



Salt River Pima-Maricopa Indian Community

Application for Certification as a Community Member-owned or Other Native American-owned Business

The Salt River Pima-Maricopa Indian Community (SRPMIC) gives eligible companies the opportunity to qualify and participate in contracts as a certified Community Member-owned or Other Native American-owned business. To be considered a Community Member-owned or Other Native American-owned business, a company must meet all qualifying standards and be at least 51 percent owned, operated and controlled by the qualifying person or persons. Applicants are still required to obtain all bonding, licensing and other certifications and obligations required by applicable law, policy or agreement.

- Attached are:
- 1) Roadmap for Applicants (general guidelines)
 - 2) Certification process
 - 3) Application Supporting Documents Checklist
 - 4) Application for Certification
 - 5) Affidavit of Certification

All questions in the application must be answered and the requested documents submitted with the application. Questions that do not apply to your company should be marked with "N/A" in the space provided.

Please return the completed application package to:

The Salt River Pima-Maricopa Indian Community
Purchasing Division, Finance Department
10005 E. Osborn Rd,
Scottsdale, AZ 85256
Attention: Purchasing Manager

For further information or if you have any questions or if you require assistance in filling out the application, please contact any of the following:

SRPMIC Purchasing Division. (480) 362-7700
Salt River Financial Services Institution (SRFSI) . . (480) 850-5460
SRPMIC Legal Services Department. (480) 850-8150
Salt River Business Owners' Association (SRBOA) (480) 850-4339

Salt River Pima-Maricopa Indian Community

**Community Member-owned and
Other Native American-
owned Business**

CERTIFICATION APPLICATION

ROADMAP FOR APPLICANTS

1) Should I apply?

- * Is your firm at least 51% owned by an:
 - SRPMIC Enrolled Community Member who also controls the firm? OR
 - Other Native American who also controls the firm?
- * Is your firm organized as a for-profit business?

=> If you answered "Yes" to all of the questions above, you may be eligible to participate.

2) Be sure to attach all of the required documents listed in the Application Supporting Documents Checklist with your completed application.

3) Where can I find more information?

- SRPMIC Procurement Policy <http://www.saltriver.pima-maricopa.nsn.us/community/pdf/3-5.pdf>
- SRPMIC Purchasing Division. (480) 362-7700
- Salt River Financial Services Institution (SRFSI) . . (480) 850-5460
- SRPMIC Legal Services Department. (480) 850-8150
- Salt River Business Owners' Association (SRBOA) (480) 850-4339

Any of the numbers above can also be called should you require assistance in filling out the application.

4) This certification process is only applicable to goods and/or services purchased by the SRPMIC government and does not apply to third-party, private businesses that may be located within the boundaries of the SRPMIC. Certain SRPMIC Enterprises may elect to participate in this certification program.

5) If at any time, SRPMIC has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, SRPMIC may initiate suspension or debarment proceedings against the person or firm.

Salt River Pima-Maricopa Indian Community

Community Member-owned and Other Native American- owned Business

CERTIFICATION PROCESS

According to Salt River Pima-Maricopa Indian Community (SRPMIC) Finance Policy 3-5 Procurement Policy, Section IV.C.2: "A firm seeking certification as a Community Member-owned or other Native American-owned business enterprise shall submit a completed application to the Purchasing Division of the applicable tribal agency on a form provided by the Purchasing Division." Certification ensures consideration in the application of preference in selection of vendors in the procuring of goods and services for the SRPMIC.

SRPMIC shall certify all businesses according to the following order of preference:

1. Certified Community-owned businesses;
2. Certified Community member-owned businesses or individual Community Members;
3. Other certified native American-owned businesses or individual Native Americans.

CERTIFICATION PROCESS

1. A firm seeking certification as a Community Member-owned or Native American-owned business shall submit a completed application to the Purchasing Division.
2. The Purchasing Division has twenty-one (21) business days from the date the Purchasing Manager receives the application to process the application and make a determination as to whether or not certification will be granted. The determination will be made in writing and will be sent to the applicant by registered mail and a copy will be sent to the Community Manager (or equivalent).
3. Purchasing Division staff will be available to assist a firm in completing the certification application. The Salt River Financial Services Institution (SRFSI) will also assist by appointment. SRFSI can be reached at (480) 850-5560.
4. The Purchasing Division will request such additional information as it believes appropriate, conduct such investigations as it deems appropriate, and make a final determination to certify or not to certify.
5. If additional information is requested, computation of the twenty-one (21) business day period shall be stayed during the time any request for additional information is outstanding.
6. The Purchasing Division may extend the processing period an additional twenty-one (21) business days by sending notification of the extension to the applicant by registered mail.

