



MHA NATION TERO INDIAN PREFERENCE APPLICATION

FIRM NAME: _____

NOTE: All items must be completed. You are required to provide TERO with all applicable information you would like taken into consideration.

<u>NAME OF SERVICE(S) THAT YOU ARE APPLYING FOR:</u> Must be from the TERO supplied List of Services. Please contact TERO staff if you need assistance.	<u>APPROVED</u> <i>Office use only</i>	<u>DENIED</u> <i>Office use only</i>	<u>CATEGORY ASSIGNMENT</u> <i>Office use only</i>
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NOTE: It is the policy of the Tribe to require an applicant for Indian contract preference certification provide rigorous proof that it is a legitimate Indian-owned and controlled firm.

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NOTE: A submission of a completed SERVICE JUSTIFICATION FORM will be required for EACH service you are seeking certification. Please attach a completed form for each service that is listed above with this application.

How does this read???

NOTE: For EACH service you are seeking certification a SERVICE JUSTIFICATION FORM must be completed and submitted.

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OWNER INFORMATION

Indian Owner(s)		
Name	Title held within firm	Tribal Affiliation
1.		
2.		
3.		

Non-Indian Owner(s)	
Name	Title held within firm
1.	
2.	

A. OWNERSHIP

TYPE OF OWNERSHIP: **Sole-Proprietorship**

Partnership

Corporation

LLC

Other Describe: _____

SUBMIT THE FOLLOWING DOCUMENTATION IF APPLICABLE TO YOUR FIRM: 1. Secretary of State Business License 2. Partnership Agreement (with amendments since creation of partnership) 3. Certificate of Incorporation, Articles of Incorporation, and By-laws (including all amendments since creation of corporation) 4. Firm’s Annual Report 5. Board of Director meeting minutes 6. Company’s Organic documents illustrating ownership 7. Stock information 8. Tribal Business License 9. Any other documentation requested by MHA TERO

Disclosure of Formal Ownership

Name	Percentage of Ownership
1.	
2.	
3.	
4.	
5.	

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1. Do any of the owners of this firm have a form of control or a financial interest in any other entity operating on the Fort Berthold Indian Reservation? **(circle answer)** Y N if yes, identify the owner and entity or entities along with the nature of the association:
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B. MANAGEMENT AND CONTROL

2. (a) Please attach the Firm’s Membership and Management Control Agreement, if applicable.
 (b) Please attach memo form or other documentation that, through a detailed description, declares what the general duties and responsibilities are of the each individual Owner in the day-to-day operations of the firm.
3. What is the Indian Owner(s) other sources of employment? (provide for each owner) List other sources of Employment and Job Title for each Owner (if applicable)

Name	Source of Employment/Job Title

4. Identify the individuals (including owners and non-owners) with the prime responsibility for the following areas:

Responsibility	Name	Indian? or Non-Indian?
Majority of Firm’s Management		
Majority of Firm’s Control		
Majority of Firm’s Decision Making		

C. INTEGRITY OF STRUCTURE

5. Did the firm originate from a non-Indian owned business? Y N **(circle answer)**
 if yes, name of that business: _____

6. Are any non-Indian employees of the firm; former employees of a non-Indian firm? Y N **(circle answer)** If yes, fill in table below.

Name / Current Title	Hire Date to this firm	Previous Employer / Title	Dates employed – previous employer:

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7. If you are involved as a business partnership, corporation, etc., did the NON-INDIAN owner(s) accept a junior role within the firm? Y N *(circle answer)* (If yes, describe in area provided below as to what the Indian business provides to make the non-Indian business accept a junior role.)

RIGHTS FOR REEVALUATION/REASSESSMENT: You may request reevaluation of your Indian Preference or request service add-ons through the MHA TERO Commission meetings which are held the 2nd Tuesday of every month.

Under penalties of perjury, I declare that I have examined this application and accompanying forms and statements, and to the best of my knowledge and belief, they are true, correct, and accurate.

Owners

Print name	
Signature	
Print name	
Signature	
Print name	
Signature	

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MHA TERO - ANALYSIS AND RECOMMENDED DISPOSITION *(Office Use Only)*

Preference Level Determination

<u>MHA Nation Member</u>	<u>Preference Level 1</u>	
<u>Member of other federally recognized tribe</u>	<u>Preference Level 2</u>	

TERO Staff Recommendation:

Recommend Approval	
Recommend Denial	

Comments:

Staff – Reviewers

Print name	Title	Date
Signature		
Print name		
Signature		
Print name		
Signature		

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TERO Executive Director Recommendation:

Recommend Approval	
Recommend Denial	

Comments:

Executive Director/Designee

Print name	
Signature	
Date	

Comments:

MHA TERO COMMISSION

FINAL DISPOSITION:

Certification - Approved	
Certification - Denied	

Comments:

Commission Chairperson/Designee:

Print name	
Signature	
Hearing Date	