



Torres Martinez Desert Cahuilla Indian Tribe
P.O. Box 1160, Thermal, CA 92274

"Attachment A"

NATIVE AMERICAN ENTERPRISES QUALIFICATION STATEMENT

NOTE: Submit completed questionnaire to Torres Martinez TERO Commission at Fax # (760) 397-8146 or by mail to Torres Martinez TERO Commission, P.O. Box 1160, Thermal, CA 92274 as soon as possible so that you complete formalities in the time frame allowed. Use additional sheets to complete answers, if needed.

The Undersigned certifies under oath the truth and correctness of all answers to questions made hereinafter:

1. Applicant wishes to qualify as: (check one only)

An "Economic Enterprise" as defined in Section 3(3) of the Native American Financing Act of 1974 (P.L. 93-262); that is "any Native American-Owned... commercial, industrial or business activity established or organized for the purchase of profit: Provided, that such Native American owner-ship shall constitute not less than 51 percent of the enterprise:

A "Tribal Organization" as defined in Section 4(c) of the Native American Self-Determination and Education Assistance Act (P.L. 93-638); that is: "the recognized governing body of any Native American Tribe; any legally established organization of Native Americans which is controlled, sanctioned or chartered by such governing body or which is democratically elected by the adult members of the Native American community to be served by such organization and which includes the maximum participation of Native Americans in all phases of its activities: Provided that in any case where a contract is let or grant made to an organization to perform services benefiting more than one Native American Tribe, the approval of each such Native American Tribe shall be a prerequisite to the letting or making of such contract or grant... "

2. Name of Economic Enterprise or Tribal Organization: _____

Address: _____

Phone: _____ Fax: _____

3. Check One:

Corporation

Partnership

Joint Venture

Limited Liability Company

Sole Proprietorship

Other

4. Answer the following:

If a Corporation:

- a. Date of Incorporation: _____
- b. State of Incorporation: _____
- c. Provide the names and address of the officers of this Corporation and establish whether they are Native American (I) or Non-Native American (NI).

NAME OF OFFICER	I or NI	TITLE	ADDRESS	% OF STOCK OWNERSHIP

- d. Complete the following information on all stockholders who are not listed in (c) above, owning 10% or more of the stock. Establish whether they are Native American (I) or Non-Native American (NI).

NAME	I or NI	TITLE	ADDRESS	% OF STOCK OWNERSHIP

If a Sole Proprietorship or Partnership:

- a. Date of Organization or Partnership: _____
- b. Provide the following information for the individual or partner owner and establish whether they are Native American (I) or Non-Native American (NI).

NAME	I or NI	TITLE	ADDRESS	% OF STOCK OWNERSHIP

If a Joint Venture:

- a. Date of Joint Venture Agreement: _____
- b. Provide the following information for each member of the joint venture and establish whether they are Native American (I) or Non-Native American (NI).

NAME	I or NI	TITLE	ADDRESS	% OF STOCK OWNERSHIP

If a Limited Liability Company:

- a. Date of LLC Formation: _____
- b. State of LLC Formation: _____
- c. Provide the names and address of the manager of this Limited Liability Company and establish whether they are Native American (I) or Non-Native American (NI).

NAME OF MANAGER	I or NI	TITLE	ADDRESS	% OF STOCK OWNERSHIP

- d. Complete the following information on all stockholders who are not listed in (c) above, owning 10% or more of the stock. Establish whether they are Native American (I) or Non-Native American (NI).

NAME	I or NI	TITLE	ADDRESS	% OF STOCK OWNERSHIP

5. Provide the information regarding the primary spokes person for your organization:
- a. Name: _____
 - b. Title: _____
 - c. Address: _____
 - d. Phone: _____
 - e. Email: _____

6. Has any officer, partner, or manager of your organization listed in #4 been an officer, partner, or manager 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? _____
- If so, note when, where, and why: _____
- _____
- _____
- _____

8. Will any officer, partner, or manager listed in #4 be engaged in outside employment? YES NO
- If yes, complete:

NAME	TITLE	HOURS PER WEEK OUTSIDE THE ENTERPRISE

9. 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:

NAME OF PERSON/BUSINESS	DATE OF ACTION	TYPE OF ACTION	DEPARTMENT OR AGENCY

10. Does this enterprise have any subsidiaries or affiliates or is it a subsidiary or affiliate of any other concern / firm? YES NO

If yes, complete:

NAME AND ADDRESS OF SUBSIDIARY AFFILIATE OR OTHER CONCERN / FIRM	DESCRIPTION OF RELATIONSHIP

11. Does this enterprise or any person listed in #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? These include but are not limited to management, and joint venture agreements and any arrangement or contract involving the provisions of such compensated services as administrative assistance, data processing, management consulting of all types, marketing, purchasing, production, and other type of compensated assistance. YES NO

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

12. 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 either question, furnish details in a separate attachment.

13. 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 enterprise or other enterprise? YES NO

If yes, furnish details in a separate exhibit.

14. 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.

15. What dollar amount of Working Capital is available to your enterprise prior to the start of this construction? \$ _____

Explain the source of these funds: _____

Include a copy of the company's most recent audited financial statement.

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

a. By contract with an outside professional accounting firm:

Name: _____ Phone _____

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: _____

17. References (preferably minimum of three, with contact name, addresses, phone/fax #):

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

19. a. Indicate the core crew employees in your work force, their job titles, and whether they are Native American or Non-Native American. 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?

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

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

22. Explain in narrative form the 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 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) listed in response to #4.

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

24. 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.

- NOTE:**
- I.** Omission of any information may be cause for this statement not receiving timely and complete consideration and reduction of grading points.
 - II.** Knowing that the Department on-lousing and Urban Development may review this contract between this enterprise and the Martinez Desert Cahuilla Indians, the person/s signing below certifies/certify that all information in this **NATIVE AMERICAN ENTERPRISE QUALIFICATION STATEMENT**, including exhibits and attachments, is/are true and correct.
 - III.** Print or type name below all signatures.

If applicant is **Sole Proprietor**, Sign Below:

Sign: _____ Date _____
Print Name:

If applicant is in a **Partnership, Joint Venture, or Limited Liability Company**, all Partners or Managers must sign below:

Sign: _____ Date _____
Print Name:

Sign: _____ Date _____
Print Name:

Sign: _____ Date _____
Print Name:

Sign: _____ Date _____
Print Name:

Sign: _____ Date _____
Print Name:

If applicant is a **Corporation**, affix corporate seal, President to sign, Corporate Secretary to attest.

Corporate Seal:

Sign: _____ Date _____
Print Name of President:

Attested by: _____ Date _____
Print Name of Corporate Secretary: