

# **INDIAN PREFERENCE BUSINESS APPLICATION**

**Confederated Salish & Kootenai  
Tribes**

**Indian Preference Office**

**ATTN: Melinda Charlo**

**P.O. Box 278**

**Pablo, MT 59855**

**(406) 675-2700, @ EXT.1045**

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E-Mailed Copies\***

# **INSTRUCTIONS FOR INDIAN PREFERENCE BUSINESS APPLICATION**

1. **Applicants may be required to submit additional information for the Indian Preference Coordinator.**
2. Applicants are advised that any and all information provided herein may be made public, and businesses may be placed on a Indian Preference Business list.
3. Failure to submit the required information may be cause for the application to be considered non-responsive and the basis for rejection of application. **Failure to sign and notarize the application will be cause for rejection of the application.**
4. Applicants must submit all information necessary to prove that your business meets the requirements for Indian Preference. **Copies of all proof of ownership and agreements must be attached to the application.**
5. Applications will require a minimum of one month for review and approval. If the Indian Preference Coordinator needs more information to act on the application the applicant will be notified. The Coordinator will make the decision within five (5) working days after receipt of requested material.

## **Required information that is needed before submitting the Indian Preference Business Application.**

### **SOLE PROPRIETOR**

1. Enrollment verification from a federally recognized tribe.
2. Ownership of 100% of the business.
3. Documents notarized.
4. Previous year tax return.

### **PARTNERSHIP OR JOINT VENTURE**

1. Enrollment verification from a federally recognized tribe.
2. Documentation on ownership of 51% of the business by a tribal member or member of a federally recognized tribe.
3. Notarized Partnership or Joint Venture agreement, with all amendments.
4. Documentation of business ownership and management by one or more Indian(s)
5. Documentation on profit arrangement of business.
6. Documents notarized.
7. Previous year tax report for the business.

### **CORPORATION**

1. Enrollment verification from a federally recognized tribe.
2. Documentation on ownership of 51% of the business by a tribal member or member of a federally recognized tribe.
3. Notarized Articles of Incorporation and Bylaws, with all amendments.
4. Documentation of business ownership and management by one or more Indian(s)
5. Documentation on profit arrangement of business.
6. Previous year tax report for the Corporation.
7. Documents notarized.

**If the Indian Preference Coordinator needs additional information on the application the applicant will be notified. The Indian Preference Coordinator will make the decision within five (5) working days after receipt of requested information.**

# CONFEDERATED SALISH AND KOOTENAI TRIBES INDIAN PREFERENCE BUSINESS APPLICATION

1. **FIRM NAME:** \_\_\_\_\_
2. **BUSINESS MAILING ADDRESS:** \_\_\_\_\_  
**BUSINESS STREET ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_  
**TELEPHONE#** \_\_\_\_\_ **FAX#** \_\_\_\_\_
3. **OWNER'S NAME:** \_\_\_\_\_  
**HOME ADDRESS:** \_\_\_\_\_ **TELEPHONE#** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_
4. **FEDERAL EMPLOYEE IDENTIFICATION #** \_\_\_\_\_
5. **MEMBER OF A DESIGNATED GROUP (Check one only):**
  1. \_\_\_\_\_ Enrolled member of the Confederated Salish & Kootenai Tribes  
Tribal Enrollment # \_\_\_\_\_ (Please provide verification.)
  2. \_\_\_\_\_ Enrolled member of a federally recognized tribe  
Tribal Enrollment# \_\_\_\_\_ (Please provide verification)
6. **Indicate firm status:**  
\_\_\_\_\_ Partnership  
\_\_\_\_\_ Sole Proprietorship  
\_\_\_\_\_ Corporation  
\_\_\_\_\_ Joint Venture  
\_\_\_\_\_ Other business entity (please specify) \_\_\_\_\_
7. **Indicate Type of business:**  
\_\_\_\_\_ Construction  
\_\_\_\_\_ Vendor  
\_\_\_\_\_ Professional Service (please specify) \_\_\_\_\_  
\_\_\_\_\_ Other Business activity (please specify) \_\_\_\_\_
8. **How long has your business been active** \_\_\_ Years \_\_\_ Months
9. **Please list all business activities your business is capable of doing:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. **Do you hold any minority business certification status from a Federal, State or local agencies? If yes, list certifications held and attach copies with the application:**

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11. **Is 50% or more of your income derived from somewhere other than your business? If yes, are you employed full-time?** \_\_\_\_\_

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12. **Are you involved in any other business entity that has an Indian Preference Business application on file? If yes, please explain.** \_\_\_\_\_

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13. **Control of firm: Identify individuals who own any portion of the firm's assets:**

| <u>Name</u> | <u>Years of Ownership</u> | <u>Ownership Percentage</u> |
|-------------|---------------------------|-----------------------------|
|-------------|---------------------------|-----------------------------|

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14. **Attach a copy of all partnership, corporation, profit sharing, joint venture, and other business agreements, licenses, charters, etc... that indicates ownership and management of the business.**

**Items attached:** \_\_\_\_\_

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15. **Please provide documentation on how on your company's profits will be distributed.** ( please provide information with your application).