7. Within fifteen (15) business days of receipt of the Purchasing Division's analysis and finding, the applicant may request a hearing to appeal any part of the certification finding. Such request must be made in writing to the Community Manager (or equivalent).
8. Within ten (10) business days of receipt of request for an appeal hearing, the Community Manager (or equivalent) may do the following:
 - a. Deny the request;
 - b. Assemble a five (5) member hearing panel, consisting of the Community Manager (or equivalent), one non-employee Community Member, one Community (or Enterprise) employee and two other individuals of the Community Manager's (or equivalent) choosing.
 - i. The Native American principal(s) of the firm shall be present at the hearing. In addition, any person wishing to present information shall be entitled to do so, by requesting, no less than one day prior to the hearing, an opportunity to participate.
 - ii. If an appeal hearing is held, the decision of the panel will be communicated to the appellant in writing by the Community Manager (or equivalent) within five (5) business days following the last day of the appeal hearing.
9. An applicant granted certification shall, in the first year following application be issued a one-year probationary certificate.
 - a. During the probationary certification period, the Purchasing Division staff shall monitor the firm's activities to ensure that the firm is operating in the manner described in its application.
 - b. During the probationary period, the Purchasing Division shall have the right to request and receive such information and documents as they deem appropriate.
10. At the end of any probation period the Purchasing Division staff shall do one of the following, sending the determination in writing to the applicant by registered mail, with a copy sent to the Community Manager (or equivalent):
 - a. Grant full certification;
 - b. Continue the probationary period for up to six months; or
 - c. Deny certification.

11. Withdrawal of Certification:

- a. From the information provided in any required reports, on the basis of a written grievance filed by any other firm or person, or on its own initiative, the Purchasing Division may initiate proceedings to withdraw or suspend the certification of any firm.
 - b. The Purchasing Division shall prepare an analysis and finding and prior to making a finding shall send the firm notice, by registered mail, that its certification is being examined, along with the grounds therefore.
 - c. A firm may appeal withdrawal or suspension of certification. Such appeal must be made in writing and sent to the Community Manager (or equivalent).
 - d. If a hearing is granted, the Purchasing Division shall have the burden of proof by the preponderance of the evidence, to determine whether the withdrawal or suspension is justified. At the hearing, the Purchasing Division staff shall present the case for suspension or withdrawal, and the firm shall have the opportunity to present evidence in support of their case.
 - e. If a hearing occurs, the panel may take the following action:
 - i. Withdraw certification;
 - ii. Suspend certification for up to one year;
 - iii. Put the firm on probation; and/or
 - iv. Order that corrective action be taken within a fixed period.
 - f. Within five (5) business days from the last day of the hearing, the Community Manager (or equivalent) will notify the appellant in writing of the panels decision.
 - g. A firm that has had its certification withdrawn may not reapply for a period of one (1) year from the date the withdrawal was effective, which is the date of the letter of notification from the Community Manager.
12. Each certified firm shall report any changes, meaning any information that is different from the information contained in the approved application on file, to the Purchasing Division, in writing, within thirty (30) days after such changes have occurred.
13. Each certified firm, on the anniversary of its receipt of permanent certification, shall update the information contained in the most recent approved application on file with the Purchasing Division.
14. Failure to provide information pursuant to these requirements shall constitute grounds for the Purchasing Division to move for withdrawal of certification.
15. **In accordance with Policy 1-8a Confidentiality, all information obtained will be kept confidential and will not be used other than for this certification process.**

**SRPMIC COMMUNITY MEMBER-OWNED OR OTHER NATIVE AMERICAN-OWNED
BUSINESS CERTIFICATION APPLICATION SUPPORTING DOCUMENTS CHECKLIST**

In order to complete your application for SRPMIC Vendor Certification, you must attach copies of all of the following documents as they apply to you and your firm. If you can not satisfy a particular item (e.g., if your firm has been in business less than three years and you do not have three years worth of tax returns), attach a letter addressing why that item is missing from the application.

