ONEIDA NATION – Wisconsin
INDIAN PREFERENCE DEPARTMENT
PURPOSE: STRIVE FOR 100% ONEIDA WORKFORCE.
Skenandoah Complex 909 N. Packerland Drive
P.O. BOX 365, ONEIDA WI 54155
Office # 920.496.5316 Fax # 920.496.7491
EMAIL twallenf@oneidanation.org

PARTNERSHIP CERTIFICATION CRITERIA

A. TRIBAL ENROLLED MEMBERSHIP CARD

B. ONE MILLION CERTIFICATE OF INSURANCE
   1. If working for the Oneida Tribe of Indians of WI:
      • the Tribe shall be named as an Additional Insured;
      • shall provide Workers’ Compensation insurance if Contractor has employees;
      • shall provide Auto liability insurance if vehicles are operated on Tribal premises.

C. CREDIT REFERENCE
   1. Bank letter establishing Line of Credit
   2. Supplier letter stating Line of Credit established

D. BUSINESS PLAN

E. KEY PERSONNEL RESUMES
   a. Experience
   b. Education/Training
   c. Organizational Chart

F. COMPANY STRUCTURE UPDATE-PRINCIPAL CHANGES
   a. Change of Ownership
   b. New address
   c. Additional phone numbers, fax number, cell number, etc

G. PARTNERSHIP AGREEMENT

H. REFERENCES/PORTFOLIO

Any person who knowingly or recklessly omits, falsifies, or otherwise misrepresents any material fact shall be subject to all applicable sanctions, penalties and any other applicable laws, regulations, or procedures of the Oneida Nation.

All information given for purpose of receiving certification for doing business with the Oneida Nation in Wisconsin may be subject to an internal audit or review.
ONEIDA NATION
PARTNERSHIP CERTIFICATION APPLICATION

BUSINESS NAME:__________________________________________________________
OWNER(S) NAME:__________________________________________________________
TRIBAL AFFILIATION:_________________________ ENROLLMENT #:____________
ADDRESS:______________________________________________________________
CITY/COUNTY:____________________________________________________________
STATE/ZIP:______________________________________________________________
BUSINESS PHONE:________________________________________________________
FAX NUMBER:__________________________________________________________
CELL NUMBER:___________________________________________________________
HOME NUMBER:__________________________________________________________
FEDERAL ID #:___________________________________________________________
E-MAIL ADDRESS:________________________________________________________
WEB SITE: ______________________________________________________________

1. Type of service provided:
   a. Banking/Finance □ i. Health Care Field □
   b. Consulting □ j. Independent Sales □
   c. Construction □ k. Insurance □
   d. Delivery □ l. Repair Service □
   e. Door to Door □ m. Retail □
   f. Education/Training □ n. Route Sales □
   g. Food Service □ o. Transportation □
   h. Gaming Equip./Service □ p. Other □

2. Please submit a 2007 NAICS 6 digit code classifying your business. For help: Go to
   www.naics.com/search.htm
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

3. Date Business Established: _____________________________________________
   a. Total Percentage Native American Owned: ____________________________
   b. Principle Business Center:_________________________________________
PARTNERSHIP CERTIFICATION

4. Current Number of Employees:

<table>
<thead>
<tr>
<th></th>
<th>Full time</th>
<th>Part time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Native American</td>
<td>________</td>
<td>_________</td>
</tr>
<tr>
<td>Minority</td>
<td>________</td>
<td>_________</td>
</tr>
<tr>
<td>Non-Minority</td>
<td>________</td>
<td>_________</td>
</tr>
</tbody>
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5. Is your firm certified by one or more as follows: (If so, attach photocopy of each)

- [ ] Department of Development (DOD)
- [ ] Department of Transportation (DOT)
- [ ] Small Business Administration (SBA) County of ____________________________
- [ ] Minority Business
- [ ] Other ____________________________

6. List all location addresses currently used. Include Offices, Warehouse type facilities and work areas:

________________________________________________________________________________________
________________________________________________________________________________________

a. List facilities that are private residences: ____________________________
b. List all prior names used by your company: ____________________________

7. List individuals who are responsible for the following:

a. Bonding/Surety loans: ____________________________ __________ % of time
b. Contract/Negotiations: ____________________________ __________ % of time
c. Financial Decisions: ____________________________ __________ % of time
d. Management Decisions: ____________________________ __________ % of time
e. Office Functions: ____________________________ __________ % of time
f. Supervision Operations: ____________________________ __________ % of time

8. List any current Business relationships that involve shared space, equipment, financing, or shared employee agreements. Describe different companies that have one or more of the same owners (attach explanation):

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

9. Does this firm have any working relationships/agreements (written or oral) with another business. If yes, describe these arrangements/agreements.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
ONEIDA NATION - Wisconsin
PARTNERSHIP CERTIFICATION

I/WE ________________________ & _____________________________, the undersigned, swears that the foregoing statements are true and correct and include all material information necessary to identify and explain the operation of (name of firm) __People’s Choice Contractors, LLC_______________, as well as ownership status thereof.

Further, the undersigned agrees to provide complete and accurate information regarding actual work performed on any project, the payment thereof, and any proposed changes, of the foregoing arrangements and to permit the examination of records, files of the firm or affiliate of said firm in connection with certification procedures. Any misrepresentation will be grounds for decertification.

Applicant Name: _____________________________________ Title: ___________________________  
(Print)

Applicants Signature: ____________________________________________ Date: ________________

Applicant Name: _____________________________________ Title: ___________________________  
(Print)

Applicants Signature: ____________________________________________ Date: ________________

Approval by the Indian Preference Director:

Signature ____________________________________________ Date: ________________