



Fort Belknap Indian Community Fort Belknap TERO Department

Fort Belknap Agency
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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)

Office Use Only
Date Received: _____
Received By: _____

COMPLIANCE PLAN

COMPANY INFORMATION:

Name of Company: _____

Address: _____
(P.O. Box or Street) (City) (State) (Zip)

Phone Numbers: _____ Email: _____
(Office) (Fax)

Superintendent: _____ Contact #: _____

If Contracted, Contract/Sub-Contract Award Amount: _____
****Please attach copy of contract agreement**

Dates of Contract/Sub-Contract Operation: From: _____ To: _____

If Not Contracted/Sub-Contracted, Cost of Annual Operating Expense: _____
****Please attach applicable documents**

Description of Contract To Be Performed: _____

CORE CREW INFORMATION:

CORE CREW DEFINITION: A member of this entity who is a regular, permanent (regular = 40 hrs./week) employee and is in a supervisory or other key position in such that, the employer would face a serious financial loss if that position were filled by a person who had not had previously worked for that entity. (If Single business, place self as Core Crew Member).

CORE CREW MEMBERS:

JOB CLASSIFICICATION:

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

COMPLIANCE PLAN

CORE CREW (cont'd.):

LOCAL LABOR FORCE:

POSITION CLASSIFICATION:

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |

TRAINING:

Address and summarize any training positions your firm may offer:

I certify, to the best of my knowledge, that all information is true, correct and complete. I hereby give permission to TERO to verify any information contained within.

(Printed Name)

(Signature)

Date:

(Title)