



# MHA NATION TERO INDIAN PREFERENCE APPLICATION

FIRM NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ FEDERAL ID # \_\_\_\_\_

**NOTE:** All items must be completed. You are required to provide TERO with all applicable information you would like taken into consideration.

**APPLICATION WILL NOT BE CONSIDERED TILL ALL APPROPRIATE & REQUIRED DOCUMENTS ARE ATTACHED.**

<b><u>NAME OF SERVICE(S) THAT YOU ARE APPLYING FOR:</u></b> Must be from the TERO supplied List of Services. Please contact TERO staff if you need assistance.	<b><u>APPROVED</u></b> <i style="color: red;">Office use only</i>	<b><u>DENIED</u></b> <i style="color: red;">Office use only</i>	<b><u>CATEGORY ASSIGNMENT</u></b> <i style="color: red;">Office use only</i>
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**NOTE:** It is the policy of the Tribe to require an applicant for Indian contract preference certification provide rigorous proof that it is a legitimate Indian-owned and controlled firm.

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**NOTE: A submission of a completed SERVICE JUSTIFICATION FORM will be required for EACH service you are seeking certification. Please attach a completed form for each service that is listed above with this application.**

**NOTE: For EACH service you are seeking certification a SERVICE JUSTIFICATION FORM must be completed and submitted.**

**NOTE: You must register all vehicles with MHA DOT.**

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**OWNER INFORMATION**

<b>Indian Owner(s)</b>		
Name	Title held within firm	Tribal Affiliation
1.		
2.		
3.		

<b>Non-Indian Owner(s)</b>	
Name	Title held within firm
1.	
2.	

**A. OWNERSHIP**

**TYPE OF OWNERSHIP:**    \_\_\_ Sole-Proprietorship  
                                      \_\_\_ Partnership  
                                      \_\_\_ Corporation  
                                      \_\_\_ LLC  
                                      \_\_\_ Other *Describe:* \_\_\_\_\_

**SUBMIT THE FOLLOWING DOCUMENTATION IF APPLICABLE TO YOUR FIRM:** 1. Secretary of State Business License 2. Partnership Agreement (with amendments since creation of partnership) 3. Certificate of Incorporation, Articles of Incorporation, and By-laws (including all amendments since creation of corporation) 4. Firm’s Annual Report 5. Board of Director meeting minutes 6. Company’s Organic documents illustrating ownership 7. Stock information 8. Tribal Business License 9. Any other documentation requested by MHA TERO

**Disclosure of Formal Ownership**

Name	Percentage of Ownership
1.	
2.	
3.	

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4.	
5.	

1. Do any of the owners of this firm have a form of control or a financial interest in any other entity operating on the Fort Berthold Indian Reservation? **(circle answer)** Y N if yes, identify the owner and entity or entities along with the nature of the association:
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**B. MANAGEMENT AND CONTROL**

2. (a) Please attach the Firm's Membership and Management Control Agreement, if applicable.  
 (b) Please attach memo form or other documentation that, through a detailed description, declares what the general duties and responsibilities are of each individual Owner in the day-to-day operations of the firm.
3. What is the Indian Owner(s) other sources of employment? (provide for each owner) List other sources of Employment and Job Title for each Owner (if applicable)

Name	Source of Employment/Job Title

4. Identify the individuals (including owners and non-owners) with the prime responsibility for the following areas:

Responsibility	Name	Indian? or Non-Indian?
Majority of Firm's Management		
Majority of Firm's Control		
Majority of Firm's Decision Making		

**C. INTEGRITY OF STRUCTURE**

5. Did the firm originate from a non-Indian owned business? Y N **(circle answer)**  
 if yes, name of that business: \_\_\_\_\_
6. Are any non-Indian employees of the firm, former employees of a non-Indian firm? Y N **(circle answer)** If yes, fill in table below. (next page)

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Name / Current Title	Hire Date to this firm	Previous Employer / Title	Dates employed – previous employer:

7. If you are involved as a business partnership, corporation, etc., did the NON-INDIAN owner(s) accept a junior role within the firm?    Y    N    **(circle answer)** (If yes, describe in area provided below as to what the Indian business provides to make the non-Indian business accept a junior role.)


***RIGHTS FOR REEVALUATION/REASSESSMENT: You may request reevaluation of your Indian Preference or request service add-ons through the MHA TERO Commission meetings which are held the 2<sup>nd</sup> Tuesday of every month.***

**Under penalties of perjury, I declare that I have examined this application and accompanying forms and statements, and to the best of my knowledge and belief, they are true, correct, and accurate.**

**Owners**

Print name	
Signature	
Print name	
Signature	
Print name	
Signature	

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# LEASED EQUIPMENT INVENTORY.

