The Klamath Tribes,

Tribal **E**mployment **R**ights **O**ffice (TERO)

P.O. Box 436 | 501 Chiloquin Blvd. Chiloquin, OR 97624 | (541) 783-2219 | TERO@klamathtribes.com

APPLICATION FOR INDIAN OWNED BUSINESS (IOB) CERTIFICATION

This application is for certification of a majority Klamath Tribal Member owned or Indian Owned entity interested in providing their services and/or products via contracting opportunities under Chapter 40 of Title 6 of the Klamath Tribes Tribal Code, Tribal Employment Rights Ordinance (hereinafter "Ordinance").

Certification of an entity as Klamath Tribal Member owned or Indian Owned is designed to: 1) Verify that the entity is at least fifty-one percent (51%) owned by an enrolled member Klamath Tribes or an enrolled member of a federally recognized Indian tribe; and 2) That the applicant is at least fifty-one percent (51%) controlled by an enrolled member Klamath Tribes or an enrolled member of a federally recognized Indian tribe.

Truthful documentation and information are required to assess an entity's ability to fulfill the criteria. In the event that there is not enough space in any section of this Application to provide the information requested, please attach a clearly labelled continuation sheet to your application. Any deliberate or intentional effort to misrepresent the ownership of the entity applying for certification may result in sanctions as authorized by the Ordinance. This application must be signed by an owner of the entity who is duly authorized to act as an authorized representative of the entity.

Submit the certification application along with a payment of the $75 processing fee to:

Tribal Employment Rights Program
The Klamath Tribes
P.O. Box 436
501 Chiloquin Blvd.
Chiloquin, OR 97624

- *Klamath Tribal member owned entities are exempt from the processing fee.*
- All applicants are required to submit proof of enrollment in a federally recognized tribe.

Please Note: Indian Owned Business (IOB) Applications will be reviewed on a case-by-case basis.

Please call (541) 783-2219 ext.149 or 162, if you have questions or need more information.

APPLICATION FOR INDIAN OWNED BUSINESS (IOB) CERTIFICATION

I. Trade Name of Entity:

_____

Legal Name of Entity (if different from Trade Name):

_____

Business Address:

_____

State: _____ Zip: _____ County: _____ Business Ph: _____

Fax No: _____ Email and/or Web Address: _____

Entity is a Klamath Tribal Member Owned Business (fifty-one percent or more owned by Klamath Tribal Member(s)): ☐Yes ☐No

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II. ***Indian Owner(s) Information:*** (Proof of Tribal enrollment is required in addition to the information below for each owner upon which the business relies for certification)

Full Name: _____

Residential Address of Owner:

_____

City: _____ County: _____ State: ___ Zip: _____

Email: _____ Ownership Interest: _____

Tribal Affiliation: _____ Tribal Roll/ID Number: _____

Social Security # _____

III. Summary of Entity:

Type of Business: ☐ Construction ☐ Wholesale / Retail Trade ☐ Transportation ☐ Administration & Support Services

☐ Manufacturing ☐ Food Services ☐ Information Services ☐ Art/Photography ☐ Other Services

Describe the primary activities of your entity:

_____

_____

_____

Entity established on: _____ / _____ / _____

*IV. **Legal Structure:***

☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLC ☐ Joint Venture

Employer Identification Number (if any): _____

State ID No.: _____ Corporation No. (if applicable): _____

Construction Contactor's Board (CCB) License No. (attach copy): _____

Including electrical, plumbing, landscaping, welding, engineering, etc. List other professional licenses:

_____

Certification with any state Minority Business Enterprise (MBE), Women Business Enterprise (WBE), Disadvantaged Business Enterprise (DBE), or Emerging Small Business (ESB) program. If so, please **provide a copy of certification approval.**

State(s) Certified: _____

List any certifications with other Tribes as an IOB: _____

*V. **Entity Structure:***

Has this entity ever existed under different ownership, a different type of ownership or a different name?

