



Shoshone-Bannock Tribes
 TERO
 PO Box 306
 Fort Hall, ID 83203
 (208) 478-3848 phone
 tero@sbtribes.co

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TERO Indian Preference Certification Application Schedule

<i>Application Period</i>	<i>Quarterly Deadline – specified at 4:00 p.m. MST</i>	<i>Review Date</i>
<i>October 1 – December 31</i>	<i>January 2</i>	<i>3rd Thursday in January</i>
<i>January 1– March 31</i>	<i>April 1</i>	<i>3rd Thursday in April</i>
<i>April 1 – June 30</i>	<i>July 1</i>	<i>3rd Thursday in July</i>
<i>July 1 – September 30</i>	<i>October 1</i>	<i>3rd Thursday in October</i>

Upon the Quarterly Deadline, all received TERO Indian Preference Contractor applications will be reviewed for completeness. Once determined complete, a public announcement shall be posted to inform the public of a firm’s intention to qualify for TERO Indian Preference Certification. Said announcement shall be posted until the Review Date set by the TERO Commission following the schedule listed above.

In addition, any party wishing to present information to the TERO Commission regarding a firm’s application, shall be entitled to do so, by requesting in writing and submitted to the TERO Commission Chairman no less than one (1) day prior, seeking approval to participate. Such approval shall be granted by the TERO Commission.

Per TERO Ordinance, Section 4.3 Certification Procedures.



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TERO Indian Preference Certification Application

INSTRUCTIONS

Complete this application entirely. Only complete applications will be reviewed by the TERO Commission. Please provide an original and three (3) copies of your application with all attachments to the TERO Office by the Quarterly Deadline.

FEES

Level I Certification requires a \$100 processing fee; Level II Certification requires a \$25 processing fee. Only Cashier's Checks and Money Orders will be accepted. Make payable to: Sho-Ban TERO.

Business Name	Owner(s) (attach Certificate of Indian Blood or Tribal ID to document Native American status)
Mailing Address	Physical Address
Email Address	Web Address
Telephone	Fax
SSN or Federal ID#	Year Business Established
Other Name under which the business has previously operated (provide former address and inclusive dates of operation):	Has your business ever been granted TERO Certification status? ___ Yes ___ No If yes, under what name and year certified?
What Level of TERO Certification are you seeking? ___ Level I – Partnerships, Corporations, Limited Liability Companies ___ Level II – Sole-proprietorships and Non-profits	
Do you possess a Shoshone-Bannock Tribal Business License? ___ Yes ___ No If yes, please attach.	Are you registered with the State of Idaho, in compliance with the Contractor Registration Act? ___ Yes ___ No ___ Not Required If yes, please attach.
Does the Indian owner(s) qualify as a military service disabled veteran? ___ Yes ___ No If yes, provide verification from the U.S. Veterans Administration.	

<p>Identify your business' legal structure and attach requisite documentation as identified by codes:</p> <p>Sole-Proprietorship – 1</p> <p>Partnership – 2</p> <p>Corporation – 3</p> <p>Limited Liability Company – 4</p> <p>Non-Profit - 5</p>	<p>Codes:</p> <ol style="list-style-type: none"> 1) Attach a copy of Certificate of Assumed Business Name 2) Attach copies of Partnership Agreement and Certificate of Assumed Business Name 3) Attach copies of Certificate of Incorporation, Articles of Incorporation, By laws and Amendments, Stock or Share Certificates, Board Meeting and/or Share Holder Minutes 4) Attach a copy of the LLC Operating Agreement and LLC Certificate of Registration 5) Attach a copy of 501(c)3 Certification and related documents
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Organizational Chart/Management System (attach a company flow chart, for employees in excess of 3)

Name	Title	% of Ownership	Race

Identify Type of Business and General Scope of Work:

Construction Services Materials/Supplier

Professional Services

Other, Specify:

List Specialties of Work (i.e., specialty contractor, vendor, consultant, manufacturer, supplier, general contractor, etc.)

Provide evidence to support you or your firm's Technical Qualifications (attach copies of all that apply)

Certifications/Credentials	Specialty Licenses or Licenses
Training or Educational Attainment	Business Resume – documenting past work history
Public Works License	

Insurance/Bond Coverage (attach verification of bonding and/or proof of carrier for insurance)

Amount of Coverage: _____ Bond/Insurance Carrier: _____

Resources for Capital and Equipment (attach copies of these required documents)

Most recent Financial Statement

Tax Forms 1120, 1120S, 2554, 1065, 1040 and/or Schedule K-1 for each owner, for the past three years, as they apply.

Itemized Inventory List with true or approximate market values

List major work-related equipment owned or leased by firm (attach additional sheets as necessary)

Type of Equipment	Owned or Leased	Date of Purchase or Lease	Purchase or Lease Cost

Location of Inventory Control – identify physical location of storage and equipment, with city, state, zip:

Business Profile - Each application for TERO Indian Preference Certification must include a Business Profile. The format is identified below. Please submit a separate attachment, two-page maximum in length.

Business Description

Detail a brief description of when the business was founded, identify legal structure, and describe the nature of the business including areas of specialty.

Ownership & Management Profile

List name, address, education, experience level, and position within the company for each owner and/or key manager.

Business Location

Identify business headquarter location, as well as independent or satellite office locations.

Key Initiatives and Objectives

Identify business goals & methods to achieve.

Marketing Opportunities

Identify target market & strategies.

Competitive Advantages

Identify experience & expertise of the business.

ACKNOWLEDGEMENT

I hereby certify that the information provided in this application is true and complete to the best of my knowledge and belief. I understand that applications for certification shall be reviewed on a quarterly schedule and acknowledge that any certification awarded will be re-evaluated two years from the date issue.

Signature of Owner

Date

Signature of Owner

Date

Signature of Owner

Date



Application Checklist Required Attachments

Please use this checklist to complete your TERO Indian Preference Certification Application. If not applicable please indicate with "N/A".

- ___ Certificate of Indian Blood or Tribal Identification Card for each Indian owner
- ___ Shoshone-Bannock Tribal Business License
- ___ Idaho Contractor Registration License
- ___ Verification of Military Service Disabled Veteran Status
- ___ Legal Structure Documents (one of the following must be checked and documents submitted)
 - Sole-Proprietor:* Certificate of Assumed Business Name
 - Partnership:* Partnership Agreement and Certificate of Assumed Business Name
 - Corporation:* Certificate of Incorporation, Articles of Incorporation, By laws and Amendments, Stock or Share Certificates, Board Meeting and/or Share Holder Minutes
 - Limited Liability Company:* LLC Operating Agreement and LLC Certificate of Registration
 - Non-Profit:* 501(c)3 Certification and related documents
- ___ Flow Chart, if the business has three or more employees
- ___ Copies of all Technical Qualifications (at least one of the following must be checked and documents submitted)
- ___ Certifications/Credentials
 - Specialty Licenses or Licenses
 - Training or Educational Attainment
 - Business Resume – documenting past work history, major contracts or awards
 - Public Works License
- ___ Proof of Insurance or Bonding Coverage, carrier must be identified
- ___ Most Recent Financial Statement
- ___ Past three years Tax Forms
- ___ Itemized Inventory List
- ___ Business Profile
- ___ Processing Fee – Cashier's check or Money order
- ___ Original Application and three sets of copies

For TERO Use Only

Received by: _____ Date: _____

Amount received: \$ _____ Receipt #: _____