All Applicants

- Work experience resumes (that include places of ownership/employment with corresponding dates), for all owners and officers of your firm
- Personal tax returns for the past three years, if applicable, for each owner
- Your firm's tax returns (gross receipts) and all related schedules for the past three years
- Documented proof of contributions used to acquire ownership for each owner (*e.g. both sides of cancelled checks*)
- Your firm's signed loan agreements, security agreements, and bonding forms
- Descriptions of all real estate (including office/storage space, etc.) owned/leased by your firm and documented proof of ownership/signed leases
- List of equipment leased and signed lease agreements
- List of construction equipment and/or vehicles owned and titles/proof of ownership
- Documented proof of any transfers of assets to/from your firm and/or to/from any of its owners over the past two years
- Year-end balance sheets and income statements for the past three years (or life of firm, if less than three years); a new business must provide a current balance sheet
- All relevant licenses, license renewal forms, permits, and haul authority forms
- For SRPMIC Community Members, a copy(ies) of a valid SRPMIC membership ID card(s) for each owner listed as an SRPMIC Community Member
- For Other Native Americans, Certificates of Degree of Indian Blood (CDIB) for each owner listed as a Native American (other than SRPMIC Community Members)
- Bank authorization and signatory cards
- Schedule of salaries (or other compensation or remuneration) paid to all officers, managers, owners, and/or directors of the firm
- Reference and/or contact phone numbers for contracts/jobs listed under Section 4, items I and J
- Letter from bonding agency indicating agency rating and aggregate and project limits.

Partnership or Joint Venture

- Original and any amended Partnership or Joint Venture Agreements

Corporation or LLC

- Official Articles of Incorporation (*signed by the state official*)
- Both sides of all corporate stock certificates and your firm's stock transfer ledger
- Shareholders' Agreement
- Evidence that company is in good standing with the Corporation Commission
- Corporate by-laws and any amendments
- Corporate bank resolution, if applicable
- Official Certificate of Formation and Operating Agreement with any amendments (for LLCs)

INSTRUCTIONS FOR COMPLETING THE COMMUNITY MEMBER-OWNED AND OTHER NATIVE AMERICAN-OWNED BUSINESS CERTIFICATION APPLICATION

NOTE: If you require additional space for any question in this application, please attach additional sheets or copies as needed, taking care to indicate on each attached sheet/copy the section and number of this application to which it refers. Questions that do not apply to your company should be marked with "N/A" in the space provided.

Section 1: CERTIFICATION INFORMATION

A. Prior/Other Certifications

If you are certified as a minority-owned, disadvantaged business enterprise (DBE) or other type of preferred vendor elsewhere, write in the name(s) of the certifying agency that has previously certified your firm.

B. Prior/Other Applications and Privileges

Indicate whether your firm or any of the persons listed have ever withdrawn an application for a DBE or other vendor preference program, or whether any have ever been denied certification, decertified, debarred, suspended, or had bidding privileges denied or restricted by any Tribal, state or local agency or Federal entity. If your answer is yes, indicate the date of such action, identify the name of the agency, and explain fully the nature of the action in the space provided.

Section 2: GENERAL INFORMATION

A. Contact Information

- (1) State the name and title of the person who will serve as your firm's primary contact under this application.
- (2) State the legal name of your firm, as indicated in your firm's Articles of Incorporation.
- (3) Indicate the primary phone number of your firm.
- (4) Indicate a secondary phone number, if any.
- (5) Indicate your firm's fax number, if any.
- (6) Indicate your firm's or your contact person's email address.
- (7) Indicate your firm's website address, if any.
- (8) State the street address of your firm (i.e. the physical location of its offices -- not a post office box address).
- (9) State the mailing address of your firm, if it is different from your firm's street address.

B. Business Profile

- (1) In the box provided, briefly describe the primary business and professional activities in which your firm engages.
- (2) Give the Federal Tax ID number of your firm as provided on your firm's filed tax returns, if you have one. This could also be the Social Security number of the owner of your firm.
- (4) Give the date on which your firm was officially established, as stated in your firm's Articles of Incorporation.
- (5) Give the date on which you and/or each other owner took ownership of the firm.
- (6) Check the appropriate box that describes the manner in which you and each other owner acquired ownership of your firm. If you checked "Other," explain in the space provided.

(6) Check the appropriate box that indicates whether your firm is "for profit."

NOTE: If you checked "No," then you do NOT qualify for certification and therefore do not need to complete the rest of this application. All participating firms must be for-profit firms.

(7) Check all of the appropriate boxes next to the types of activities that your business can perform with your own employees and equipment. **NOTE:** Certification will be limited to those activities checked. If your firm engages in an industry in which it is customary to outsource or broker activity, please attach a separate sheet explaining the nature of your business in detail. Attachment of such explanation does not ensure certification for such activities.

(8) Check the appropriate box that describes the legal form of ownership of your firm, as indicated in your firm's Articles of Incorporation. If you checked "Other," briefly explain in the space provided.

(9) Check the appropriate box that indicates whether your firm has ever existed under different ownership, a different type of ownership, or a different name. If you checked "Yes," specify which and briefly explain the circumstances in the space provided.

