

# HOPI TRIBAL HOUSING AUTHORITY

P.O. BOX 906 POLACCA, ARIZONA 86042 FAX: (928) 737-9270 PH: (928) 737-2800

## NATIVE AMERICAN ENTERPRISES QUALIFICATION STATEMENT

1. Applicant wishes to qualify as:

☐

An Economic Enterprise <sup>1</sup>

☐

A Tribal Organization <sup>2</sup>

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

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

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

3. Check One:

☐

Corporation

☐

Joint Venture

☐

Partnership

☐

Other

☐

Sole Proprietorship

4. Answer the following

**If a Corporation:**

a. Date of Incorporation: \_\_\_\_\_

b. State of Incorporation: \_\_\_\_\_

c. Give the names and addresses of the officers and stockholders of this Corporation and establish whether they are Indian (I) or Non-Indian (NI).

NAME AND SOCIAL SECURITY	I OR NI	ADDRESS	% OF STOCK OWNERSHIP

<sup>1</sup> "Economic Enterprise" as defined in Section 3(3) of the Indian Financing Act of 1974 (P.L. 93-262)

<sup>2</sup> "Tribal Organization" as defined in Section 4(c) of the Indian Self-Determination and Education Assistance Act (P.L. 93-638).

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## **If a Sole Proprietorship or Partnership:**

a. Date of Organization: \_\_\_\_\_

## **Give the following information on the individual or partners and establish If a Joint**

<i>NAME AND SOCIAL SECURITY</i>	<i>I OR NI</i>	<i>ADDRESS</i>	<i>% OF STOCK OWNERSHIP</i>

## **If a Joint Venture:**

- a. Date of Joint Venture Agreement: \_\_\_\_\_
- b. Attach the information of each member of the joint venture prepared in the appropriate format given above.
- b. whether they are Indian (I) or Non-Indian (NI).
5. Give the name, address, and telephone number of the principal contact 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? \_\_\_\_\_
8. If so, note when, where, and why: \_\_\_\_\_  
\_\_\_\_\_

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

☐

YES

☐

NO

If yes, complete:

<i>NAME / TITLE</i>	<i>HOURS PER WEEK OUTSIDE THE ENTERPRISE</i>

10. 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:

<i>NAME OF PERSON/BUSINESS</i>	<i>DATE OF ACTION</i>	<i>TYPE OF ACTION</i>	<i>DEPARTMENT OR AGENCY</i>

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

☐

YES

☐

NO

If yes, complete:

<i>NAME AND ADDRESS OF SUBSIDIARY, AFFILIATE OR OTHER CONCERN</i>	<i>DESCRIPTION OF RELATIONSHIP</i>

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12. Does this enterprise or any person listed in section 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?

☐

YES

☐

NO

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

13. 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 any question, furnish details in a separate attachment.

14. 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.

15. 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.

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

Explain the source of these funds:

\_\_\_\_\_

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

a. By contract with an outside professional accounting firm: \_\_\_\_\_

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

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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: \_\_\_\_\_

\_\_\_\_\_

18.    Trade References (including addresses and telephone numbers):

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

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

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

20.    a.     Indicate the core crew employees in your work force, their job titles, and whether they are Indian or Non-Indian. 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.

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

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

\_\_\_\_\_

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

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

23.    Explain in narrative form the stock 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

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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) list in response to #4.

24. Attach evidence that the enterprise (or an individual in it) is appropriately licensed for the type of work that is to be performed. Include Federal I.D. Number.
25. 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.

If applicant is Sole Proprietor or LLC, Sign Below:

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

_____ Name	_____ Date
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_____ Name	_____ Date
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If applicant is a corporation, affix corporate seal

_____ Corporate Seal	_____ Date
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By: \_\_\_\_\_  
President's Signature

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