

Hoopa Valley Tribal Council
TRIBAL EMPLOYMENT RIGHTS OFFICE

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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 PAGE 2**

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 |
|---------|--------|-----------|-----------|
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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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CERTIFICATION

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