(10) Indicate in the spaces provided how many employees your firm has, specifying the number of employees who work on a full-time basis.

(11) Specify the total gross receipts of your firm for each of the past three years, as declared in your firm's filed tax returns.

C. Relationships with Other Businesses

(1) Check the appropriate box that indicate whether your firm is co-located at any of its business locations, or whether your firm shares a telephone number(s), a post office box, any office space a yard, warehouse, other facilities, any equipment, or any office staff with any other business, organization, or entity of any kind. If you answered "Yes," then specify the name of the other firm(s) and briefly explain the nature of the shared facilities or other items in the space provided.

- (2) Check the appropriate box that indicates whether at present, or at any time in the past:
- (a) your firm has been a subsidiary of any other firm;
 - (b) your firm consisted of a partnership in which one or more of the partners are other firms;
 - (c) your firm has owned any percentage of any other firm; and
 - (d) your firm has had any subsidiaries of its own.
- (3) Check the appropriate box that indicates whether any other firm has ever had an ownership interest in your firm.
- (4) If you answered "Yes" to any of the questions in (2)(a)-(d) of (3), identify the name, address and type of business for each.

Section 3: OWNERSHIP

Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below (if your firm has more than one owner, provide completed copies of this section for each additional owner):

A. Background Information

- (1) Give the name of the owner.
- (2) State his/her title or position within your firm.
- (3) Give his/her home phone number.
- (4) State his/her home (street) address
- (5) Check the appropriate box that indicates this owner's gender.
- (6) Check the appropriate box that indicates this owner's Tribal affiliation. If you checked "Other Native American," specify this owner's Tribe name.

B. Ownership Interest

- (1) State the number of years during which this owner has been an owner of your firm.
- (2) Indicate the dollar value of this owner's initial investment to acquire an ownership interest in your firm, broken down by cash, real estate, equipment, and/or other investment.
- (3) State the percentage of total ownership control of your firm that this owner possesses.
- (4) State the familial relationship of this owner to each other owner of your firm.
- (5) Indicate the number, percentage of the total, class, date acquired, and method by which this owner acquired his/her shares of stock in your firm.
- (6) Check the appropriate box that indicates whether this owner performs a management or supervisory function for any other business. If you checked "Yes," state the name of the other business and this owner's title or function held in that business.
- (7) Check the appropriate box that indicates whether this owner owns or works for any other firm(s) that has any relationship with your firm. If you checked "Yes," identify the name of the other business and this owner's title or function held in that business. Briefly describe the nature of the business relationship in the space provided.

C. Immediate Family Member Businesses

Check the appropriate box that indicates whether any of your immediate family members own or manage another

company. An "immediate family member" is any person who is your father, mother, husband, wife, son, daughter, brother, sister, grandmother, grandfather, grandson, granddaughter, mother-in-law, or father-in-law. If you answered "Yes," provide the name of each relative, your relationship to them, the name of the company they own or manage, the type of business, and whether they own or manage the company.

Section 4: CONTROL

A. Identify your firm's Officers and Board of Directors:

- (1) In the space provided, state the name, title, date of appointment, ethnicity, and gender of each officer of your firm.
- (2) In the space provided, state the name, title, date of appointment, ethnicity, and gender of each individual serving on your firm's Board of Directors.
- (3) Check the appropriate box that indicates whether any of your firm's officers and/or directors listed above performs a management or supervisory function for any other business. If you answered "Yes," identify each person by name, his/her title, the name of the other business in which s/he is involved, and his/her function performed in that other business.
- (4) Check the appropriate box that indicates whether any of your firm's officers and/or directors listed above own or work for any other firm(s) that has a relationship with your firm. If you answered "Yes," identify the name of the firm the officer or director, and the nature of his/her business relationship with that other firm.

B. Identify your firm's management personnel (by name, title, ethnicity, and gender) who control your firm in the following areas:

- (1) Making of financial decisions on your firm's behalf, including the acquisition of lines of credit, surety bonds, supplies, etc;
- (2) Estimating and bidding, including calculation of cost estimates, bid preparation and submission;
- (3) Negotiating and contract execution, including participation in any of your firm's negotiations and executing contracts on your firm's behalf;
- (4) Hiring and/or firing of management personnel, including interviewing and conducting performance evaluations;
- (5) Field/Production operations supervision, including site supervision, scheduling, project management services, etc;
- (6) Office management;
- (7) Marketing and sales;
- (8) Purchasing of major equipment;
- (9) Signing company checks (for any purpose); and
- (10) Conducting any other financial transactions on your firm's behalf not otherwise listed.
- (11) Check the appropriate box that indicates whether any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business. If you answered "Yes," identify each person by name, his/her title, the name of the other business in which s/he is involved, and his/her function performed in that other business.

