

**STATEMENTS REGARDING INDIAN PREFERENCE
IN SUBCONTRACTING, EMPLOYMENT AND TRAINING**

The bidder must set forth a plan showing how it will provide Indian preference in subcontracting, employment and training. This statement must include:

1. how eligibility for preference will be determined
2. the procedures that will be followed by the bidder for qualifying subcontractors for Indian preference
3. the documentation that must be submitted by subcontractors seeking to qualify for Indian preference
4. how Indian preference in the award of subcontracts will be made, and
5. Any other miscellaneous information.

All bidders are also required to submit with their bids a statement detailing their employment and training opportunities. The specific requirements of that statement are as follows:

6. a statement detailing the bidder's employment and training opportunities and its plans to provide preference to Indians in implementing the Contract;
7. the number or percentage of Indians anticipated to be employed and trained.

Instructions to Bidders Attachment #4

PREVIOUS PARTICIPATION CERTIFICATION

The bidder must present a history of Auditing Contract work that it and its principals have done over the past seven (7) years on projects where the bidder's contract amount on the project exceeded \$50,000. Bidders must complete the following form for each such contract. Please repeat use of this form as needed.

NAME OF PRIOR PROJECT: _____

PROJECT LOCATION: _____

OWNER OF PRIOR PROJECT: _____

If this involves a company other than the bidder, list the name and address of the company.	Owner and Owner's Address:
Description of project & contract:	Contract name at Owner and Telephone number:
Contract amount: \$ (bidder's participation in the project)	
Date participation in the project was commenced: Date completed: (if completed)	Was the Project completed as originally scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____ _____
Have there been any claims on behalf of or against this Contractor/Principal concerning this project? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ _____ _____	Has the Auditor defaulted on this Contract or has had its Right to Proceed been permanently suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ _____ _____
Has this company or any of its current principals been debarred from doing work by any company or governmental entity because of their performance on this or any other project: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ _____ _____	Additional comments (optional):

I certify that all statements made by me and my company herein are true, complete and correct to the best of my knowledge. I understand that false or incomplete statements may result in being disqualified for an award or if awarded a Contract, grounds for termination of that Contract, and that other legal action may be taken against me and my company.

Signature _____ date _____

title _____

Printed name _____

company _____

Instructions to Bidders Attachment # 5

NON-COLLUSIVE AFFIDAVIT

State of _____)

County of _____)

_____, being first duly sworn, deposes and says:

That I am an owner, a partner or an officer of _____, the party making the foregoing bid, that such bid is genuine and not collusive or sham, that said bidder has not colluded, conspired, connived or agreed, directly or indirectly, with any bidder or person, to put in a sham bid or to refrain from bidding, and has not in any manner, directly or indirectly, sought by agreement or collusion, or communication, or conference with any person, to fix the bid price submitted or of any other bidder, or to fix any overhead, profit or cost element of said bid price, or of that of any other bidder, or to secure any advantage against the Owner or any person interested in the proposed Contract, and that all statements in said proposal or bid are true.

(signature of bidder)

Subscribed and sworn to before me this _____ day of _____,
by _____

Witness my hand and official seal.

My commission expires: _____

Notary Public

Introduction to Bidders Attachment #6

Has your company, in the past or present, ever been on the Exclude Parties List?

_____ YES _____ NO

If so, please explain. Include date/year of the situation.

Please list FULL NAMES of all your key personnel who will perform work:

NAME	DOB
_____	_____
_____	_____
_____	_____

_____	_____	_____
Signature	Date	Title

_____	_____
Printed Name	Company

SWA Corporation

INDIAN PREFERENCE

QUALIFICATION APPLICATION

_____ herein submits to the SWA Corporation
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 selection and award of the SWA Corporation contracts, subcontracts, employment and training. This application must be submitted in a timely manner and by a date prescribed by the SWA Corporation 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 OR ORGANIZATION: _____

TELEPHONE NUMBER: _____

FAX: _____ E-MAIL: _____

ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT): _____

LOCATION OF ALL OTHER OFFICES (INCLUDING TEMPORARY AND PART-TIME): _____

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 or amended as to ownership and management: _____

Attach to this application current organization documents (including where appropriate Articles of Incorporation and bylaws).

II. CURRENT OWNERSHIP

Date current ownership was established: _____

Current Ownership fill out an additional disclosure for each owner that is an entity.				
NAME	Check if enrolled in a federally recognized tribe	ADDRESS	TELEPHONE	% of OWNERSHIP

Attach to this application official evidence or record of enrollment of all owners who are enrolled members of federally recognized tribes.

Name any companies or individuals that provide management or administrative services to your company: _____

How many employees do you currently have: _____

Name who has made capital contributions to your company: _____

Explain who will get your profit on this contract and what percentage: _____

Who is your bank and the name and telephone number of the bank official you work with at the bank? _____

What agency and what insurance company provides your insurance and list telephone number: _____

If you are a construction company, what agency and what bonding companies provide your bid, performance and payment bonds and list telephone number: _____

Explain who you will contract or subcontract more than 10% of your work to: _____

If you are supplying goods, name companies that will provide you 10% or more of the goods to be provided under the contract you are seeking (and identify if they are 51% or more Indian-owned and -controlled by an enrolled member of a federally recognized Tribe): _____

III. PAST AND CURRENT PERFORMANCE

Have you or any owner of your entity had any of the following occur in the past 10 years and, if so, please explain with an attached narrative:

- ☐ 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
- ☐ failed to complete a contract on time
- ☐ failed to finish a contract
- ☐ had a claim made on a bond provided on your behalf
- ☐ involved in arbitration regarding a contract or its performance
- ☐ had a contract terminated for cause
- ☐ denied Indian preference after seeking it
- ☐ debarred, suspended or other sanctions
- ☐ failed to properly pay a supplier, subcontractor, employee as required by contract

- ☐ any legal judgments entered against you
☐ any other incident involving performance of a contract where claims or disputes arose

Attach appropriate narratives to this application.

Name other companies in businesses similar to what you now do that you and your owners have operated or owned in the last 10 years: _____

List all tribes, tribally designated housing entities, and Indian housing authorities that you have had a contract with in the past 10 years and the years you had the contract(s): _____

IV. CONTROL

List all officers and any Board members of your company and identify if they are enrolled in a federally recognized tribe. If so, indicate which tribe as well as what management duties they have: _____

List the other top 10 management: _____

If any of the above individuals have employment, positions or contracts with or interests in (including ownership) other companies, please so identify and explain, including the % or work time they spend in that position: _____

Name the location of all temporary and permanent offices you have: _____

If you are a construction company, list your core crew employees: _____

What companies or individuals, if any, are mentoring or providing you assistance (including but not limited to loans, capital or staff) to develop as a company and explain on 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(s) 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 enterprise 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 them 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 the contract may be funded with government funds.

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

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

If applicant is Sole Proprietor, Sign Below:

Name: _____ Date: _____

If applicant is in a Partnership or Joint Venture, all Partners must sign below:

Name: _____ Date: _____

Name: _____ Date: _____

If applicant is a corporation,

Name: _____ Date: _____

RELEASE OF INFORMATION

I authorize the designated officer of SWA Corporation to make such investigations and inquiries of my personal, work experience, or financial history and other related matters as may be necessary in arriving at a decision regarding this Prequalification Application. I hereby release employers, bank officers, clients or other persons from all liability in responding to inquiries in connection with this Prequalification Application.

Signature

Title

Signature

Title

Subscribed and sworn to before me this _____ day of _____.

My commission expires: _____

(seal) notary public