. Complete the following information on all stockholders who are not listed in c. above, owning 0% or more of the stock. Establish whether they are Indian (I) or Non-Indian (NI).

Name and Social Security No.	I/NI	Address	% of Stock Ownership

5. If a sole proprietorship or partnership:

- a. Date of Organization: _____
- b. Give the following information on the individual or partners and establish whether they are Indian (I) or Non-Indian (NI).

Name and Social Security No.	I/NI	Address	% of Stock Ownership

6. If a joint Venture:

a. Date of Joint Venture Agreement: _____

b. Please provide the following information on the partners to the joint venture:

Name	I/NI	Address	%Ownership

c. Give the name, address, and telephone number of the principal spokesperson of your organization: _____

d. Has any partner of your organization listed in subsection (b) been an officer or partner of another organization that failed in the last ten years to complete a contract? ☐ Yes ☐ No

If yes, state circumstances:

7. Has this enterprise failed in the last ten years to complete any work awarded to it or to complete the work on time? ☐ Yes ☐ No

If so, note when, where and why:

8. Will any officer or partner listed in section (4) be engaged in out-side employment?

☐ Yes ☐ No

If Yes, complete:

Name & Title	Hours/Week Outside the Enterprise

9. Have any of the partners or others listed in section (4) been administratively sanctioned by and department or agency of the United States?

☐ Yes

☐ No

If you have answered yes to subsection (g), please provide the following information:

Name of Partner	Date Of Action	Type of Action	Department Or Agency

10. Does this enterprise or organization have subsidiaries or affiliates, or is it a subsidiary or affiliate of another concern?

☐ Yes

☐ No

If yes, please provide the following information:

Name of Subsidiary or Affiliate	Description of Relationship

11. Does this enterprise or any person listed in #4 above have or intend to enter into any type of agreement with any other concern or person which relates to or affects the on-going administration, management or operations of this enterprise? These include but are not limited to management, and joint venture agreements and any arrangement or contract involving the provision of such compensated services as administrative assistance, data processing, management consulting of all types, marketing, purchasing, production and other types of compensated assistance.

☐ Yes

☐ No

If yes, attach a copy of any written agreement or an explanation of any oral or intended agreement.

12. Has this enterprise ever been subject to a judgment of any court or administrative sanction (Federal, State, or Tribal)? ☐ Yes ☐ No

Has any individual listed in #4 ever been subject to judgment of any court or administrative sanction (Federal, State, or Tribal)? ☐ Yes ☐ No

If the answer is Yes to either question, furnish details in a separate attachment.

13. Has any tax lien or other collection procedure been instituted against this enterprise or the individuals listed in #4 as a sole proprietor or partner in their capacities with this enterprise or other enterprise? ☐ Yes ☐ No

If yes, furnish details in a separate exhibit.

14. Has this enterprise or any person listed in #4 ever been involved in a bankruptcy or insolvency proceeding? ☐ Yes ☐ No

If yes, provide details in an attachment.

15. What dollar amount of Working Capital is available to your enterprise prior to the start of construction?

\$ _____

Explain the source of these funds: _____

Include a copy of the Company's most recent audited financial statement.

16. How will project development bookkeeping and payroll be maintained: (check one)

☐ By contract with an outside professional accounting firm.

Firm: _____

Address: _____

Telephone: _____

☐ Records are to be kept by enterprise personnel.

If "b" has been checked--state the qualifications of your personnel to perform this function:

☐

Other: _____

17. Trade References (include addresses and phone numbers):

18. Bank and credit references (including addresses and phone numbers):

19. Indicate the core crew employees in your work force, their job titles, and whether they are Indian or Non-Indian. Core crew is defined as an individual who is either a current bonafide employee or who is not a current employee but who is regularly employed in a supervisory or other key skilled position when work is available.

Over the past three years, what has been the average number of employees: _____

20. Attach certification by a tribe or other evidence of enrollment in a federally recognized tribe for each officer, partner or individual designated as an Indian in #4.
21. Attach a certified copy of the charter, article of incorporation, by-laws, partnership agreement, joint venture agreement and/or other pertinent organizational documentation.
22. Explain in narrative form the stock ownership, structure, management, control, financing, and salary or profit sharing arrangements of the enterprise, if not covered in answers to specific questions heretofore. Attach copies of all shareholder agreements, including voting trust, employment contracts, agreements between owners and enterprise. Include information on salaries, fees, profit sharing, material purchases, and equipment lease or purchase arrangements.
- Evidence relating to structure, management, control, and financing should be specifically included. Also, list the specific management responsibilities of each principal, sole proprietor, partner, or party to a joint venture (as appropriate) listed in response to #4.
23. Attach evidence that the enterprise (or an individual in it) is appropriately licensed for the type of work that is to be performed. Include Federal ID Number.

24. Attach a brief resume of the education, technical training, business, employment, design and/or construction experience for each officer, partner or sole proprietor listed in #4. Include references.

NOTES:

- I. Omission of any information may be cause for this statement not receiving timely and complete consideration.
- II. The persons signing below certify that all information in this INDIAN ENTERPRISE QUALIFICATION STATEMENT, including exhibits and attachments, is true and correct.
- III. The applicant avows that his has the authority to provide the answers on behalf of the Indian Owned Business or Tribal Organization.

If Applicant is Sole Proprietor:

Name

Date

If Applicant is in a Partnership or Joint Venture, All Partners must sign below:

Name

Date

Name

Date

If applicant is a corporation, affix corporate seal

Corporate Seal

By: _____

President's Signature

Date

Attest by: _____

Corporate Secretary's Signature

Date