

Name of TDHE
**INDIAN PREFERENCE
QUALIFICATION
APPLICATION**

_____ herein submits to _____
Name of Applicant Name of TDHE
the following application seeking to qualify as a 51% or more Indian owned and controlled economic enterprise or tribal organization so it can be eligible for Indian preference in _____ selection and award of
Name of TDHE
contracts, subcontracts, employment and training. This application must be submitted in a timely manner and by a date prescribed by _____
Name of TDHE
in order for the Applicant to be considered eligible for Indian preference. Applicant may be required to periodically resubmit this application from time to time.

NAME OF ENTERPRISE OR ORGANIZATION: _____

TELEPHONE NUMBER: _____

FAX: _____

E-MAIL: _____

ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT): _____

LOCATION OF ALL OTHER OFFICES (INCLUDING TEMPORARY AND PART-TIME): _____

I. ORGANIZATION

Are you

- a private for profit or non-profit company, or
- a tribal organization

Check one:

- Corporation Partnership Joint Venture
- Sole Proprietorship Other (describe) _____

Date established: _____

Place established: _____

Dates organization changed or amended as to ownership and management: _____

Attach to this Application current organization documents (including where appropriate Articles of Incorporation and bylaws).

II. CURRENT OWNERSHIP

Date current ownership was established: _____

Current Ownership fill out an additional disclosure for each owner that is an entity.				
NAME	Check if enrolled in a federally recognized tribe	ADDRESS	TELEPHONE	% of OWNERSHIP

Attach to this application official evidence or record of enrollment of all owners who are enrolled members of federally registered tribes.

Name any companies or individuals that provide management or administrative services to your company: _____

How many employees do you currently have: _____

Name who has made capital contributions to your company: _____

Explain who will get your profit on this contract and what percentage: _____

Who is your bank and the name and telephone number of the bank official you work with at the bank? _____

What agency and what insurance company provides your insurance and list telephone number: _____

What agency and what bonding companies provide your bid, performance and payment bonds and list telephone number (answer only if you are a construction company): _____

Explain who you will contract or subcontract more that 10% of your work to:

If you are supplying goods, name companies that will provide you 10% or more of the goods to be provided under the contract you are seeking (and identify if they are 51% or more Indian owned and controlled by an enrolled member of a federally recognized tribal member): _____

III. PAST AND CURRENT PERFORMANCE

Have you or any owner of your entity had any of the following occur in the past 10 years and, if so, please explain with an attached narrative:

- filed bankruptcy or been petitioned into bankruptcy
- sued regarding a contract or payment of a contract
- sued regarding contract, performance or payment of a contract
- failed to complete a contract on time
- failed to finish a contract
- had a claim made on a bond provided on your behalf
- involved in arbitration regarding a contract or its performance
- had a contract terminated for cause
- denied Indian preference after seeking it
- debarred, suspended or other sanctions
- failed to properly pay a supplier, subcontractor, employee as required by contract

- any legal judgments entered against you
- any other incident involving performance of a contract where claims or disputes arose

Attach to this Application appropriate narratives.

Name other companies in businesses similar to what you now do that you and your owners have operated or owned in the last 10 years: _____

List all tribes, tribally designated housing authorities, and Indian housing authorities that you have had a contract with in the past 10 years and the years you had the contract(s): _____

IV. CONTROL

List all officers of your company and any Board members and identify if they are enrolled in a federally recognized tribe and if so, which tribe as well as what management duties they have: _____

List the other top 10 management: _____

If any of the above individuals have employment, positions or contracts with or interests in (including ownership) other companies, please so identify and explain, including the % or work time they spend in that position: _____

Name the location of all temporary and permanent offices your have: _____

If you are a construction company, list your core crew employees: _____

What companies or individuals, if any, are mentoring or providing you assistance (including but not limited to loans, capital or staff) to develop as a company and explain on attached sheet: _____

Disclose here and explain on an attached sheet any agreements or arrangements whereby some or all of your company is managed, administered or run in whole or in part by an individual(s) or company(s) not otherwise explained in this application: _____

Disclose here and explain on an attached sheet any public or private agreements, or arrangements, other than those fully disclosed and explained elsewhere in this Application, whereby companies or individuals (i.e., service agreements, supplier contracts or subcontracting) received profit from you company: _____

By submitting this Application you are asserting that you believe and know yourself to be a 51% or more economic entity or tribal organization.

Where not enough space has been provided on this form to allow you to fully explain your answers use additional sheets and attaché the sheets to this Application.

Your Application must be truthful and correct. Making false or misleading statements could subject your company and the individual signing this Application to criminal prosecution and civil penalties since funding of your contract may come from government funds.

If any changes in these circumstances or others that impact your eligibility for preference should occur prior to the award of a contract or during the performance of such a contract, you agree to immediately notify _____.
Name of TDHE

Furthermore, if based on new information or changes in circumstances, you should, in the opinion of _____ lose 51% or more Indian ownership or control
Name of TDHE
of your company, you will lose your eligibility for Indian preference.

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

Name: _____ (date)_____
President or CEO's Signature

TO BE FILLED IN BY TDHE
Please submit this Application to:

