

## NATIVE AMERICAN ENTERPRISES QUALIFICATION STATEMENT

NOTE: Submit complete questionnaire to the Hopi Tribal Housing Authority within the time frame specified. Use additional sheets to complete answer if needed.

The Undersigned certifies under oath the truth and correctness of all answers to questions made hereinafter:

1. Applicant wishes to qualify as:

An "Economic Enterprise" as defined in Section 3(3) of the Native American Financing Act of 1974 (P.L. 93-262); that is "any Native American-Owned... commercial, industrial or business activity established or organized for the purchase of profit: Provided, that such Native American owner-ship shall constitute not less than 51 percent of the enterprise:

A "Tribal Organization" as defined in Section 4( c) of the Native American Self-Determination and Education Assistance Act (P.L. 93-638); that is: "the recognized governing body of any Native American Tribe; any legally established organization of Native Americans which is controlled, sanctioned or chartered by such governing body or which is democratically elected by the adult members of the Native American community to be served by such organization and which includes the maximum participation of Native Americans in all phases of its activities: Provided that in any case where a contract is let or grant made to an organization to perform services benefiting more than one Native American Tribe, the approval of each such Native American Tribe shall be a prerequisite to the letting or making of such contract or grant... "

2. Name of Enterprises or Organization: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_

3. Check One:

Corporation

Partnership

Sole Proprietorship

Joint Venture

Other

4. Answer the following

**If a Corporation:**

- a. Date of Incorporation: \_\_\_\_\_
- b. State of Incorporation: \_\_\_\_\_
- c. Give the names and addresses of the officers of this Corporation and establish whether they are Native American (I) or Non-Native American (NI).

NAME	I or NI	TITLE	ADDRESS	% OF STOCK OWNERSHIP

- d. Complete the following information on all stockholders who are not listed in c above, owning 10% or more of the stock. Establish whether they are Native American (I) or Non-Native American (NI).

NAME	I or NI	ADDRESS	% OF STOCK OWNERSHIP

**If a Sole Proprietorship or Partnership:**

- a. Date of Organization: \_\_\_\_\_
- b. Give the following information on the individual or partner owners and establish whether they are Native American (I) or Non-Native American (NI).

NAME	I or NI	ADDRESS	% OF STOCK OWNERSHIP

**If a Joint Venture:**

- a. Date of Joint Venture Agreement: \_\_\_\_\_
  - b. Attach the information of each member of the joint venture prepared in the same format given above.
5. Give the name, title, address, and telephone number of the principal spokes person of your organization:  
\_\_\_\_\_
6. Has any officer or partner of your organization listed in #4 been an officer or partner of another organization that failed in the last ten (10) years to complete a contract? \_\_\_\_\_  
If yes, state circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Has this enterprise failed in the last ten (10) years, to complete any work awarded to it or to complete the work on time? \_\_\_\_\_

If so, note when, where, and why: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Will any officer or partner listed in #4 be engaged in outside employment?

YES

NO

If yes, complete:

NAME/TITLE	HOURS PER WEEK
	OUTSIDE THE ENTERPRISE

9. Is the enterprise or anyone listed in #4 above, currently subject to an administrative sanction issued by any department or agency of the Federal Government?

YES

NO

If yes, complete:

NAME OF PERSON/BUSINESS	DATE OF	TYPE OF	DEPARTMENT OR AGENCY
	ACTION	ACTION	

10. Does this enterprise have any subsidiaries or affiliates or is it a subsidiary or affiliate of another concern ?

YES

NO

If yes, complete:

NAME AND ADDRESS OF SUBSIDIARY, AFFILIATE OR OTHER CONCERN	DESCRIPTION OF RELATIONSHIP

11. Does this enterprise or any person listed in #4 above have or intend to enter into any type of agreement with any other concern or person which relates to or affects the on-going administration, management or operations of this enterprise? These include but are not limited to management, and joint venture agreements and any arrangement or contract involving the provisions of such compensated services as administrative assistance, data processing, management consulting of all types, marketing, purchasing, production, and other type of compensated assistance.

YES

NO

If yes, attach a copy of any written agreement or an explanation of any oral or intended agreement.

12. Has this enterprise ever been subject to a judgment of any court or administrative sanction (Federal, State, or Tribal)?

YES

NO

Has any individual listed in #4 ever been subject to judgment of any court or administrative sanction (Federal, State, or Tribal)?

YES

NO

If the answer is yes to either questions, furnish details in a separate attachment.

13. Has any tax lien or other collection procedure been instituted against this enterprise or the individuals listed in #4 as a sole proprietor or partner in their capacities with this enterprises or other enterprise?

YES

NO

If yes, furnish details in a separate exhibit.

