SECTION D - Certification of Native American Owned Business “NAOB”

TITLE IV

4.1 TERO NAOB Certification
An applicant seeking to be TERO Certified for preference in contracting shall submit a complete certification application, along with the following documents:

- Documentation of membership by a US Federally recognized Native American Tribe, Nation or Band, including members of federally recognized Alaskan Native Villages, Communities and Corporations and Proof of at least 51% Native ownership;
- Business license certifications, business structure documents (sole proprietor, partnerships, Incorporations, LLC), insurance and bonding capabilities.
- TERO shall require all other necessary licensing documentation specific for the service provided as determined by TERO.
- TERO reserves the right to exempt certain requirements if deemed not necessary for the type of service provided.
- (Industry Standards) Portfolio that includes proof of the experience and staff expertise in the specific field listed, resume of jobs completed, and references; or
- Business Plan that includes proof of the experience and staff expertise in the specific field, projected financials and references.
- Any other documentation or pertinent information required by TERO. TERO shall have sole discretion in determining licensing requirements under this section.

For compliance and enforcement purposes, TERO and/or the tribal agency, shall require that each NAOB maintain separate UNI numbers, Tax ID numbers, and maintain the minimum insurance requirement for each NAOB.

NAOB Ownership Requirements
The following factors shall be applied in identifying 100% Tulalip tribal member owned business and minimum ownership requirements for the applicable certification categories. The purpose of this identification is for awarding contracts under Section 1.9 and other restrictive bidding opportunities in this Code.

a) Percentage and Control
   1) 100% Tulalip Tribal Member NAOB: Must be 100% owned by a Tulalip tribal member or members. The owner(s) must exercise majority control of the business and be substantially involved in the day-to-day management and operations.
   2) NAOB: Must be 51% Native American owned and the majority owner must exercise majority control of the business and be substantially involved in the day-to-day management and operations.

b) Value - The Native owner(s) must establish that they provide real value for their stated ownership interests by providing legal documents such as stock ownership, capital, assets, structure, management, control, financing and salary commensurate with the value of their ownership share.
c) **Profits** - The Native owner(s) will receive a percentage of all profits equal to their ownership interest. Any provision that gives a non-Native owner a greater share of the profits, such as but not limited to management fees, equipment rental fees or bonuses will result in decertification. Salary scales are subject to review by TERO to ensure the relative salaries being paid to Native and non-Native owners are consistent with the skills of the parties and are not being used to circumvent the requirements of this Code.

d) **Technical Qualifications** - The NAOB will be required to submit sufficient documentation to verify that it has the technical and administrative qualifications to be certified in the specific category requested including the Native owner(s) having the skill and expertise to perform the work.

All NAOBs shall report any changes of ownership or control status within fourteen (14) days after such changes have occurred. If at any time Native American ownership drops below 51% TERO reserves the right to decertify the company.

The TERO department shall review the status of all certified NAOBs on an annual basis. Each NAOB shall update their information annually. Failure to provide information pursuant to these requirements shall constitute grounds to be de-certified and taken off the NAOB Registry.

4.2 **Appeal of Denied Certification**

Denial of NAOB certification by the TERO Department may be appealed to the TERO Commission. The written appeal must be received by TERO within (14) fourteen days of denial notice. The Commission’s decision is final and cannot be further appealed.

A firm that has been denied certification may not re-apply for a period of time as determined by the TERO Commission.

4.3 **Brokers, Vendors, Suppliers & Distributors**

In order to obtain certification under this Code, Brokers, Vendors, Suppliers and Distributors must own, operate or maintain a store, warehouse, or other establishment in which the materials, supplies, articles or equipment being provided are kept in stock and regularly sold or leased to the public in the usual course of business. Relevant documentation, as determined by TERO, shall be provided to TERO upon request. This requirement shall not apply where the applicant demonstrates proof that it is not customary and usual in the particular business industry to keep the materials, supplies, articles or equipment in stock.

4.4 **Joint Ventures**

Joint Venture documents between certified NAOBs will be submitted and processed through the TERO Department for review. Joint Ventures between an NAOB and a non-NAOB will be certified on a project by project basis if the NAOB can successfully demonstrate the following:

- The Native American ownership and control complies with the requirements as defined in this section.
- The NAOB has entered into the joint venture with the non-NAOB to provide limited backup capabilities such as bonding, specialized expertise, or capital.
• The non-NAOB will mentor the NAOB to increase the expertise and value of the NAOB.

No Joint Venture shall qualify for preference if the Native American ownership in the Joint Venture is less than 51% or fails to demonstrate the majority control of the business at any time; which may result in a violation or de-certification. The owners must have prior experience, training, occupational ties or sufficient knowledge in the business that the Joint Venture is engaged in such that they are qualified to serve in the senior level positions.

4.5 Decertification
A NAOB is subject to decertification if the business engaged in prohibited activities or has changed its ownership and control so that it no longer meets the requirements for certification. Failure to notify TERO of changes in ownership, control, or operations shall also be grounds for decertification.