☐ Yes ☐ No If yes, explain below:

_____

_____

_____

If applicable, please list other business name(s) previously used:

_____

_____

_____

Does this entity have any subsidiaries or affiliates or is it a subsidiary or affiliate of another concern? If yes, explain and include the name and address of subsidiary, affiliate or another concern. Describe the relationship in detail.

_____

_____

_____

_____

Do any owners of the entity own or work for any other entity that has a relationship with this entity *(e.g. ownership interest, shared office space, financial investments, equipment, leases, personnel sharing)?*

☐ Yes ☐ No If yes, identify Name of business: _____

Nature of business relationship: _____

VI. Entity Status:

Bonding (if applicable): name of surety company/agent: _____

Bonding limit: $ _____ Bonding capacity (Attach proof): $ _____

Insurance coverage (if applicable): name of insurance company:

_____

Name of agent: _____ Phone No.: _____

Amount and type of coverage: $ _____ Type: _____

Has this entity or owners/co-owners been debarred or suspended from contracting with any Tribes of any department or agency of the State or Federal Government? ☐ Yes ☐ No

If yes, please explain and include the name of person or business, date of action, type of action and with whom:

_____

_____

_____

Has this entity ever had any licenses, permits or authorizations revoked? ☐ Yes ☐ No

If yes, please explain actions taken:

_____

_____

_____

*VII. **Entity References and Control:***

List three reliable references who can verify owner's / firm's capabilities:

Name:	Address:	Phone number:
_____	_____	_____
	_____	
	_____	
_____	_____	_____
	_____	
	_____	
_____	_____	_____
	_____	
	_____	

List major projects, contracts, or subcontracts performed by the entity, listing most recent first.
If a new business, list previous business references. Indicate role (prime, sub, joint venture).

Name of Project: _____ Role: _____ Year: _____

Brief Description of Project:

_____

Contact Person: _____ Phone No: _____ Contract amount: $_____

Name of Project: _____ Role: _____ Year: _____

Brief Description of Project:

_____

Contact Person: _____ Phone No: _____ Contract amount: $_____

Name of Project: _____ Role: _____ Year: _____

Brief Description of Project:

_____

Contact Person: _____ Phone No: _____ Contract amount: $_____

Name of Project: _____ Role: _____ Year: _____

Brief Description of Project:

_____

Contact Person: _____ Phone No: _____ Contract amount: $_____

Identify by name and title in entity all owners (include non-Indian owners), title, percent of ownership and whether they have responsibility for day-to-day management/supervision in the table below:

Name	Title	% of Ownership	Management /Supervision

List other entities in which any owner has ownership or interest:

_____

_____

Identify entity's management personnel who control the following areas:

	Name	Title
Financial Decisions		
Negotiating and contract execution		
Hiring and firing of management and operations personnel		
Field supervision and production		
Office management		
Purchasing of major equipment		
Authorized to make financial Transactions		

Do any of the persons listed above own or work for any other entity that has a relationship with this firm? ☐ Yes ☐ No

If yes, identify person(s): _____

VIII. Investments and Assets:

List dollar amount invested by any individual(s) to start or buy this entity. Attach sources of financing and supportive documents (loan agreements, receipts, cancelled checks, initial bank statements, CDs, etc.). If other, please explain on an attached page:

Name/Position	Money	Equipment	Other-explain
_____	$_____	$ _____	$ _____
_____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____

Does any owner own office equipment, field equipment, or vehicles used in the business?

☐ Yes ☐ No

If yes, please **include copies** of lease agreement.

_____

_____

IX. Financial Statement & Taxes:

To qualify as a certified Indian Owned Business of a least 51% ownership, the following factors determine if the entity meets the minimum requirements:

VALUE: The Indian owner(s) must establish that they provided real value for their stated ownership interest by providing Capital, Equipment, Real Property, or similar Assets commensurate with the value of their ownership share.

PROFITS: The Indian owner(s) must receive the Percentage or All Profits equal to their share of ownership interests, and make the same or greater contributions to their firm established as partnerships or joint-ventures as their Non-Indian partner or co-owner.

