

EASTERN BAND OF CHEROKEE INDIANS
TRIBAL EMPLOYMENT RIGHTS OFFICE



APPLICATION
FOR
TERO VENDOR CERTIFICATION

EASTERN BAND OF CHEROKEE INDIANS
TRIBAL EMPLOYMENT RIGHTS OFFICE



Memorandum

To: TERO Vendor Applicant
From: TERO Compliance
Subject: TERO Vendor Certification Application

Thank you for applying to have your business TERO-certified!

Deadline. Your complete application must be turned in fifteen (10) calendar days prior to the monthly Commission meeting, which are normally held every third Wednesday of the month.

Commission meeting date: _____

Turn in application by: _____

New Vendor Applicants. A \$100 application fee for each trade you seek to be certified in is required to be paid at the Department of the Treasury before applications will be processed. Please include your receipt in the application package. Once approved, you are required to pay an additional \$100 certification fee. Cherokee Code, ch. 92-18. Please provide 5 complete copies in the format described on the Application Checklist.

Re-Certification Applicants. Applicants seeking to be re-certified as a TERO vendor are required to pay \$175 for each trade you seek to be re-certified in. Please include your receipt in the application package.

Certification. If approved, your business will be entitled to Indian preference for Tribal contracts and are required to follow the *preference requirements and responsibilities* as contained in the Cherokee Code, Chapter 92 – Tribal Business Preference Law that can be found on the Municode website.

One certification requirement is that your business has been operational for at least one year.

Priorities. To be certified as a **Priority 1 firm**, an economic entity be at least 51% owned and controlled by an enrolled member of the EBCI.

To be certified as a **Priority 2 firm**, an economic entity shall be at least 51% owned and controlled by a member of a federally recognized tribe.

Fillable PDF. We have reformatted this application as a fillable PDF so that you can fill it out on your computer. You may also fill it out on paper. We are happy to provide it to you in either or both ways upon your request.

If you have any questions regarding the application or would like to speak with someone about the application or the TERO program, please contact any Compliance Officer:

- Jacob Crowe at 828.359.6544 or jacocrow@ebci-nsn.gov
- Heather Younce at 828.359.6545 or heatyoun@ebci-nsn.gov
- John Taylor at 828.359.6477 or johntayl@ebci-nsn.gov

We look forward to reviewing your application and working with you.

Sgi!

Eastern Band of Cherokee Indians
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APPLICATION FOR CERTIFICATION

Name _____ *Title*

Name of Business

Mailing Address

Physical Address

Business Phone _____ *Mobile Phone*

Fax _____ *Email Address*

Tribal Affiliation and Enrollment Number (please attach copy)

Please list all Owner(s): Names, Address, Tribal Affiliation (if any) % Ownership
(If the business has more than one owner, you will need to submit a copy of your Articles of Incorporation.)

Business Structure:

- Sole Proprietorship Partnership Corporation
- Other *(please specify)*: _____

Area of Certification:

Refer to the North American Industry Classification website: <https://www.naics.com/search/>
(If unsure, please contact a TERO Compliance Officer to determine area(s).)

- 1) _____
- 2) _____
- 3) _____

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Business Information

Total number of owners: _____

Federal ID No.: _____

Total % of American Indian ownership: _____

Total # of employees: _____
(attach list of names, job duties and enrollment status)

Date business established: _____

Has your business ever been denied TERO-certification? Yes No

Location of Business:

- *Priority 1 firm* means an economic entity that is 51 percent owned and controlled by an enrolled member of the EBCI or a married couple in which one spouse is a member of the EBCI, and that is qualified in this Chapter to receive the first priority to be awarded a contract with the ability to re-bid.
- *Priority 2 firm* means an economic entity, owned by a member of any other federally recognized tribe.

Is your business located on tribal lands of the Eastern Band of Cherokee Indians? Yes No

If NO, where is your business located? _____
Physical Address, include County

What services/goods does your business provide?

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Business Management, Qualifications & Assets

Identify persons responsible for day-to-day management including financial, marketing & sales, personnel, supervision, legal:

List all licenses, training and certification held by owners and employees:
(Use attachment if necessary.)

