

ONEIDA TRIBE - Wisconsin Indian Preference Department Skenandoah Complex

909 Packerland Drive
P.O. Box 365 Oneida, WI 54155
Office: 920.496.5316 Fax: 920.496.7491
EMAIL: twallenf@oneidanation.org

CORPORATE CERTIFICATION CRITERIA

PURPOSE: Strive for Oneida 100% workforce.

- A. TRIBAL ENROLLED MEMBERSHIP CARD PHOTOCOPY
- B. LIABILITY INSURANCE COVERAGE OF \$1,000,000
 - 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 contractors have employees;
 - shall provide Auto liability insurance when vehicles are operated on Tribal premises;
- C. CREDIT REFERENCES (2-3)
 - 1. Bank letter stating a Line of Credit
 - 2. Supplier letter stating Line of Credit
- D. KEY PERSONNEL RESUMES
 - 1. Experience
 - 2. Education/Training
 - 3. Organizational Chart (see example)
- E. STATE REGISTRATION PHOTOCOPY
- F. CORPORATE BY-LAWS
- G. STOCK CERTIFICATES PHOTOCOPY
- H. MEETING/BOARD ACTION MINUTES PHOTOCOPY
- I. ARTICLES OF INCORPORATION
- J. COMPANY STRUCTURE UPDATE OF PRINCIPAL CHANGES.
 - 1. Change of ownership
 - 2. New address
 - 3. Additional phone numbers, fax numbers, cell phone, etc
- K. BUSINESS PLAN
- L. REFERENCES (3) or 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

ONEIDA NATION-Wisconsin

CORPORATE CERTIFICATION APPLICATION

BUSINESS NAME: _____

OWNER(S) NAME: _____

TRIBAL AFFILIATION: _____ **ENROLLMENT NUMBER:** _____

ADDRESS: _____

CITY/COUNTY: _____

STATE/ZIP: _____

BUSINESS PHONE: _____

FAX NUMBER: _____

CELL NUMBER: _____

PHONE NUMBER: _____

HOME PHONE: _____

E-MAIL ADDRESS: _____

WEB SITE: _____

FEDERAL ID #: _____

DATE SUBMITTED: _____

1. Type Of Business/Service Provided:

- | | | | |
|-----------------------------|--------------------------|----------------------|--------------------------|
| a. Banking/Finance | <input type="checkbox"/> | j. Independent Sales | <input type="checkbox"/> |
| b. Consulting | <input type="checkbox"/> | k. Insurance | <input type="checkbox"/> |
| c. Construction | <input type="checkbox"/> | l. Repair Service | <input type="checkbox"/> |
| d. Delivery | <input type="checkbox"/> | m. Retail | <input type="checkbox"/> |
| e. Door to Door | <input type="checkbox"/> | n. Route Sales | <input type="checkbox"/> |
| f. Education/Training | <input type="checkbox"/> | o. Transportation | <input type="checkbox"/> |
| g. Food Service | <input type="checkbox"/> | p. Other | <input type="checkbox"/> |
| h. Gaming Equipment/Service | <input type="checkbox"/> | | |
| i. Health Care Field | <input type="checkbox"/> | | |

2. Please submit a 2007 NAICS 6 digit code classifying your business. For help go to:

www.naics.com/search.com

3. Date Business Established: _____

a. Total Percentage Native American Owned: _____

b. Principle Business Contact: _____

CORPORATE CERTIFICATION APPLICATION

4. Current Number of Employees:

	Full time	Part time
Native American	_____	_____
Minority	_____	_____
Non-Minority	_____	_____

5. Is this 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 other business. If yes, describe these arrangements/agreements.

ONEIDA NATION - Wisconsin CORPORATE CERTIFICATION

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) _____, 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.

"By completing this application I hereby affirm, under penalty of perjury, that the statements I have made herein are true and correct. I understand that if I am granted certification by the Indian Preference Department, my certification may be revoked at any time if it is discovered that any statements I have made on this application are false. I further understand that I may be subject to other sanctions if I commit fraud or misrepresentation in completing this application."

Applicant Name (Print): _____ **Title:** _____

Applicant Signature: _____ **Date:** _____

Indian Preference Approval
Director's Signature: _____ **Date:** _____