(12) Check the appropriate box that indicates whether any of the persons listed in (1) through (10) above own or work for any other firm(s) that has a relationship with your firm. If you answered "Yes," identify the name of the firm, the name of the person, and the nature of his/her business relationship with that other firm.

C. Indicate your firm's inventory in the following categories:

(1) Equipment

State the type, make and model, and current dollar value of each piece of equipment held and/or used by your firm. Indicate whether each piece is either owned or leased by your firm.

(2) Vehicles

State the type, make and model, and current dollar value of each motor vehicle held and/or used by your firm. Indicate whether each vehicle is either owned or lease by your firm.

(3) Office Space

State the street address of each office space held and/or used by your firm. Indicate whether your firm owns or leases the office space and the current dollar value of that property or its lease.

(4) Storage Space

State the street address of each storage space held and/or used by your firm. Indicate whether your firm owns or leases the storage space and the current dollar value of that property or its lease.

D. Does your firm rely on any other firm for management functions or employee payroll?

Check the appropriate box that indicates whether your firm relies on any other firm for management functions or for employee payroll. If you answered "Yes," briefly explain the nature of that reliance and the extent to which the other firm carries out such functions.

E. Financial Information

(1) Banking Information

- (a) State the name of your firm's bank.
- (b) Give the main phone number of your firm's bank branch.
- (c) Give the address of your firm's bank branch.

(2) Bonding Information

- (a) State your firm's Binder Number.
- (b) State the name of your firm's bond agent and/or broker.
- (c) Give your agent's/broker's phone number.
- (d) Give your agent's/broker's address.
- (e) State your firm's bonding limits (in dollars), specifying both the Aggregate and Project Limits.

F. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of persons or firms securing the loan, if other than the listed owner:

State the name and address of each source, the original dollar amount and the current balance of each loan, and the purpose for which each loan was made to your firm.

G. List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years:

Indicate in the spaces provided, the type of contribution or asset that was transferred, its current dollar value, the person or firm from whom it was transferred, the person or firm

to whom it was transferred, the relationship between the two persons and/or firms, and the date of the transfer.

H. List current licenses/permits held by any owner or employee of your firm.

List the name of each person in your firm who holds a professional license or permit, the type of permit or license, the expiration date of the permit or license, and the license/permit number and issuing State of the license or permit.

I. List the three largest contracts completed by your firm in the past three years, if any.

List the name of each owner or contractor for each contract, the name and location of the projects under each contract, the type of work performed on each contract, and the dollar value of each contract.

J. List the three largest active jobs on which your firm is currently working.

For each active job listed, state the name of the prime contractor and the project number, the location, the type of work performed, the project start date, the anticipated completion date, and the dollar value of the contract.

AFFIDAVIT & SIGNATURE

Carefully read the attached affidavit in its entirety. Fill in the required information for each blank space, and sign and date the affidavit in the presence of a Notary Public, who must then notarize the form.

Section 1: CERTIFICATION INFORMATION

A. Prior/Other Certifications

Is your firm currently certified as a minority-owned or other type of preferred vendor under programs of another Tribe, state or local or other entity? Yes No	Name of certifying agency(ies):
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B. Prior/Other Applications and Privileges

Has your firm (under any name) or any of its owners, Board of Directors, officers or management personnel, ever withdrawn an application for any of the programs listed above, or ever been denied certification, decertified, or debarred or suspended or otherwise had bidding privileges denied or restricted by any state or local agency or Federal entity? Yes, on _____ (date) No If Yes, identify Tribe, state or locality and name of Tribal, state, local or Federal agency and explain the nature of the action:
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Section 2: GENERAL INFORMATION

A. Contact Information

(1) Contact person and Title:	(2) Legal name of firm:
(3) Phone #:	(4) Other Phone #:
(6) E-mail:	(5) Fax #:
(7) Website (if any):	
(8) Street address of firm (<i>No P.O. Box</i>):	City: County/Parish: State: Zip:
(9) Mailing address of firm (<i>if different</i>):	City: County/Parish: State: Zip:

B. Business Profile

(1) Describe the primary activities of your firm:	(2) Federal Tax ID (if any):
(3) This firm was established on (date):	(4) I/We have owned this firm since (date):
(5) Method of acquisition (<i>check all that apply</i>):	
<input type="checkbox"/> Started new <input type="checkbox"/> Bought existing <input type="checkbox"/> Inherited <input type="checkbox"/> Secured concession <input type="checkbox"/> Merger or consolidation <input type="checkbox"/> Other (<i>explain</i>)	
(6) Is your firm "for profit"?	STOP! If your firm is NOT for-profit, then you do NOT qualify for this program and do NOT need to fill out this application.
<input type="checkbox"/> Yes <input type="checkbox"/> No	

(7) Types of Business Activities

The following are typical types of business activities. Indicate the ones your business is capable of performing using your firm's own employees and equipment rather than through brokering or subcontracting. If the nature of your business is such that brokering or subcontracting is a normal method of conducting business for the industry, please attach a letter of explanation discussing this. NOTE: Certification will be limited to those checked.

<u>Description</u>	<u>Primary SIC Code (if known)</u>	
Agricultural Sales	<input type="text"/>	
Architects/Engineers *	<input type="text"/>	
Automotive repair	<input type="text"/>	
Computer	<input type="text"/>	
Concrete *	<input type="text"/>	Specify type: <input type="text"/>
Construction, new *	<input type="text"/>	
Construction, refurb*.	<input type="text"/>	
Culvert installation	<input type="text"/>	
Drywall*	<input type="text"/>	
Electrical-commercial (Master)*	<input type="text"/>	License #: <input type="text"/>
Electrical - residential (Journeyman)*	<input type="text"/>	License #: <input type="text"/>
Excavation *	<input type="text"/>	
Fencing *	<input type="text"/>	
Food Service	<input type="text"/>	
General contractor *	<input type="text"/>	
Grading *	<input type="text"/>	
Janitorial	<input type="text"/>	
Masonry *	<input type="text"/>	
Mechanical - heating/air conditioning	<input type="text"/>	
Painting *	<input type="text"/>	
Paving *	<input type="text"/>	
Pipefitting *	<input type="text"/>	
Plumbing *	<input type="text"/>	License #: <input type="text"/>
Ranching	<input type="text"/>	
Roofing *	<input type="text"/>	
Sheet metal fabrication *	<input type="text"/>	
Signing	<input type="text"/>	
Structures *	<input type="text"/>	
Surveying *	<input type="text"/>	
Trucking *	<input type="text"/>	
Utility installation *	<input type="text"/>	
Vendor (please specify service or product).	<input type="text"/>	Service/ Product: <input type="text"/>
Welding *	<input type="text"/>	
Other (specify) *	<input type="text"/>	

* Must attach applicable State of Arizona licenses or certifications for these items

(8) Type of firm (*check all that apply*):

Sole Proprietorship	Limited Liability Partnership
Partnership	Limited Liability Corporation
Corporation	Joint Venture
Other (describe): <input type="text"/>	

(9) Has your firm ever existed under different ownership, a different type of ownership, or a different name?
 Yes No If Yes, please explain below:

(10) Number of employees: Full-time Part-time Total

(11) Specify the gross receipts of the firm for the last 3 years:

Year <input type="text"/>	Total receipts (\$) <input type="text"/>
Year <input type="text"/>	Total receipts (\$) <input type="text"/>
Year <input type="text"/>	Total receipts (\$) <input type="text"/>

C. Relationships with Other Businesses

(1) Is your firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment, or office staff, with any other business, organization, or entity?
 Yes No

If Yes, please provide other firm's name:

If Yes, please provide nature of shared facilities::

(2) At present, or at any time in the past, has your firm:

(a) been a subsidiary of any other firm?	Yes	No
(b) consisted of a partnership in which one or more of the partners are other firms?	Yes	No
(c) owned any percentage of any other firm?	Yes	No
(d) had any subsidiaries?	Yes	No

(3) Has any other firm had an ownership interest in your firm at present or at any time in the past? Yes No

(4) If you answered "Yes" to any of the questions in (2)(a)-(d) and/or (3), identify the following for each (*attach extra sheets, if needed*):

	<u>Name</u>	<u>Address</u>	<u>Type of Business</u>
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 3: OWNERSHIP

Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below *(If more than one owner, attach separate sheets for each additional owner):*

A. Background Information

(1) Name:	(2) Title:	(3) Phone #:
(4) Home Address (<i>street and number</i>): City: County/Parish: State: Zip:		
(5) Tribal affiliation: Salt River Pima-Maricopa Indian Community Enrolled Member Tribal ID#: <input style="width: 100%;" type="text"/> Other Native American * Tribal ID#: <input style="width: 100%;" type="text"/> Tribe: <input style="width: 100%;" type="text"/> Non Native American		

* Attach Certificate of Degree of Indian Blood (CDIB)