*Attach all copies of lease agreements.*

ITEM DESCRIPTION	SERIAL NUMBER	LEASED FROM WHERE
1.		
2.		
3.		
4.		
5.		
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**Signature of Company Official**

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**Date**

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# PREFERENCE IN EMPLOYMENT-

*Shall be given to resident Indians of the Fort Berthold Indian Reservation.*

**PLEASE LIST TYPE & TOTAL NUMBER OF POSITIONS THAT WILL BE FILLED WITH THREE AFFILIATED TRIBES TERO REFERRALS & TOTAL POSITION.**

<u>POSITION TYPE</u>	<u>HOURLY RATE</u>	<u>TOTAL</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

\_\_\_\_\_  
**Authorized Company Official**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**MHA TERO Job Placement Officer/Designee**

\_\_\_\_\_  
**Date**

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# AFFIDAVIT

The Undersigned swears that the foregoing statements are true and correct and include all material information necessary to identify & explain the operation of:

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**(COMPANY NAME)**

As well as the ownership thereof. Further, the undersigned agrees to the following conditions.

1. TO ABIDE BY THE MHA TERO ORDINANCE OR THE THREE AFFILIATED TRIBES, REVISED MARCH 11, 1993 BY RESOLUTION #93-40-JJR
2. TO PROVIDE THROUGH THE PRIME CONTRACTOR OR, IF NO PRIME DIRECTLY TO THE CONTRACTING AGENCY, CURRENT, COMPLETE, AND ACCURATE INFORMATION REGARDING ACTUAL WORK PERFORMED ON THE PROJECT, THE PAYMENT THEREFORE AND TO PERMIT THE AUDIT AND EXAMINATION OF BOOKS, RECORDS, AND FILES OF THE NAMED FIRM.
3. ANY MATERIALS MISREPRESENTATION WILL BE GROUNDS FOR TERMINATION OF ANY CONTRACTS WHICH MAY BE AWARDED AND FOR INITATING ACTION UNDER FEDERAL OR STATE LAWS CONCERNING FALSE STAEMENTS.
4. TO NOTIFY THE TERO OF THE THREE AFFILIATED TRIBES WITHIN THIRTY (30) DAYS OF ANY CHANGES IN THE OWNERSHIP, MANAGEMENT, CONTROLS OR STATUS ON AN ON-GOING BASIS.

We certify under the pains of perjury that the information supplied to this application is correct and complete.

We recognize the four (4) conditions stated above governing the consideration of this application and the maintenance of certification status.

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**Company Official**

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**Title**

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**Name (Typed or Printed)**

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**Date**

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# FREEDOM OF INFORMATION ACT RELEASE

**TO:** \_\_\_\_\_

**MATTER:** \_\_\_\_\_

*This is my authority to allow any duly authorized representative of the Three Affiliated Tribes Tribal Employment Rights Office (TERO) to examine and/or secure photo-static copies of any and all records you may maintain with regards to the above-identified matter.*

A photo-static copy of this release may be accepted in lieu of the original.

This release is to continue in effect until revoked in writing by undersigned.

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

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

**SIGNED:** \_\_\_\_\_

Subscribed & sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**(SEAL)**

\_\_\_\_\_

**Notary Public**

\_\_\_\_\_

**My Commission Expires**

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**MHA TERO - ANALYSIS AND RECOMMENDED DISPOSITION *(Office Use Only)***

**Preference Level Determination**

<b><u>MHA Nation Member</u></b>	<b><u>Preference Level 1</u></b>	
<b><u>Member of other federally recognized tribe</u></b>	<b><u>Preference Level 2</u></b>	

**TERO Staff Recommendation:**

<b>Recommend Approval</b>	
<b>Recommend Denial</b>	

**Comments:**

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**Staff – Reviewers**

Print name	Title	Date
Signature		
Print name		
Signature		
Print name		
Signature		

**TERO Executive Director Recommendation:**

<b>Recommend Approval</b>	
<b>Recommend Denial</b>	

**Comments:**

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**Executive Director/Designee**

Print name	
Signature	
Date	

**Comments:**

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**MHA TERO COMMISSION**

**FINAL DISPOSITION:**

<b>Certification - Approved</b>	
<b>Certification - Denied</b>	

**Comments:**

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**Commission Chairperson/Designee:**

Print name	
Signature	
Hearing Date	