16. **Please furnish a list of your officers and directors including their names, addresses, phone numbers and minority status of each officer and director of the company.**

| <u>Name</u> | <u>Address</u> | <u>Phone#</u> | <u>TribalAffiliation</u> |
|-------------|----------------|---------------|--------------------------|
|             |                |               |                          |
|             |                |               |                          |
|             |                |               |                          |
|             |                |               |                          |

17. **Identify individuals (including owners and non-owners) in the business responsible for day-to-day management and policy decisions in the following areas:**

|   | <u>Name</u> | <u>Title</u> |
|---|-------------|--------------|
| Financial decision                      |             |              |
| Management decisions                    |             |              |
| 1. Estimating                           |             |              |
| 2. Marketing & Sales                    |             |              |
| 3. Personnel                            |             |              |
| 4. Purchasing(supplies/<br>major items) |             |              |
| Supervision of field operations         |             |              |

18. **For each of those persons listed in number 17 above, provide a summary of the person's experience and the number of years in that type of business.**

| <u>Name</u> | <u>Summary of experience</u> | <u>Years in business</u> |
|-------------|------------------------------|--------------------------|
|             |                              |                          |
|             |                              |                          |
|             |                              |                          |
|             |                              |                          |
|             |                              |                          |

19. **Number of employees in the firm at the date of submission: \_\_\_\_.**  
**Highest number of employees during a typical year: \_\_\_\_.**

**Identification of Core Crew**

| <u>Name</u> | <u>Occupation</u> | <u>Years/months with firm</u> |
|-------------|-------------------|-------------------------------|
|             |                   |                               |
|             |                   |                               |
|             |                   |                               |
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20. **List all services, equipment, materials, or products provided by this business:**

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21. **List the three most recent and largest projects (by dollar amount) completed by your business:**

Project                                      Dollar Amount                                      Date Completed

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22. **References: List prior and current business clients:**

Company Name                                      Contact Person                                      Address                                      Telephone#

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**\*\*Your business will be listed on The Confederated Salish and Kootenai Tribal webpage. If you would like your e-mail listed with your business, please list the address below.**

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

**\*\*When the Indian Preference Office receives notices of requests for bids, these are forwarded to the Indian Preference Businesses either by email or mail. Please select your preferred method to receive such notices.**

(  ) Email

(  ) Mail

23.

**AFFIDAVIT**

"The undersigned swears that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations of \_\_\_\_\_ (name of firm) as well as the ownership thereof. Any material misrepresentation will be grounds for terminating any contract which may be awarded and for initiating action under Tribal and/or federal law."

Signature \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Corporation Seal (where applicable)

State of \_\_\_\_\_ }

} ss.

County of \_\_\_\_\_ }

On this \_\_\_\_\_ day of \_\_\_\_\_, 2019, before the undersigned personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribe to on this Affidavit, and acknowledged to me that he/she executed the same and was authorized by \_\_\_\_\_ (name of firm) to execute it.

\_\_\_\_\_  
Notary Public for the State of Montana



**CONFEDERATED SALISH AND KOOTENAI TRIBES**  
**INDIAN PREFERENCE BUSINESS APPLICATION**  
**TYPES OF BUSINESS ACTIVITIES**

The following are typical types of business activities. Indicate the ones your business is capable of performing.

- \_\_\_\_\_ Agricultural Sales
- \_\_\_\_\_ Automotive repair
- \_\_\_\_\_ Computer
- \_\_\_\_\_ Concrete type: \_\_\_\_\_
- \_\_\_\_\_ Construction, new-industrial, commercial, residential
- \_\_\_\_\_ Construction - major/minor rehabilitation
- \_\_\_\_\_ Culvert installation
- \_\_\_\_\_ Drywall
- \_\_\_\_\_ Electrical - commercial (Master) License# \_\_\_\_\_
- \_\_\_\_\_ Electrical - residential (Journeyman) License# \_\_\_\_\_
- \_\_\_\_\_ Excavation
- \_\_\_\_\_ Fencing
- \_\_\_\_\_ Food Service
- \_\_\_\_\_ Grading
- \_\_\_\_\_ Janitorial
- \_\_\_\_\_ Lighting
- \_\_\_\_\_ Logging
- \_\_\_\_\_ Masonry
- \_\_\_\_\_ Mechanical -heating/air conditioning
- \_\_\_\_\_ Painting
- \_\_\_\_\_ Paving
- \_\_\_\_\_ Pipefitting
- \_\_\_\_\_ Plumbing License# \_\_\_\_\_
- \_\_\_\_\_ Ranching
- \_\_\_\_\_ Roofing
- \_\_\_\_\_ Sheet metal fabrication
- \_\_\_\_\_ Signing
- \_\_\_\_\_ Snow Removal
- \_\_\_\_\_ Structures
- \_\_\_\_\_ Surveying
- \_\_\_\_\_ Trucking
- \_\_\_\_\_ Utility installation
- \_\_\_\_\_ Vendor (List Product)(please specify) \_\_\_\_\_
- \_\_\_\_\_ Welding
- \_\_\_\_\_ Other \_\_\_\_\_

GENERAL CONTRACTOR   
(Responsible for all aspects of project)

SUBCONTRACTOR