The following financial information of the firm is requisite for certification:

BALANCE SHEETS: *Submit the most recent* year-ending or quarterly balance sheet indicating the total assets, liabilities and equity of the entity.

INCOME STATEMENTS: *Submit the most recent* quarterly profit/loss statement of the entity, indicating revenues/sales, expenses (including salaries and fringe paid to each owner), gross and net profit, and distribution of such profit.

ANCILLARY COMPENSATION: *List* any management fee, bonuses, reimbursements, expenses, or other arrangements of payment distributed between the Indian and Non-Indian owners beyond their share of profits and salaries.

TAXES: Please ***submit a complete copy*** of the owner(s) or entity's federal tax returns for the past three years.

Additional Information & Documentation:

The following information is required to complete the review of the certification application of the entity.

CORPORATIONS:

List all officers, directors and key employees.

- ☐ Provide copies of stocks issued for each shareholder
- ☐ Stock holder agreements, voting rights and disposal of stock, etc.
- ☐ Articles of Incorporation and all subsequent Amendments
- ☐ Copy of state incorporation certificate(s)
- ☐ Copy of minutes of first corporate organizational meeting and most recent meeting
- ☐ Most recent Annual Report
- ☐ Copy of Corporate Bylaws
- ☐ Resumes of Principals of the Company
- ☐ Documents of interest in other businesses
- ☐ Organizational chart, company brochures

LIMITED LIABILITY CORPORATIONS:

List all managers and members.

- ☐ Agreements of LLC (ownership structure, buy-outs, profit sharing, contributions, etc.)
- ☐ Resumes of all members showing education, training, and employment with dates
- ☐ Organizational chart, company brochures
- ☐ Proof of capital invested

PARTNERSHIPS:

List all managers and members.

- ☐ Agreements of partnership (ownership structure, profit sharing, contributions, etc.)
- ☐ Resumes of all partners showing education, training, and employment with dates
- ☐ Organizational chart, company brochures
- ☐ Proof of capital invested

For all applicants, please submit the following documents, if applicable:

- ✓ Franchise agreements
- ✓ Credit agreements
- ✓ List of key personnel including name, title, and years of experience
- ✓ Bank references

X. Certification Standards, Prescription of Preference:

The Klamath Tribes TERO Program has developed this standardized certification application for entities owned by enrolled members of the Klamath Tribes and enrolled members of other federally recognized tribes. The intent of certification status is to enhance viable opportunities for experience and success in contracting and subcontracting that are under the purview of the TERO program.

TERO Certified Indian Owned Businesses will be notified of all upcoming projects by the contract-letting party and/or the TERO program for services or products provided by your business. TERO subcontracting goals are usually prescribed on all projects which require the prime contractor to exercise good faith to solicit and negotiate quotes from TERO certified Indian-owned businesses.

Please contact the TERO program for details and information.

Tribal Employment Rights Program
The Klamath Tribes
P.O. Box 436
501 Chiloquin, OR 97624
Phone: (541) 783-2219 Ext. 149 or Ext. 162
Fax: (541) 783-2029

Certification Affidavit

I do solemnly declare and affirm that the contents of the foregoing documents are true and correct and include all information necessary to identify and explain the operation of _____ (name of entity), as well as the ownership thereof. The undersigned, in addition, swears that this entity is at least fifty-one percent (51%) owned by one or more members of a federally recognized Tribe and this entity's management and daily business operations are controlled by one or more such individuals.

Any material misrepresentation will be grounds for denial or revocation of certification by The Klamath Tribes Tribal Employment Rights Office Commission and may subject the entity to sanctions as set forth in the Klamath Tribes' Tribal Employment Rights Ordinance.

Signature of owner: _____

Name (please print/type): _____

Title: _____ Date: _____

On this _____ day of _____, 202 ___ before me appeared applicant _____, who being duly sworn did execute the foregoing affidavit, and did state that she/he/they were properly authorized by _____ (name of entity) to execute the affidavit and did so as her/his/their free act and deed.

Notary Seal here

State of: _____

Notary Public: _____

Commission Expires: _____