List three business references:

(Please attach letters of recommendation; references should be from individuals that have received services from your business.)

	<i>Name</i>	<i>Title</i>	<i>Business Name</i>	<i>Address</i>	<i>Phone No.</i>
1)	<hr/>				
2)	<hr/>				
3)	<hr/>				

List three major projects performed within the past twelve months:

	<i>Project Name</i>	<i>Location</i>	<i>Contact</i>	<i>Address</i>	<i>Phone No.</i>
1)	<hr/>				
2)	<hr/>				
3)	<hr/>				

List Major business equipment/assets possessed: *(Use attachment if necessary.)*

	<i>Equipment Description</i>	<i>Quantity</i>	<i>Owned or Leased?</i>
	<hr/>		
	<hr/>		
	<hr/>		

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Certification Application Checklist

Your application package is considered complete when the documents contained in the list below are included and bound according to the Application format provided below. Please submit 5 copies of the bound application package to the TERO Compliance Officers.

Please ensure that you have provided the following required documentation with this application.

- Copy of Tribal enrollment card
- Tribal business license
- Business plan
- Three reference letters *(from individuals that you have provided services)*
- Business Tax Returns
- Bank signature card
- Proof of insurance *(which meet Tribal standards)*
- Applicable licenses
- Application fee receipt
- Articles of Incorporation
- Notary Page

Application Format. Please ensure your application package is bound and that each section is tabbed. You may bind the application in a 3-ring binder or GBC binding. Each tabbed section must be labeled.

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Background Checks

TERO is required to conduct background checks on each owner of the business. You may add additional sheets if more space is needed. Please provide the following information for this purpose:

Owner Name: _____	DOB: _____
Driver's License (ST/#): _____	SSN: _____
Email Address: _____	

Owner Name: _____	DOB: _____
Driver's License (ST/#): _____	SSN: _____
Email Address: _____	

Owner Name: _____	DOB: _____
Driver's License (ST/#): _____	SSN: _____
Email Address: _____	

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Compliance Agreement

I, _____, owner of _____, agree to maintain certification of and compliance with the TERO Ordinance and to the following terms and conditions:

- 1) Utilize the Tribal Job Bank and employ, train, and retain as may EBCI enrolled members as possible; and
- 2) Develop, implement, and maintain a safety plan in accordance with OSHA safety standards; and
- 3) Obtain an updated TERO certification list and contract with other TERO-certified vendors for contract and procurement opportunities for my business; and
- 4) Keep the TERO office informed of *any and all* changes of my business (including but not limited to management and location)
- 5) Attend all training session(s) offered by TERO; and
- 6) Project the highest degree of professionalism and sound business practices at all times, including but not limited to:
 - Establishing positive working relationships with procuring entities
 - Responding promptly to contract and procurement opportunities in compliance with required specifications
 - Maintaining adequate insurance and listing TERO as a secondary holder
 - Maintaining a business structure that enhances the intent and integrity of the TERO.
- 7) Comply with TERO Ordinance and policies and procedures.

Printed Name

Business Name

Signature

Date

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Notary Page
Individual Acknowledgement

State of _____

County of _____

On this, the _____ day of _____, 20____ before
me, _____, the undersigned Notary Public
for _____ County, personally appeared:

Print Name(s) of Signor(s): _____

- Personally known to me; or
- Proved to me on the basis of satisfactory evidence

To be the person(s) whose name(s) is/are subscribed to the within statement, and
acknowledged to me that he/she/they executed the same for the purposes therein
stated.

Witness my hand and official seal.

Notary Public: _____
Signature

Print Name: _____

My commission expires: _____

Place Notary Seal and/or Stamp Above

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For Office Use Only

Information verified by: _____ **Date:** _____

- Copy of Tribal enrollment card
- Tribal business license
- Business plan
- Three reference letters (from individuals that you have provided services)
- Business Tax Returns
- Bank signature card
- Proof of insurance (which meet Tribal standards)
- Applicable licenses
- Application fee receipt
- Background check of non-Indian owner which includes licensing history, criminal history, debt and credit history and litigation involving the economic entity and its principals as defendants

Action on Certification: Approved Denied Tabled

on _____
Date

Notes: _____

