

Fort Belknap Indian Community

Fort Belknap TERO Department

Fort Belknap Agency
656 Agency Main Street
Harlem, MT 59526

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Fort Belknap Indian Community
(Tribal Govt.)
Fort Belknap Indian Community
(Elected to administer the affairs of the community and
to represent the Assiniboine and Gros Ventre
Tribes of the Fort Belknap Indian Reservation)

APPLICATION FOR CERTIFICATION AS AN INDIAN PREFERENCE FIRM

1. FIRM IDENTIFICATION

Name of Firm: (exactly as you want it to appear on all documents):

Address: _____

Telephone: _____

Date of Submission: _____

Single Business: _____ Joint Venture: _____

Contact Person: _____

Address: _____

Telephone: (Bus.): _____ Home: _____

Email Address: _____

*** Type of Business (*list all areas of business in which firm intends to engage*):

Federal Identification Number: _____

Number of Employees: _____ Number of Indian Employees: _____

Year Business was established: _____

2. **OWNERSHIP**

A. Type of Ownership (check one):

_____ Sole Proprietorship

_____ Partnership (attach copy of any partnership agreement with all amendments since creation of partnership.)

_____ Corporation (attach copy of the Certificate of Incorporation, Articles of Incorporation, and Bylaws, including all amendments since creation of the corporation.

B. Percent of Indian Ownership: _____

C. Provide for each Indian owner, name, address, tribal affiliation, enrollment number, percent of ownership, amount of investment in the firm, method of investment (cash, equipment, loan or promissory note indicating who the loan is from), percent of voting control and position in the firm.

D. List for each non-Indian owner, name, address, percent of ownership, amount of investment in firm, method of investment (cash, equipment, loan or promissory note indicating who the loan or note is from), percent of voting control, position in firm, name of all other firms in which the owner holds or has within the past year held an ownership interest (other than publicly-held corporations and similar ownerships solely for investment) or a management position.

E. List any management fee, equipment rental, bonuses or other arrangements that will provide payment to non-Indian owners beyond their share of profits and salaries, as indicated above.

- F. Describe or attach any stock options or other ownership options that are outstanding and any agreements between owners and between owners and third parties, which restrict ownership or control of Indian owners.
- G. Identify any owner or management official of the named company who is or has been any employee of another company that has an ownership interest in or a present business relationship with the named company; present business relationship to include shared space, equipment, financing, or employee as well as both companies having some of the same owners.
- H. Indicate if this company or other companies with any of the same officers have previously received or been denied certification or participation as an Indian preference firm and describe the circumstances. Indicate the name of the certifying authority and the date of such certification or denial.

3. MANAGEMENT: (Please use additional sheet if necessary).

- A. Provide for each owner of more than 5% interest, all senior management personnel and members of the Board of Directors the following:
- Name, address, and Social Security Number. If Indian Tribe and enrollment number.
 - Present position (description of all duties);
 - Previous business experience.
 - Previous work experience in areas on which firm intends to engage.
 - Other previous work experience.
 - Education and training.
 - Other jobs presently held.

B. Control of Company. Identify by name, race, sex and title in company those individuals (owners and non-owners) who are responsible for day-to-day management, including, but not limited to, those with prime responsibility for:

1. Financial decision.
2. Management decisions, such as:
 - a. Marketing and sales;
 - b. Hiring and firing;
 - c. Purchase of major equipment or supplies;
 - d. Supervision of field personnel.