

**Hoopa Valley Tribal Council**  
**TRIBAL EMPLOYMENT RIGHTS OFFICE/H.R.**

71 Willow St. ~ PO Box 1467 ~ Hoopa, CA 95546  
Phone (530) 625-9200 Ext. 14 ~ Fax (530) 625-4269



**CONTRACTOR'S QUALIFICATION QUESTIONNAIRE  
FOR INDIAN PREFERENCE/CONTRACTING**

1. Firm Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Contractor's License: \_\_\_\_\_
  
2. Organization Structure: \_\_\_\_\_ INDIVIDUAL  
\_\_\_\_\_ PARTNERSHIP  
\_\_\_\_\_ CORPORATION
  
3. Name of Owner/Owner(s): \_\_\_\_\_
  
4. Degree of Indian Blood and Tribe of Owner (s): \_\_\_\_\_  
\_\_\_\_\_  
(Must be supported by document from the Bureau of Indian Affairs and/or Tribal Chief or Chairman). Please attach a copy of Indian Preference Verification.
  
5. Ownership Interest: \_\_\_\_\_ PARTIAL (Give Percentage of Ownership)  
\_\_\_\_\_ 100% OWNERSHIP
  
6. Provide listing of individuals and organizational structure of your firm's management staff. Also, provide resumes for Key Personnel and any license requirements for the position they are hired for (i.e., truck drivers license and medical certification, etc.). Please attach all supporting documents to this questionnaire.
  
7. Specifically, what type of construction your firm engages in:
  - A. General Contracting: \_\_\_\_\_
  - B. Mechanical Plumbing: \_\_\_\_\_
  - C. Mechanical - HVAC: \_\_\_\_\_
  - D. Electrical: \_\_\_\_\_
  - E. Landscaping: \_\_\_\_\_
  - F. Interior Painting: \_\_\_\_\_
  - G. Drywall: \_\_\_\_\_
  - H. Major Rehab: \_\_\_\_\_
  - I. Heavy Equipment (List Equipment Avail): \_\_\_\_\_
  - J. List any other: \_\_\_\_\_

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8. Geographical Area of Interest: \_\_\_\_\_  
\_\_\_\_\_

9. Magnitude of Project on Which you Desire to Bid (If Applicable):  
Under \$25,000 \_\_\_\_\_  
Up to \$200,000 \_\_\_\_\_  
Up to \$500,000 \_\_\_\_\_  
Up to \$1,00,000 \_\_\_\_\_  
Over \$1,000,000 \_\_\_\_\_

10. Bonding Capacity: (Performance and Payment Bonds will be required on all Projects) \_\_\_\_\_  
\_\_\_\_\_

11. Experience:

A. Please list at least five (5) of your most recent projects. Give name of an individual for your reference:

PROJECT	AMOUNT	REFERENCE	PRIME/SUB

B. Please list at least five (5) recent projects that show experience, if any, on specialty work. If necessary, provide references:

PROJECT	AMOUNT	REFERENCE	PRIME/SUB

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**C E R T I F I C A T I O N**

**I, CERTIFY THAT ALL STATEMENTS MADE BY ME ON THIS CONTRACTOR'S QUALIFICATION QUESTIONNAIRE ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY GRANT PERMISSION TO THE HOOPA VALLEY TRIBAL COUNCIL MEMBERS AND ITS TERO/PERSONNEL OFFICES TO CONFIRM BY PERSONAL INQUIRY OR OTHERWISE, THE INFORMATION I HAVE GIVEN. I UNDERSTAND THAT ANY WILLFUL MISREPRESENTATION OF FACTS GIVEN IN THIS PROCESS IS GROUNDS FOR REJECTION OF THIS QUALIFICATION FOR INDIAN PREFERENCE CONTRACTOR'S QUESTIONNAIRE OR DISMISSAL IF EMPLOYED. I RELEASE ALL PERSONS CONNECTED WITH ANY REQUESTS FOR INFORMATION FROM ALL CLAIMS, LIABILITY, AND DAMAGES FOR WHATEVER REASON ARISING OUT OF FURNISHING THE INFORMATION.**

**I hereby acknowledge that I have read and understand the above statement.**

\_\_\_\_\_  
**OWNER/CONTRACTOR'S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PARTNER'S SIGNATURE (IF APPLICABLE)**

\_\_\_\_\_  
**DATE**

**CONTRACTOR'S LICENSE NUMBER: \_\_\_\_\_**

**APPROVED FOR INDIAN PREFERENCE BY:**

\_\_\_\_\_  
**PENNY L. CORDOVA, TERO DIRECTOR  
TRIBAL EMPLOYMENT RIGHTS OFFICE**

\_\_\_\_\_  
**DATE**