

SERVICE APPLYING FOR: _____



**MHA NATION TERO
SERVICE SCORING SYSTEM**

(Office use only)

Company Name: _____

Preference Level: _____

ESSENTIAL EQUIPMENT

1. Based upon the MHA TERO Service Data Dictionary, evaluate if the company own all the essential equipment to provide this service?

| | | | | |
|-------------------------------|--|--|---|--|
| Owns all essential equipment. | Owns majority of equipment. Needs to lease minimal equipment. | Owns minimal equipment. Needs to lease majority of equipment. | Does not own any equipment. Has the ability to lease all required equipment. | Does not own any equipment. Does not have ability to lease any equipment. |
| 12 | 9 | 6 | 3 | 0 |

2. Evaluate if the company has the financial/credit ability, if necessary, to lease the required equipment to provide this service? (If so, please provide credit limit document from the legitimate leasing company)

(Refer to TERO equipment forms A, B, and C and other documentation submitted by the firm)

| Essential Equipment for Service – Per the MHA TERO Service Data Dictionary Indicate which TERO form it is listed – Leave blank if not listed on forms | Form A (Owned) | Form B (Owned Misc.) | Form C (Leased) | How many units? |
|---|-----------------------|-----------------------------|------------------------|------------------------|
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| | | | | |

SERVICE APPLYING FOR: _____

Discussion (if more space needed, please attach continuation):

OWNER(S) - EXPERIENCE/SKILLS/QUALIFICATIONS

3. **Owner:** Evaluate if the Indian Owner(s) has proof of experience/knowledge that they are capable to perform/manage this service?

(Owner(s) should have submitted for review current/valid documentation and the declaration from the Service Justification Questionnaire to illustrate the specific knowledge/work experience pertaining to this service)

| | | | | | |
|--------------|---|--|---|--|---|
| Owner | Experienced/ Qualified. No oversight needed. | Reasonably experienced/capable & effective. Minimal oversight needed. | Moderately experienced/capable. Would benefit from development. Needs moderate oversight. | Minimally experienced/Needs significant development and oversight. | No proof of experience provided. Requires total oversight. |
| | 5 | 4 | 3 | 2 | 0 |

Discussion (if more space needed, please attach continuation):

SERVICE APPLYING FOR: _____

MANAGEMENT/CONTROL – DAY-TO-DAY OPERATION OF THE SERVICE

4. What is the Owner’s level of involvement in the management/control of the day-to day operations of the service? **(Owner(s) should have submitted for evaluation a completed declaration from the Service Justification Questionnaire to illustrate their specific knowledge/work experience pertaining to this service)**

| | | | | | |
|--------------|---|--|--|--|---|
| Owner | Complete decisional authority No oversight needed. | Reasonable amount of decisional authority. Reasonably involved. Minimal oversight needed. | Moderate level of decisional authority. Moderately involved. Needs moderate oversight. | Minimal amount of decisional authority. Minimally involved/Needs significant oversight. | No decisional authority. No proof of involvement provided. Requires total oversight. |
| | 5 | 4 | 3 | 2 | 0 |

Discussion (if more space needed, please attach continuation):

EMPLOYEE(S) – EXPERIENCE/SKILLS/QUALIFICATIONS

5. **Key Employee(s):** Identify the key employees (and also their skills/experience relevant to the service) who are designated to perform this service?

Owner(s) should have submitted for evaluation their Key Employees’ current/valid credentials/documentation and the declaration from the Service Justification Questionnaire to illustrate the specific knowledge/work experience pertaining to this service)

| | | | | | |
|----------------------|-----------------------------|--|--|---|--------------------|
| Key Employees | Employee(s) fully qualified | Employee(s) reasonably capable & effective | Employee(s) moderately capable. Would benefit from development | Employee(s) needs significant improvement | No Key employee(s) |
| | 5 | 4 | 3 | 2 | 0 |

Only the Top Supervisory Key Employee will be scored. Please indicate by circling his/her title.

| |
|----------------------|
| Key Employees |
|----------------------|

SERVICE APPLYING FOR: _____

| Name | Title | Native or Non-Native |
|------|-------|----------------------|
| | | |
| | | |
| | | |
| | | |

Discussion (if more space needed, please attach continuation):

6. Non-Key Employees: Evaluate the company's non-key employees designated to carry out this service?

List the names below:

(Provide/attach employee names, state and tribal identification (if applicable), valid certifications/licenses. Please identify which employees are Indian or Non-Indian)

| Non Key Employee information | | |
|------------------------------|-------|----------------------|
| Name | Title | Indian or Non-Indian |
| | | |
| | | |
| | | |
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| | | |
| | | |

Discussion (if more space needed, please attach continuation):

Additional Indian Employee Points for Key and Non-Key Employees

SERVICE APPLYING FOR: _____

Company will receive additional points for Key and Non-Key employees identified/verified as follows:

MHA Members = 1/2 or 0.5 points

Members from other Federally Recognized Tribes = 1/4 or .25 points

(Max additional points: 5 Points) This does not include the owner(s)

Justification Form point total _____

Additional Indian Employee points _____

TOTAL POINT RESULTS: _____

SCORING GUIDE

| Point Totals | Category Level |
|--------------|----------------------|
| 27 – 22 | A |
| 21 - 16 | B |
| 15 – 10 | C |
| 9 – 3 | D |
| 2 - 1 | E |
| 0 points | Certification Denied |

Max possible score without additional points = 27 points

Max possible score with additional points = 32 points

RECOMMENDATIONS

Based upon the review of the documentation/information that was provided by the applying firm, the following recommended designation for this service is:

TERO Staff

| | |
|--|--|
| SERVICE CATEGORY A | |
| SERVICE CATEGORY B | |
| SERVICE CATEGORY C | |
| SERVICE CATEGORY D | |
| SERVICE CATEGORY E | |
| SERVICE CERTIFICATION – Recommend Denial | |

SERVICE APPLYING FOR: _____

Reviewing TERO Staff: (Print/Signature/Title)

Date Completed: _____

- 1.
- 2.
- 3.

Discussion (if more space needed, please attach continuation) :

TERO Director

| | |
|--|--|
| SERVICE CATEGORY A | |
| SERVICE CATEGORY B | |
| SERVICE CATEGORY C | |
| SERVICE CATEGORY D | |
| SERVICE CATEGORY E | |
| SERVICE CERTIFICATION - Recommend Denial | |

TERO DIRECTOR: Print/Signature _____ Date: _____

Discussion (if more space needed, please attach continuation):

SERVICE APPLYING FOR: _____

TERO Commission

Based upon the submitted PROOF OF FITNESS information along with the considerations and the recommendations of the TERO staff and the TERO Director, the TERO Commission issues the following:

| | |
|--------------------------------|--|
| SERVICE CATEGORY A | |
| SERVICE CATEGORY B | |
| SERVICE CATEGORY C | |
| SERVICE CATEGORY D | |
| SERVICE CATEGORY E | |
| SERVICE CERTIFICATION - DENIED | |

TERO Commission Meeting Date: _____

COMMISSION CHAIRPERSON: Print/Signature _____

Discussion (if more space needed, please attach continuation) :
