



Tribal Employment Rights Office, Post Office Box 123, Kykotsmovi, AZ 86039  
Telephone#928/734-3162 or 3163 Fax#928/734-2435 or 734-3169

**COMPLIANCE PLAN AND CONDITIONS AGREEMENT**  
**FOR**  
**GENERAL CONTRACTORS**

**1.) COMPANY INFORMATION:**

Name of Company: \_\_\_\_\_

Company Owner/President: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone#:(\_\_\_\_)\_\_\_\_\_ Fax#:(\_\_\_\_)\_\_\_\_\_ E-Mail address: \_\_\_\_\_

**2.) INSURANCE/BONDING:**

a. Name of Workman's Compensation Insurance Company: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone#:\_(\_\_\_\_)\_\_\_\_\_

b. Name of Contract/Surety Bonding Company: \_\_\_\_\_  
Address of Bonding Company: \_\_\_\_\_  
Telephone#: (\_\_\_\_)\_\_\_\_\_ Bonding amount for this project : \_\_\_\_\_

**3.) UNION INFORMATION**

Is your company affiliated with a Union with a collective bargaining agreement? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, attach a written agreement from said Union(s) indicating that they (Union) will comply with the Indian Preference requirements of the Hopi Tribe.

**4.) PROJECT INFORMATION:**

Name of Project: \_\_\_\_\_

Location of Project: \_\_\_\_\_

a. Project Superintendent's Name: \_\_\_\_\_ Telephone#: (\_\_\_\_)\_\_\_\_\_

b. Scope of Work: (continue with attachment if needed) Please be specific: \_\_\_\_\_  
\_\_\_\_\_

c. Project Mobilization Date: \_\_\_\_\_  
Project Start Date: \_\_\_\_\_ Project End Date: \_\_\_\_\_

**5.) TERO FEE:**

a. Gross Contract Price \$ \_\_\_\_\_  
Provide copy of the contract.

b. TERO Fee @ three percent (3%) of the total amount of Contract : \$ \_\_\_\_\_  
Any change orders affecting the Contract Gross Dollar amount, contractor must notify the TERO immediately.

c. TERO Fee Payment Schedule: \_\_\_\_\_  
I agree should the TERO Fee not be paid accordingly, TERO may request that final payment be withheld.

TERO FEE is payable to: The Hopi Tribe - Tribal Employments Rights Office  
P.O. Box#123  
Kykotsmovi, Arizona 86039

**6.) CORE CREW LIST:** (if any are Native Indian, please provide proof of Tribal Membership)

Name	Classification/Trade
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**7.) LOCAL INDIAN HIRING:**

(list number of TERO referrals that will be hired to meet local Indian Preference requirement)

Trade	Approximate Start Date	Approximate # Work days
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**8.) WAGES:**

What pay wages will be used? (please explain or submit wage scale)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

a. If not a Davis Bacon Wage Rate, how will wages be determined? \_\_\_\_\_

b. I understand that Certified Payroll shall be submitted to the T.E.R.O. on a timely manner.

**9.) SUBCONTRACTING:**

List **Indian** Preference Sub Contractors for this Project:

<u>Company Name</u>	<u>Area of work</u>	<u>Contact Person / Information</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*If more space needed to list Indian sub-contractors provide an attachment listing.

List **non-Indian** Preference Sub-Contractor(s) for this Project:

<u>Company Name</u>	<u>Area of work</u>	<u>Contact Person/ Information</u>
_____	_____	_____
_____	_____	_____

\*If more space needed to list non-Indian sub-contractors provide an attachment listing.

Were Sub-Contractor(s) provided the TERO Compliance Forms? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a Tribal Business License?

[ ] YES, Provide license # \_\_\_\_\_

[ ] NO If no, contact the Hopi the Office of Revenue Commission for a Business License

**Any employer not submitting an acceptable Compliance Plan may be denied the Right to Commence or continue doing business on the Hopi Indian Reservation.**

**I agree should there be any changes to this agreement, I will contact T.E.R.O. for approval. I further agree to abide by the conditions of the Hopi Labor Code #37 and other Laws of the Hopi Tribe.**

**Company Representative's Name/Title (print):** \_\_\_\_\_

**Company Representative's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TERO Director's Approval** \_\_\_\_\_ **Date:** \_\_\_\_\_