The TERO Commission may review and recommend corrective action or training for a NAOB with a multiple non-performance contract issue or multiple violations of the TERO Code. If the NAOB refuses or does not comply with the Commission Directive they may be de-certified.
NATIVE OWNED BUSINESS CERTIFICATION

1. Business Identification

Name of Business: ________________________________

Business Phone: __________________ Fax: __________________
E-mail: __________________ Web site: __________________

Business Address: ________________________________
City: ______________ State: ______________ Zip: ____________

Mailing Address (if different): ________________________________
City: ______________ State: ______________ Zip: ____________

2. Business Profile

Type of Business: ________________________________

Primary activities of Business: ________________________________

______________________________

State ID No.: ______________ Federal ID No.: ______________

Tulalip Tribes Business No.: ________________________________

Certification with State Office of Minority and Women Business Enterprise (OMWBE), Disadvantage Business Enterprise (DBE), provide copy of Certification Approval

State(s) Certified: ________________________________

Small Business Administration 8(a) Certification No: ____________ Exp: ____________
(Please provide copy of certification approval)

Years of Operation: ____________
Has this business or owners/co-owners been debarred or suspended from contracting with any tribes, 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 your firm ever had any licenses, permits or authorizations revoked? ( ) Yes ( ) No

If “Yes”, please explain actions taken:
________________________________________________________________________
________________________________________________________________________

Number of Employees: _____ Full-time _____ Part-time

Number of Native American Employees: _____ Full-time _____ Part-time

Specify the gross receipts for the last 3 years:

   Year_____ Total receipts $_____

(attach tax documentation)

Year_____ Total receipts $_____

Year_____ Total receipts $_____

3. Relationships with Other Businesses

Is your business co-located at any of its businesses 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”, Identify: Business Name:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Explain relationship:
________________________________________________________________________

At present, or at any time in the past, has your business:
   Been a subsidiary of any other firm ( ) Yes ( ) No
   Owned any percentage of any other business ( ) Yes ( ) No

If you have answered “Yes” to any of the following questions, identify the following for each
(attach additional sheets if needed)

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Type of Business</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Does any of your immediate family members own or manage another company? 
( ) Yes ( ) No If “Yes” then list (attach additional sheets if needed)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Company</th>
<th>Type of Business</th>
<th>Own/Manage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Ownership

Identify all individuals with any ownership interest in your firm, providing the information requested below (if more than one owner, attach separate sheets for each)

Name: 
Title: 
Phone: 
Address: 
City: 
State & Zip: 
Tribal Affiliation: 
Enrollment Number: 
Number of years as Owner: 
Percentage Owned: 

Initial investment to acquire ownership interest in business:

<table>
<thead>
<tr>
<th>Type</th>
<th>Dollar Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>$___________</td>
</tr>
<tr>
<td>Real Estate</td>
<td>$___________</td>
</tr>
<tr>
<td>Equipment</td>
<td>$___________</td>
</tr>
<tr>
<td>Other</td>
<td>$___________</td>
</tr>
</tbody>
</table>

Shares of Stock: 
Number Percentage 
Class 
Date Acquired 
Method Acquired 

5. Control

Identify your businesses firms officers/board of directors (attach additional sheets if needed)

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Date Appointed</th>
<th>Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Identify your businesses management personnel who control your business in the following areas:

Financial Decisions

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Estimating and Bidding

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Hiring/Firing of Personnel

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
<td>Ethnicity</td>
</tr>
<tr>
<td>------</td>
<td>-------</td>
<td>-----------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Field/Production Supervisor</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marketing/Sales</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchasing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Authorized to sign company checks

Authorized to make financial transactions

Indicate your businesses inventory in the following categories *(attach additional sheets if needed)*

### Equipment

<table>
<thead>
<tr>
<th>Type of Equipment</th>
<th>Make/Model</th>
<th>Current Value</th>
<th>Owned/Leased</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Vehicles

<table>
<thead>
<tr>
<th>Type of Vehicle</th>
<th>Make/Model</th>
<th>Current Value</th>
<th>Owned/Leased</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Office Space

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Owned/Leased</th>
<th>Current Value of property or lease</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Does your business rely on any other business for management functions or employee payroll? ( ) Yes ( ) No If “Yes” explain:

Bonding Information: If you have bonding capacity, Identify:

Name of agent/broker: ___________________________ Phone: __________________________
Address: _______________________________________
Bonding limit: Aggregate limit $ __________ Project limit $ __________
List the three largest contracts completed by your business in the past three years, if any:

<table>
<thead>
<tr>
<th>Contractor/Owner</th>
<th>Name/Location of Project</th>
<th>Type of work</th>
<th>Dollar Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List the three largest active jobs on which your business is currently working:

<table>
<thead>
<tr>
<th>Contractor/Owner</th>
<th>Name/Location of Project</th>
<th>Type of work</th>
<th>Start/End Date</th>
<th>Dollar Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Any material misrepresented will be grounds for denial or revocation of certification from TERO.

Signature of Owner/Applicant: ______________________________________________

Name (please print/type): ___________________________________________________

Title: ____________________________   Date: ____________________________

On this ________________ day of __________________, 201__ before me appeared applicant ____________________________, who being duly sworn did execute the foregoing affidavit, and did state that she/he was properly authorized by ______________________ (name of firm) to execute the affidavit and did so as her/his free act and deed.

Notary Seal here

Notary Public ____________________________

State of ____________________________

Commission Expires ____________________________

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ Office Space ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Recommended for Approval by

Compliance Officer ____________________________ Date ____________________________

(   ) Approved   (   ) Disapproved

Managers Signature ____________________________ Date ____________________________