Service Applying for: _____

MHA NATION TERO

SERVICE JUSTIFICATION QUESTIONNAIRE

Firm Name: _____

PREFERENCE PARTNERSHIP AGREEMENT (PPA)

1. Will your firm be utilizing a Preference Partnership Agreement in the performance of this service?

   YES NO (*circle answer)*

(If yes, Name of your Partnering Company: _____

Preference Partnership Agreements: Provide a declaration that illustrates what your partner's role/contribution is in the following areas in performance of this service: 1. Equipment 2. Management/Control in day-to-day operations 3. Utilization of Partner's employees. (Important Note: The Preference Partnership Agreement is required to be TERO approved. It is also required to be in your file to be considered for a service.)

Declaration of Your PPA Partner's Role in the Performance of this Service. (if more space needed, please attach a continuation)

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2. If necessary, does your firm have the financial/credit ability to lease the required equipment to provide this service? **YES** / **NO** (*circle answer)* (If yes, please provide the credit limit document from the legitimate leasing company)

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3. Please list below the equipment the firm will be utilizing to provide this service and indicate which TERO form it is listed. **(IMPORTANT NOTE: This serves as a declaration that your firm will be utilizing the following equipment on location in performance of the service.)**

List the equipment that is in your firm's possession that will be utilized in the performance of the service	**Form A (Owned)**	**Form B (Owned Misc.)**	**Form C (Leased)**	**How many units?**

Discussion (if more space needed, please attach continuation)

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Service Applying for: _____

OWNER(S) - EXPERIENCE/SKILLS/QUALIFICATIONS

The owner's experience/skills/qualifications that are relevant to the performance of this service will be evaluated.

3. **How would you rate the firm's owner(s) using the following choices?**

Owner Please choose and indicate with an "**X**"	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.

Declare in the following area a detailed statement illustrating the experience/knowledge that demonstrates the owner(s) ability to perform/manage this service. **(Ensure you have submitted to TERO all current and valid information, i.e., resume/certifications/licenses that are relevant and that should be considered for this service.)**

Declaration of Knowledge/Work Experience. If more than one owner, a declaration from each is required. Also, indicate where information can be verified in the owner(s) submitted documentation. (If more space is needed, please attach a continuation)

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Service Applying for: _____

MANAGEMENT/CONTROL – DAY-TO-DAY OPERATION

In this area, the level of involvement in the day-to-day operations will be evaluated.

4. How would you rate the firm's owner(s) day-to-day management/control using the following descriptions as it pertains to this specific service?

Owner Please choose and indicate with an "**X**"	Complete decisional authority. Manages/ controls entirely	Reasonable amount of decisional authority. Reasonably involved. Need for minimal oversight.	Moderate level of decisional authority. Moderately involved. Need for moderate oversight.	Minimal amount of decisional authority. Minimally involved. Need for significant oversight.	No decisional authority. No proof of involvement provided. Requires total oversight.

Declare in the following area a detailed statement illustrating the role the owner(s) will take and the activities in the Day-to-Day operation of this service.

Declaration of the Day-to-Day Operation of Service. If more than one owner, a declaration from each is required. (if more space needed, please attach a continuation)

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Service Applying for: _____

EMPLOYEES OF THE FIRM

In this area, Key Employee's level of skills/experience/credentials relevant to the service will be listed and evaluated. Also, non-key employees designated to perform this service will be listed. **IMPORTANT NOTE: This list serves as a proclamation that your company will be utilizing the following personnel in the performance of the service.**

Ensure that a State Issued Driver License or Identification for each employee is submitted on the TIMS (TERO Information Management System). If claiming Indian status, provide the Tribal Identification. Also attach any valid certifications/licenses for each employee that pertain to this service. Please indicate below which employees are Indian or Non-Indian.

Definitions

Key Employee - A key employee is one who is in a top supervisory position or who performs a critical function such that an employer would risk likely financial damage or loss if that task were assigned to a person unknown to the employer

Non-Key Employee - A non-supervisory employee

5. **How would you rate your firm's highest ranking Key Employee applying the following descriptions?**

Key Employee Please choose and indicate with an "**X**"	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 or experience/ qualifications

Declaration of Key Employee(s). For each Key Employee, a declaration of qualifications and experience for each is required as to their ability to perform/manage ~~to~~ this specific service. (If more space needed, please attach continuation.)

List the **Key** Employee(s) that your company will be utilizing to provide this service

Key Employees		
Name	**Title**	**Native or Non-Native**

Service Applying for: _____

List the **Non-Key** Employee(s) that your company will be utilizing to provide this service

Non-Key Employees		
Name	**Title**	**Indian/Non-Indian**

Declaration of Employees. A declaration for each is required. Also, indicate which documents contain the information to verify the information. (If more space needed, please attach a continuation)

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Possible Additional Points for Key and Non-Key Employees

Company will receive additional points for Key & 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)**

Discussion (if more space needed, please attach continuation)

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Service Applying for: _____

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	
Date	

Print name	
Signature	
Date	

Print name	
Signature	
Date	

INDIAN PREFERENCE DETERMINATION

This Service Justification Form Questionnaire, in conjunction with the documentation that you have submitted for consideration to TERO, will be used to generate a score. Your firm's generated score will then be applied to an established scale to identify the category designation (A, B, C, D, or E) that your firm will receive for the service.