14. Has this enterprise or any person listed in #4 ever been involved in a bankruptcy or insolvency proceeding?  YES  NO

If yes, furnish details in a separate exhibit.

15. What dollar amount of Working Capital is available to your enterprise prior to the start of construction? \$ \_\_\_\_\_

Explain the source of these funds: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Include a copy of the company's most recent audited financial statement.

16. How will project development bookkeeping and payroll be maintained (Check one):

a. By contract with an outside professional accounting firm:  
Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
Address: \_\_\_\_\_

b. Records are to be kept by enterprise personnel: If "b" has been checked, state the qualifications of your personnel to perform this function:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Other:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Trade References (including contact name, addresses and telephone numbers):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Bank and credit references (including addresses and telephone numbers):

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19. a. Indicate the core crew employees in your work force, their job titles, and whether they are Native American or Non-Native American. Core crew is defined as an individual who is a current bona-fide individual who is regularly employed by the contractor in a supervisory or other key position when work is available.

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b. Over the past three (3) years, what has been the average number of employees?

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20. Attach certification by a tribe or other evidence of enrollment in a federally recognized tribe for each officer, partner, or individual designated as a Native American in #4.

21. Attached a certified copy of the charter, article of incorporation, by-laws, partnership agreement, joint venture agreement and/or other pertinent organizational documentation.

22. Explain in narrative form the ownership structure, management control, financing, and salary or profit sharing arrangements of the enterprises, if not covered in answers to specific questions heretofore. Attached copies of all shareholder agreements, including voting trust, employment contracts, agreements between owners and enterprise. Include information on salaries, fees, profit sharing, material purchases, and equipment lease or purchase arrangements.

Evidence relating to structure, management, control, and financing should be specifically included. Also, list the specific management responsibilities of each principal, sole proprietor, partner, or party to a joint venture (as appropriate) listed in response to #4.

23. Attach evidence that the enterprise (or individual) is appropriately licensed for the type of work that is to be performed. Include Federal I.D. Number.

24. Attach a brief resume of the education, technical training, business, employment, and design and/or construction experience for each officer, partner, or sole proprietor listed in #4. Include references.

- NOTE:
- I. Omission of any information may be cause for this statement not receiving timely and complete consideration.
  - II. Knowing that the Department of Housing and Urban Development may review this contract between this enterprise and the \_\_\_\_\_ Housing Authority, the persons signing below certifies that all information in this NATIVE AMERICAN ENTERPRISE QUALIFICATION STATEMENT, including exhibits and attachments, is true and correct.
  - III. Print or type name below all signatures.

If applicant is Sole Proprietor, Sign Below:

Name: \_\_\_\_\_ Date \_\_\_\_\_

If applicant is in a Partnership or Joint Venture, all Partners must sign below:

Name: \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_ Date \_\_\_\_\_

If applicant is a corporation, affix corporate seal

Corporate Seal \_\_\_\_\_ Date \_\_\_\_\_

By: \_\_\_\_\_  
President's Signature

Attested by: \_\_\_\_\_  
Corporate Secretary's Signature



# "Attachment B"

## Native American and Alaska Native Employment and Training Statement

This form, when completely filled out, shall suffice to meet the minimum acceptable standard of the \_\_\_\_\_ Housing Authority with regards to providing preference in employment and training to Native Americans in implementing the contract and in the award of subcontracts. Answers will not be evaluated to determine their acceptability; rather, all completed forms will be accepted.

1. Does your firm presently provide employment and training opportunities to Native Americans?  
Yes \_\_\_\_\_ [You must answer (a)]  
(a.) Please provide on a separate sheet what employment and training opportunities your firm provides to Native Americans.  
No \_\_\_\_\_ [You must answer (a) and (b.)]  
(a.) Please state on a separate sheet why your firm currently offers no employment and training opportunities to Native Americans.  
(b.) What will your firm do to provide employment and training opportunities to Native Americans in implementing the contract? (You must at least check one to meet standard of acceptability).  
(i) \_\_\_\_\_ In advertising for any vacant positions my firm will provide for Native American preference.  
(ii) \_\_\_\_\_ Other. Explain on a separate sheet of paper.
2. Check applicable box (you must check at least one box):  
 My firm will provide preference to Native Americans in the award of any subcontracts.  
 My firm will not subcontract any portion of the contract.  
 Although I anticipate to award subcontracts, it is infeasible to provide for Native American preference in the award of subcontracts. Please provide certified statement stating why it is infeasible to provide Native American preference in the award of subcontracts.
3. State the number or percentage of Native Americans anticipated to be employed and trained under this contract. \_\_\_\_\_  
 Check here if unsure or none, and state why on a separate sheet of paper.

I hereby certify that the above statements are correct and true.

\_\_\_\_\_  
Authorized Agent (Signature must be notarized)

\_\_\_\_\_  
Date