



Certification Checklist

Company Name:

- Documentation of membership by U.S. Federally recognized Tribe / Tribal I.D.
- Tulalip Tribes Business License
- Proof of Ownership
 - Value Profits Technical Qualifications
- Business Plan or Portfolio **If New Business Required*
- Last 3 years of Tax documents including 1120S Schedule k-1 worksheet
- EIN Documents
- Certificate of Insurance/Bonding

Action Items:

- Tribal Member Owned Tribal Member Small Business Native American Owned

- Approve Deny Need Additional Information

Notes:

Reviewed by:

Compliance Officer: _____ Date: _____

Compliance Officer: _____ Date: _____

Manager: _____ Date: _____

Director: _____ Date: _____



TERO NAOB Applicant Questionnaire

Business Name _____ Date _____

Has this business or owners/co-owners been debarred or suspended from contracting with any tribes, 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:

Is your business co-located at any of its businesses locations, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment, or office staff, with any other business, organization or entity?

() Yes () No

If "Yes", Identify: Business

Name: _____ Explain

relationship: _____

At present, or at any time in the past, has your business:

Been a subsidiary of any other firm () Yes () No

Owned any percentage of any other business () Yes () No

If you have answered "Yes" to any of the following questions, identify the following for each (*attach additional sheets if needed*)

Name _____

Do you have any immediate family members currently employed with the Tulalip Tribes in Management/ Contracting Positions?

Name	Relationship	Dept	Position
_____	_____	_____	_____

Does any of your immediate family members own or manage another company?

() Yes () No If "Yes" then list (*attach additional sheets if needed*)

Name	Relationship	Company	Type of Business	Owner/Manager
_____	_____	_____	_____	_____



NAOB APPLICATION

6406 Marine Dr. Tulalip, WA 98271 (P) 360-716-4747 www.tulaliptero.com

NATIVE OWNED BUSINESS CERTIFICATION

1. Business Identification Construction Non-Construction

Name of Owner : _____ Date: _____

Name of Business: _____

Business Phone: _____ fax: _____

Cell Number: _____

E-mail _____ Website: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (*if different*): _____

City: _____ State: _____ Zip: _____

2. Business Profile

Type of Business: _____

Business Summary : _____

State ID/Lic No #: _____ UBI# _____

Years of Operation: _____ Tulalip Tribes Business #: _____

Number of Employees: Full-time _____ Part-time _____

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

Specify the gross receipts for the last 3 years: Year _____ Total receipts \$ _____

(attach tax documentation) Year _____ Total receipts \$ _____

Year _____ Total receipts \$ _____

3. Ownership

Identify all individuals with any ownership interest in your firm, providing the information requested below

Name:	Title:	Phone:
<hr/>		
Address:	City:	State & Zip:
<hr/>		
Tribal Affiliation:	Enrollment Number:	
<hr/>		
Number of years as Owner:	Percentage Owned:	
<hr/>		

3. Partner (if applicable)

Name:	Title:	Phone:
<hr/>		
Address:	City:	State & Zip:
<hr/>		
Tribal Affiliation:	Enrollment Number:	
<hr/>		
Number of years as Owner:	Percentage Owned:	
<hr/>		

4. Control

Identify your business' firms Officers/Board of Directors *(attach additional sheets if needed)*

Name	Title	Date Appointed	Ethnicity
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

Identify your businesses management personnel who control your business in the following areas:

	Name	Title	Ethnicity
Financial Decisions	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>
Estimating and Bidding	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>
Hiring/Firing of Personnel	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>
	Name	Title	Ethnicity
Field/Production Supervisor	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>
Office Management	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>

Project accomplished/still in progress for the year
Name/Location of Project Type of work

Start/End Date Dollar Value

_____	_____	_____
_____	_____	_____
_____	_____	_____

How can TERO assist your Company?

I do solemnly declare and affirm that the contents of the foregoing documents are true and correct and include all information necessary to identify/explain the operation of _____ (name of firm), as well as _____ (name of owner) of _____ % ownership thereof. The undersigned, in addition, swears that this business is at least 51% 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 misrepresented will be grounds for denial or revocation of certification from TERO.

Signature of Owner/Applicant: _____

Name (please print/type): _____

Title: _____ Date: _____

On this _____ day of _____, 20____ 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

Notary Public _____

State of _____

Commission Expires _____