

**INDIAN PREFERENCE
BUSINESS
APPLICATION**

**Confederated Salish & Kootenai
Tribes**

Indian Preference Office

ATTN: Melinda Charlo

P.O. Box 278

Pablo, MT 59855

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:**

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

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

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: _____

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/ 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>

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