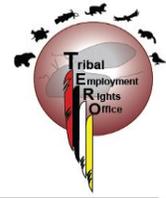


RED LAKE NATION TERO

Tribal Employment Rights Office



INDIAN PREFERENCE/COMPLIANCE PLAN

Project & Location: _____ Date: _____
 Sub-contractor: _____
 Contractor Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Cell: _____ Fax: _____ E-mail: _____
 Contact Person: _____ Phone: _____
 Estimated Start Date: _____ Estimated Completion Date: _____

Employment opportunities to be made available prior to the approval of this Compliance Plan
 NOTE: With the exception of the Core Crew, **ALL EMPLOYMENT OPPORTUNITIES WILL BE FILLED BY QUALIFIED NATIVE AMERICAN INDIANS, DEPENDING ON AVAILABILITY.**

*Core Crew Consists of Key Personnel, Superintendents, Supervisors and Projects Managers

CORE CREW PERSONNEL ON PROJECT SITE

Employee Name:

Classification & Job Title:

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |

Available Employment Positions for TERO Clients:

Number of Positions:

Skilled (Journeymen, Craftsmen)

Semi-Skilled (Laborers)

Trainees (Apprentices, Training Programs)

Other (Identify): _____

TOTAL EMPLOYMENT OPPORTUNITIES:

CERTIFICATION

This is to certify that _____ will make every effort to comply with hiring of Native American Indians with the above Compliance Plan in regard to Red Lake Resolution No. 170-12 Ordinance, on project: _____ and I am in receipt of the Red Lake Tribal Council Ordinance No.170-12.

Dated this _____ day of _____, 20 ____.

Company Official Signature

Tribal Employment Rights Director

Printed Name & Title (VP or Higher)

Date

RED LAKE NATION TERO
Tribal Employment Rights Office

SUB-CONTRACTORS INFORMATION LIST

(Please Return All Pages)

Project & Location: _____ Approximate Start Date: _____
General Contractor: _____ Contact Person: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone: _____ Cell: _____ Fax: _____ E-Mail: _____

Please list all Other Sub-Contractors or Sub of a Sub-Contractor, whether Union or Non-Union, which will conduct business in agreement with your company, within the Red Lake Reservation boundaries:

SUB-CONTRACTOR:
Sub-Contractor: _____ Contact Person: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Cell: _____ Fax: _____ E-Mail: _____ Start Date: _____ What type of Work/Services Sub-Contracted for? _____ _____
OTHER SUB-CONTRACTORS:
Sub-Contractor: _____ Contact Person: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Cell: _____ Fax: _____ E-Mail: _____ Start Date: _____ What type of Work/Services Sub-Contracted for? _____ _____
OTHER SUB-CONTRACTORS:
Sub-Contractor: _____ Contact Person: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Cell: _____ Fax: _____ E-Mail: _____ Start Date: _____ What type of Work/Services Sub-Contracted for? _____ _____

NOTICE

General Contractors, it is your responsibilities to make sure all of your Sub-Contractors are subject to adhere to all rules and regulations set forth by the Red Lake Nation, Tribal Employment Rights Office (TERO), in regard to Red Lake Nation Tribal Council Resolution No. 170-12 - Labor and Employment Ordinance.

RED LAKE NATION TERO
Tribal Employment Rights Office

EMPLOYER REQUEST FORM

Project & Location: _____ Date: _____

Sub-contractor: _____

Contractor Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ Fax: _____ E-mail: _____

Contact Person: _____ Phone: _____

EMPLOYMENT POSITION

Employment Position: _____ Number of Positions: _____

Estimated Start Date: _____ Estimated Completion Date: _____

QUALIFICATIONS FOR EMPLOYMENT POSITION

List All Qualifications: _____

SALARY PER HOUR AND PAYROLL SCHEDULE

Employee will be paid:

\$ _____ Per Hour \$ _____ Salary Amount Depending on Experience

Employee will receive a payroll check for the amount of hours worked:

_____ Daily _____ Weekly _____ Bi-Weekly _____ Monthly _____ End of Project

TIME, DATE & LOCATION TO REPORT

Application process: _____

Report Time: _____ A.M/P.M Report Date: _____

Reporting Address: _____

City: _____ Phone: _____

Contact Person: _____ Title: _____

Special Instructions: _____

RED LAKE NATION TERO

Tribal Employment Rights Office

PROJECT EMPLOYEE LIST

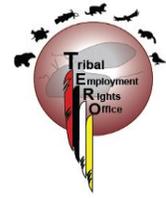
(Please Submit on a Weekly Basis)

Project: _____ Week Ending: _____
 Sub Contractor: _____
 Business Address: _____ City: _____
 State: _____ Zip Code: _____ E-Mail: _____
 Phone: _____ Cell: _____ Fax: _____
 Contact Person: _____ Phone: _____

NO.	EMPLOYEE NAME	TRADE OR TITLE	WAGE	PER-DIEM	HRS. WORKED	RED LAKE CITIZEN	OTHER TRIBAL AFFILIATION
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Comments

RED LAKE NATION TERO
Tribal Employment Rights Office



P.O BOX 416*15525 Mendota Avenue*Redby,MN 56670*(W)218-679-3350*(F)218-679-5976

COMPLIANCE OFFICER EVALUATION

CLOSE OUT FORM

PROJECT: _____
COMPANY: _____
SUPERINDENT: _____
DATE OF COMPLETION: _____

DATE: _____
PHONE: _____
PHONE: _____

Will you continue to bid for work on the Red Lake Indian Reservation in the future?

_____ YES _____ NO

If not, why? _____

How easy was it to work with your assigned Compliance Officer? _____

Were your employer requests filled in a timely manner?

_____ YES _____ NO

If not, why? _____

What obstacles did your company experience while working on the project?

Contractors Signature

Date

Directors Signature

Date