B. Ownership Interest

(1) Number of years as owner: <input style="width: 50%;" type="text"/>	(2) Initial investment to acquire ownership interest in firm:	<u>Type</u>	<u>Dollar Value</u>
(3) Percentage owned: <input style="width: 50%;" type="text"/>		Cash	<input style="width: 100%;" type="text"/>
(4) Familial relationship to other owners: <input style="width: 100%; height: 40px;" type="text"/>		Real Estate	<input style="width: 100%;" type="text"/>
		Equipment	<input style="width: 100%;" type="text"/>
		Other	<input style="width: 100%;" type="text"/>
(5) Shares of stock:	<u>Number</u>	<u>Percentage</u>	<u>Class</u>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
(6) Does this owner perform a management or supervisory function for any other business?	Yes	No	
If Yes, identify: Function/Title:			
Name of business:			
(7) Does this owner own or work for any other firm(s) that has a relationship with this firm (<i>e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, joint ventures, etc?</i>)	Yes	No	
If Yes, identify: Function/Title:			
Name of business:			
Nature of business relationship:			
(8) Does this owner own or work for any other firm(s) that are either already certified with SRPMIC or have a certification application pending?	Yes	No	
If Yes, identify: Function/Title:			
Name of business:			
Nature of business relationship:			

C. Immediate Family Members

Do any of your immediate family members own or manage another company?				Yes	No
If yes, then list (<i>attach extra sheets, if necessary</i>):					
	<u>Name</u>	<u>Relationship</u>	<u>Company</u>	<u>Type of Business</u>	<u>Own or Manage?</u>
1.	<input style="width: 100%; height: 20px;" type="text"/>				
2.	<input style="width: 100%; height: 20px;" type="text"/>				
3.	<input style="width: 100%; height: 20px;" type="text"/>				

Section 4: CONTROL

A. Identify your firm's Officers and Board of Directors (*if additional space is required, attach a separate sheet*):

	Name	Title	Date appointed	Tribal affiliation (if any)
(1) Officers of the Company	(a)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	(b)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	(c)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
(2) Board of Directors	(a)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	(b)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	(c)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

(3) Do any of the persons listed in (1) and/or (2) above perform a management or supervisory function for any other business?				Yes	No
If Yes, identify for each: Person:					
Name of business:					
Title:			Function:		
(4) Do any of the persons listed in (1) and/or (2) above own or work for any other firm that has a relationship with this firm ? (<i>e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, joint ventures, etc?</i>)				Yes	No
If Yes, identify for each: Person:					
Name of business:					
Nature of business relationship:					

B. Identify your firm's management personnel who control your firm in the following areas

(if more than two persons, attach a separate sheet):

	Name	Title	Tribal affiliation (if any)
(1) Financial Decisions <i>(responsibility for acquisition of lines of credit, surety bonding, supplies, etc.)</i>	(a)		
	(b)		
(2) Estimating and bidding	(a)		
	(b)		
(3) Negotiating and contract execution	(a)		
	(b)		
(4) Hiring/firing of management personnel	(a)		
	(b)		
(5) Field/production operations supervisor	(a)		
	(b)		
(6) Office management	(a)		
	(b)		
(7) Marketing/Sales	(a)		
	(b)		
(8) Purchasing of major equipment	(a)		
	(b)		
(9) Authorized to sign company checks (for any purpose)	(a)		
	(b)		
(10) Authorized to make financial transactions	(a)		
	(b)		

(11) Do any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business? Yes No

If Yes, identify for each: Person:

Name of business:

Title:

Function:

(12) Do any of the persons listed in (1) through (10) above own or work for any other firm that has a relationship with this firm ? *(e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, joint ventures, etc?)* Yes
No

If Yes, identify for each: Person:

Name of business:

Nature of business relationship:

C. Indicate your firm's inventory in the following categories (attach additional sheets, if needed)

(1) Equipment			Owned (O) or Leased (L)?
Type of Equipment	Make and Model	Current Value	
(a)			
(b)			
(c)			

(2) Vehicles			Owned (O) or Leased (L)?
Type of Vehicle	Make and Model	Current Value	
(a)			
(b)			
(c)			

(3) Office Space		Owned (O) or Leased (L)?	Current Value of property or lease
Street Address			
(a)			
(b)			

(4) Storage Space		Owned (O) or Leased (L)?	Current Value of property or lease
Street Address			
(a)			
(b)			

D. Does your firm rely on any other firm for management functions or employee payroll? Yes No

If Yes, explain:

E. Financial Information

(1) Banking information

(a) Name of bank: (b) Phone #:

