

\_\_\_\_\_  
Name of TDHE

# INDIAN PREFERENCE QUALIFICATION APPLICATION

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Name of TDHE

the following application seeking to qualify as a 51% or more Indian-owned and -  
controlled economic enterprise or tribal organization so it can be eligible for  
Indian preference in \_\_\_\_\_ selection and award of  
\_\_\_\_\_  
Name of TDHE

contracts, subcontracts, employment and training. This application must be  
submitted in a timely manner and by a date prescribed by \_\_\_\_\_  
\_\_\_\_\_  
Name of TDHE

in order for the Applicant to be considered eligible for Indian preference.  
Applicant may be required to periodically resubmit this application from time to  
time.

NAME OF ENTERPRISE OR ORGANIZATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_  
\_\_\_\_\_

FAX: \_\_\_\_\_  
\_\_\_\_\_

E-MAIL: \_\_\_\_\_  
\_\_\_\_\_

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

MAILING ADDRESS (IF DIFFERENT): \_\_\_\_\_  
\_\_\_\_\_

LOCATION OF ALL OTHER OFFICES (INCLUDING TEMPORARY AND PART-TIME):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## I. ORGANIZATION

Are you

- a private for profit or non-profit company, or  
 a tribal organization

Check one:

- Corporation  Partnership  Joint Venture  
 Sole Proprietorship  Other (describe) \_\_\_\_\_

Date established: \_\_\_\_\_

Place established: \_\_\_\_\_

Dates organization changed or amended as to ownership and management: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach to this application current organization documents (including where appropriate Articles of Incorporation and bylaws).

## II. CURRENT OWNERSHIP

Date current ownership was established: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Current Ownership</b> fill out an additional disclosure for each owner that is an entity.				
NAME	Check if enrolled in a federally recognized tribe	ADDRESS	TELEPHONE	% of OWNERSHIP

Attach to this application official evidence or record of enrollment of all owners who are enrolled members of federally recognized tribes.

Name any companies or individuals that provide management or administrative services to your company: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many employees do you currently have: \_\_\_\_\_

Name who has made capital contributions to your company: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain who will get your profit on this contract and what percentage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who is your bank and the name and telephone number of the bank official you work with at the bank? \_\_\_\_\_

\_\_\_\_\_

What agency and what insurance company provides your insurance and list telephone number: \_\_\_\_\_

\_\_\_\_\_

If you are a construction company, what agency and what bonding companies provide your bid, performance and payment bonds and list telephone number:

\_\_\_\_\_

\_\_\_\_\_

Explain who you will contract or subcontract more than 10% of your work to:

\_\_\_\_\_

\_\_\_\_\_

If you are supplying goods, name companies that will provide you 10% or more of the goods to be provided under the contract you are seeking (and identify if they are 51% or more Indian-owned and -controlled by an enrolled member of a federally recognized Tribe): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **III. PAST AND CURRENT PERFORMANCE**

Have you or any owner of your entity had any of the following occur in the past 10 years and, if so, please explain with an attached narrative:

- filed bankruptcy or been petitioned into bankruptcy
- sued regarding a contract or payment of a contract
- sued regarding contract, performance or payment of a contract
- failed to complete a contract on time
- failed to finish a contract
- had a claim made on a bond provided on your behalf
- involved in arbitration regarding a contract or its performance
- had a contract terminated for cause
- denied Indian preference after seeking it
- debarred, suspended or other sanctions
- failed to properly pay a supplier, subcontractor, employee as required by contract

- any legal judgments entered against you
- any other incident involving performance of a contract where claims or disputes arose

Attach appropriate narratives to this application.

Name other companies in businesses similar to what you now do that you and your owners have operated or owned in the last 10 years: \_\_\_\_\_

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List all tribes, tribally designated housing entities, and Indian housing authorities that you have had a contract with in the past 10 years and the years you had the contract(s): \_\_\_\_\_

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#### **IV. CONTROL**

List all officers and any Board members of your company and identify if they are enrolled in a federally recognized tribe. If so, indicate which tribe as well as what management duties they have: \_\_\_\_\_

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List the other top 10 management: \_\_\_\_\_

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If any of the above individuals have employment, positions or contracts with or interests in (including ownership) other companies, please so identify and explain, including the % or work time they spend in that position: \_\_\_\_\_

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Name the location of all temporary and permanent offices you have: \_\_\_\_\_

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If you are a construction company, list your core crew employees: \_\_\_\_\_

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What companies or individuals, if any, are mentoring or providing you assistance (including but not limited to loans, capital or staff) to develop as a company and explain on attached sheet: \_\_\_\_\_

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Disclose here and explain on an attached sheet any agreements or arrangements whereby some or all of your company is managed, administered or run in whole or in part by an individual(s) or company(s) not otherwise explained in this application: \_\_\_\_\_

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Disclose here and explain on an attached sheet any public or private agreements, or arrangements, other than those fully disclosed and explained elsewhere in this application, whereby companies or individuals (i.e., service agreements, supplier contracts or subcontracting) received profit from your company: \_\_\_\_\_

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By submitting this Application you are asserting that you believe and know yourself to be a 51% or more Indian-owned and -controlled economic enterprise or tribal organization.

Where not enough space has been provided on this form to allow you to fully explain your answers use additional sheets and attach them to this application.

Your application must be truthful and correct. Making false or misleading statements could subject your company and the individual signing this Application to criminal prosecution and civil penalties since the contract may be funded with government funds.

If any changes in these circumstances or others that impact your eligibility for Preference occur prior to the award of a contract or during the performance of such a contract, you agree to immediately notify \_\_\_\_\_.  
Name of TDHE

Furthermore, if based on new information or changes in circumstances, you should, in the opinion of \_\_\_\_\_ lose 51% or more Indian ownership or control  
Name of TDHE  
of your company, you will lose your eligibility for Indian preference.

If applicant is Sole Proprietor, Sign Below:

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

Name: \_\_\_\_\_ (date) \_\_\_\_\_  
President or CEO's Signature

<b>TO BE FILLED IN BY TDHE</b>
Please submit this Application to:
_____
_____
_____