

# **INDIAN PREFERENCE 2024 BUSINESS APPLICATION**



## **Confederated Salish & Kootenai Tribes Indian Preference Office**

**ATTN: Melinda Charlo  
P.O. Box 278  
Pablo, MT 59855  
(406) 675-2700 EXT. 1045**

## **INSTRUCTIONS FOR INDIAN PREFERENCE BUSINESS APPLICATION**

1. Applicants are advised that all information provided herein may be made public, and businesses may be placed on an Indian Preference Business list. ***Tax information will not be made public.***
2. Failure to complete the application in its entirety or 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.**
3. 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.**
4. 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.
5. Applicants may be required to submit additional information for the Indian Preference Coordinator.

## **Required information to be submitted with all applications.**

### **SOLE PROPRIETOR**

1. Enrollment verification from a federally recognized tribe.
2. Documentation of 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. **E-MAIL ADDRESS:** \_\_\_\_\_  
**WEBSITE ADDRESS:** \_\_\_\_\_

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

\_\_\_ E-mail

\_\_\_ Mail

6. **Tribal Enrollment Status (Check only one):**

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)

7. **Indicate firm status:**

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Partnership                                  |
| <input type="checkbox"/> | Sole Proprietorship                          |
| <input type="checkbox"/> | Corporation                                  |
| <input type="checkbox"/> | Joint Venture                                |
| <input type="checkbox"/> | Other business entity (please specify) _____ |

8. **Indicate Type of business:**

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Construction                                   |
| <input type="checkbox"/> | Vendor   |
| <input type="checkbox"/> | Professional Service (please specify) _____    |
| <input type="checkbox"/> | Other Business Activity (please specify) _____ |

9. How long has your business been active? \_\_\_\_\_ Years \_\_\_ Months

10. Please list all business activities your business is capable of doing (this will be exactly how your business services are listed on the Business List, including the services you check on page ):

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11. 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, if no, list "no":*

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12. Is 50% or more of your income derived from somewhere other than your business? *If yes, are you employed full-time? If no, list "no."*

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13. Are you involved in any other business entity that has an Indian Preference Business application on file? *If yes, please explain. If no, list "no."*

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

Name	Years of Ownership	Ownership Percentage

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

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17. **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.**

Name	Address	Phone Number	Tribal Affiliation



21. **List all services, equipment, materials, or products provided by this business:**

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22. **List the three most recent and largest projects (by dollar amount) completed by your business** (start-ups can skip to #23):

<u>Project</u>	<u>Dollar Amount</u>	<u>Date Completed</u>
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23. **References: List prior and current business clients:**

<u>Company Name</u>	<u>Contact Person</u>	<u>Address</u>	<u>Telephone#</u>
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**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 \_\_\_\_\_, 2024, before the undersigned personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed 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** \_\_\_\_\_

**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, not services that you will subcontract out.

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

GENERAL CONTRACTOR   
(Responsible for all aspects of project)

SUBCONTRACTOR