(c) Address of bank: City: State: Zip:

(2) Bonding information: If you have bonding capacity, identify: (a) Binder No:

(b) Name of agent/broker: (c) Phone #:

(d) Address of agent/broker: City: State: Zip:

(e) Bonding limits: Aggregate: Project:

F. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of any persons or firms securing the loan, if other than the listed owner (attach additional sheets if needed):

1.	Name of source:	<input type="text"/>	Orig amount	<input type="text"/>
	Address of source:	<input type="text"/>	Curr balance	<input type="text"/>
	Name of person securing loan:	<input type="text"/>		
	Purpose for loan:	<input type="text"/>		
2.	Name of source:	<input type="text"/>	Orig amount	<input type="text"/>
	Address of source:	<input type="text"/>	Curr balance	<input type="text"/>
	Name of person securing loan:	<input type="text"/>		
	Purpose for loan:	<input type="text"/>		

G. List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years (attach additional sheets if needed):

1.	Contribution/Asset:	<input type="text"/>	\$ Value	<input type="text"/>
	From whom transferred:	<input type="text"/>	Transfer Date:	<input type="text"/>
	To whom transferred:	<input type="text"/>		
	Relationship:	<input type="text"/>		
2.	Contribution/Asset:	<input type="text"/>	\$ Value	<input type="text"/>
	From whom transferred:	<input type="text"/>	Transfer Date:	<input type="text"/>
	To whom transferred:	<input type="text"/>		
	Relationship:	<input type="text"/>		

H. List current licenses/permits held by any owner and/or employee of your firm (e.g. contractor, engineer, architect, etc.) (attach additional sheets if needed):

	Name of License/Permit Holder	Type of License/Permit	License No	State	Expiration Date
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I. List the three largest contracts completed by your firm in the past three years, if any:

1.	Name of Owner/Contractor:	<input type="text"/>	\$ Value	<input type="text"/>
	Name/Location of Project:	<input type="text"/>	Start Date:	<input type="text"/>
	Type of work performed	<input type="text"/>	End Date:	<input type="text"/>
2.	Name of Owner/Contractor:	<input type="text"/>	\$ Value	<input type="text"/>
	Name/Location of Project:	<input type="text"/>	Start Date:	<input type="text"/>
	Type of work performed	<input type="text"/>	End Date:	<input type="text"/>
3.	Name of Owner/Contractor:	<input type="text"/>	\$ Value	<input type="text"/>
	Name/Location of Project:	<input type="text"/>	Start Date:	<input type="text"/>
	Type of work performed	<input type="text"/>	End Date:	<input type="text"/>

J. List the three largest active jobs on which your firm is currently working:

1.	Name of Owner/Contractor:	<input type="text"/>	\$ Value	<input type="text"/>
	Project number (if any):	<input type="text"/>	Start Date:	<input type="text"/>
	Location of Project:	<input type="text"/>	End Date:	<input type="text"/>
	Type of work performed	<input type="text"/>	Contact Phone:	<input type="text"/>
2.	Name of Owner/Contractor:	<input type="text"/>	\$ Value	<input type="text"/>
	Project number (if any):	<input type="text"/>	Start Date:	<input type="text"/>
	Location of Project:	<input type="text"/>	End Date:	<input type="text"/>
	Type of work performed	<input type="text"/>	Contact Phone:	<input type="text"/>
3.	Name of Owner/Contractor:	<input type="text"/>	\$ Value	<input type="text"/>
	Project number (if any):	<input type="text"/>	Start Date:	<input type="text"/>
	Location of Project:	<input type="text"/>	End Date:	<input type="text"/>
	Type of work performed	<input type="text"/>	Contact Phone:	<input type="text"/>

AFFIDAVIT

"The undersigned swears that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations of :

Name of Firm

as well as the ownership thereof. Any material misrepresentation will be grounds for terminating any contract which may be awarded and for initiating action under Tribal and/or federal law." Additionally, the undersigned affirms that they will notify the Salt River Pima-Maricopa Indian Community Purchasing Division in writing within thirty (30) calendar days of any major changes to the information contained herein that may change the status of the business with regard to preference as a Community Member-owned or Other Native American-owned business.

Signature _____

Print Name _____

Title _____

Date _____

Corporation Seal (where applicable)

State of _____ }

County of _____ } ss.

On this _____ day of _____, 200 _____, before the undersigned personally appeared _____, known to me to be the person whose name is subscribed to on this Affidavit, and acknowledged to me that s/he executed the same and was authorized by:

Name of Firm

to execute it.

Notary Public for the State of Arizona

Residing at: _____

My commission expires _____