## 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 (10) business days prior to the monthly Commission meeting, which are 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 note that General Contractors shall pay a fee of \$500 for certification. 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. General Contractors are required to pay \$500 for recertification. 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 <u>Municode</u> 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:

- Jose Rodriguez at (O)828.359.6545 (C)828.788.1448 or joserodr@ebci-nsn.gov
- John Taylor at 828.359.6477 (C) 828.736.4453 or johntayl@ebci-nsn.gov

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

#### APPLICATION FOR CERTIFICATION

Name		Title	
Name of Business			
Mailing Address			
Physical Address			
Business Phone		Mobile Phone	
Fax		Email Address	
Tribal Affiliation and Enrollment Num	nber (please attach copy)		
Please list all Owner(s): Nam (If the business has more than one		affiliation (if any) % Ownership submit a copy of your Articles of Incorporation.)	
Business Structure:	☐ Partnership	☐ Corporation	
Other (please specify):			
Area of Certification: Refer to the North American Indu (If unsure, please contact a TERO Con	•	site: <a href="https://www.naics.com/search/">https://www.naics.com/search/</a> nine 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:		
Date business established:	(attach list of names, job duties and enrollment status)		
Has your business ever been denied TERO-certificati	ion? □Yes □No		
Location of Business:			
enrolled member of the EBCI or a married c	at is 51 percent owned and controlled by an couple in which one spouse is a member of the receive the first priority to be awarded a contract		
<ul> <li>Priority 2 firm means an economic entity, or recognized tribe.</li> </ul>	wned by a member of any other federally		
Is your business located on tribal lands of the Easte	ern Band of Cherokee Indians?		
If NO, where is your business located?			
Physical Ada	dress, include County		
What services/goods does your business pro-	vide?		

#### Business Management, Qualifications & Assets

	fy persons responsible personnel, supervision	-	lay management	including financia	l, marketing &
	ll licenses, training a tachment if necessary.)	nd certification	n held by owners	and employees:	
	•	endation; referenc			
	Name	Title	Business Name	Address	Phone No.
2)					
3)					
List th	nree major projects p	performed with	in the nast twelv	ve months:	
1)	Project Name	Location	Contact	Address	Phone No.
3)					
List M	lajor business equip	ment/assets po	ossessed: (Use atta	chment if necessary.)	
	Equipment Description	Quant	ity (	Owned or Leased?	

#### **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
Ļ	Tribal business license
Ļ	Business plan
	Three reference letters (from individuals that you have provided services)
	Business Tax Returns
Ļ	Bank signature card
	Proof of insurance (which meet Tribal standards)
	Applicable licenses
	Application fee receipt
	Articles of Incorporation
	Notary Page
• •	ease ensure your application package is bound and that each section is tabbed.

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

#### **Compliance Agreement**

I,		, owner of	, agree		
	ntain cer	ertification of and compliance with the TERO Ordinance and to the following terms			
1)		e the Tribal Job Bank and employ, train, and retain as may EBCI enrolled members ole; and	as		
2)	Develo	op, implement, and maintain a safety plan in accordance with OSHA safety standa	rds; 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)	4) Keep the TERO office informed of <i>any and all</i> changes of my business (including but not limited to management and location)				
5)	Attend	d all training session(s) offered by TERO; and			
6)		et the highest degree of professionalism and sound business practices at all times, ing but not limited to:			
	0	Establishing positive working relationships with procuring entities			
	0	Responding promptly to contract and procurement opportunities in compliance required specifications	with		
	0	Maintaining adequate insurance and listing TERO as a secondary holder			
	0	Maintaining a business structure that enhances the intent and integrity of the T	ERO.		
7)	Comply	ly with TERO Ordinance and policies and procedures.			
Printed	Name				
Busines	s Name				
Signatu	re	Date			

#### Notary Page Individual Acknowledgement

State	e of			
Coun	nty of			
	On this, the	day of	, 20	before
		County, personally app		
	Print Name(s) of S	ignor(s):		
	☐ Personally	known to me; or		
	□ Proved to	me on the basis of satisfacto	ry evidence	
	To be the person(s	) whose name(s) is/are subs	cribed to the within staten	nent, and
	acknowledged to r	ne that he/she/they execute	d the same for the purpose	es therein
	stated.			
Vitn	ess my hand and offic	cial seal.		
	Notary Public:	Signature		
	Print Name:			
	My commission ex	pires:		

Place Notary Seal and/or Stamp Above

#### For Office Use Only

Information verifie	ed 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
	tion:   Approved  Denied  Tabled
on	
Dute	
Notes:	