Cocopah Indian Housing and Development

INDIAN PREFERENCE QUALIFICATION APPLICATION

Name of Applicant herein submits to Cocopah Indian Housing and Development (CIHAD) the following application seeking to qualify as a 51% or more Indian owned and controlled economic enterprise or tribal organization so it can be eligible for Indian preference in CIHAD selection and award of contracts, subcontracts, employment and training.
This application must be submitted in a timely manner and by a date prescribed by CIHAD in order for the Applicant to be considered eligible for Indian preference. Applicant may be required to periodically resubmit this application from time to time.
Name of Enterprise/Organization:
Telephone Number: Fax Number:
E-Mail Address:
Street Address:
Mailing Address (if different):
Location of All Other Offices (including temporary and part-time):
PART I: ORGANIZATION
Are you: A private for profit or non-profit company, or A tribal organization
Check One: Corporation Partnership Joint Venture Sole Proprietorship Other (describe):
Date Established: Place Established:
Dates Organization Changed/Amended as to Ownership and Management:

Attach to this Application current organization documents (including, where appropriate, Articles of Incorporation and Bylaws).

	ip Was Establishe	ed:		
		CURRENT OWNERSHIP		
	(Fill out an addition	onal disclosure for each owner that	t is an entity.)	1
NAME	Check if Enrolled in a Federally Recognized Tribe	ADDRESS	TELEPHONE	% OF OWNERS
				l
		nce or record of enrollmer	nt of all owners who	are enrol
members of federally re	egistered tribes.	nce or record of enrollment		
members of federally re	egistered tribes.			
members of federally re Name any companies company:	egistered tribes. or individuals the	nat provide management o	or administrative serv	vices to ye
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Name of yo	our bank:
Name/Tele	phone Number of the Bank Official with whom you work:
Who provid	des your insurance?
Agency	y Name/Telephone Number:
Insurar	nce Company/Telephone Number:
	a CONSTRUCTION COMPANY: What agency and bonding companies provide your bice and payment bonds?
Agency	y Name/Telephone Number:
	ng Company/Telephone Number:
Bonain	
Evoloin to	whom you will contract or subcontract more than 10% of your works
Explain to v	whom you will contract or subcontract more than 10% of your work:
	nder the contract you are seeking – and identify if they are 51% or more Indian owned ar by an enrolled member of a federally recognized tribe:
ART III: F	PAST AND CURRENT PERFORMANCE
Have you o	or any owner of your entity had any of the following occur in the past 10 years?
П	Filed bankruptcy or been petitioned into bankruptcy
	Sued regarding a contract or payment of a contract
	Sued regarding contract, performance or payment of a contract
닏	Failed to complete a contract on time
님	Failed to finish a contract
H	Had a claim made on a bond provided on your behalf Involved in arbitration regarding a contract or its performance
H	Had a contract terminated for cause
H	
\equiv	
	Denied Indian preference after seeking it Debarred, suspended or other sanctions
	Denied Indian preference after seeking it Debarred, suspended or other sanctions Failed to properly pay a supplier, subcontractor, employee as required by contract
	Denied Indian preference after seeking it Debarred, suspended or other sanctions

If so, please attach appropriate narratives to this Application.

erated or owned in the		at you now do that you and yo	our owners
		and Indian housing authorities ears for which you had those co	
Γ IV: CONTROL st all officers of your co	ompany and any Board memb	ers:	
NAME	TITLE/POSITION	MANAGEMENT DUTIES	If enrolle federa recognize name the
st the other top 10 mar	nagement positions:		
NAME	TITLE/POSITION	MANAGEMENT DUTIES	If enrolle federa recognize name the

If any of the above individuals have employment, positions or contracts with or interests (including ownership) in other companies, please so identify and explain, including the % or work time they spend in that position:
If you are a CONSTRUCTION COMPANY, list your core crew employees:
What companies or individuals, if any, are mentoring or providing you assistance (included but not limited to loans, capital or staff) to develop as a company and explain on an attached sheet:
Disclose here and explain on an attached sheet any agreements or arrangements whereby some or all of your company is managed, administered or run in whole or in part by an individual(s) or company(ies) not otherwise explained in this Application:
Disclose here and explain on an attached sheet any public or private agreements, or arrangements, other than those fully disclosed and explained elsewhere in this Application, whereby companies or individuals (i.e., service agreements, supplier contracts or subcontracting) received profit from your company:

By submitting this Application, you are asserting that you believe and know yourself to be a 51% or more Indian-owned and controlled economic entity or tribal organization.

Where not enough space has been provided on this form to allow you to fully explain your answers, use additional sheets and attach the sheets to this Application.

Your Application must be truthful and correct. Making false or misleading statements could subject your company and the individual signing this Application to criminal prosecution and civil penalties since funding of your contract may come from government funds.

If any changes in these circumstances or others that impact your eligibility for preference should occur prior to award of a contract or during the performance of such a contract, you agree to immediately notify CIHAD.

Furthermore, if based on new information or changes in circumstances, you should, in the opinion of CIHAD, lose 51% or more Indian ownership or control of your company, you will lose your eligibility for Indian preference.

IF APPLICANT IS SO	LE PROPRIETOR, sign below:	
SIGNATURE: _		DATE:
IF APPLICANT IS IN A	A <i>PARTNERSHIP</i> OR <i>JOINT VENTURE</i> , all Partn	ers must sign below:
SIGNATURE: _		DATE:
SIGNATURE: _		DATE:
SIGNATURE: _		DATE:
IF APPLICANT IS A C	CORPORATION:	
SIGNATURE: _	President or CEO's Signature	DATE:
	President of CEO's Signature	

PLEASE SUBMIT THIS APPLICATION AND ATTACHMENTS TO:

Cocopah Indian Housing and Development 10488 Steamboat Street Somerton, AZ 85350