

SAULT STE. MARIE TRIBE OF CHIPPEWA INDIANS



PRE-QUALIFICATION APPLICATION

2014-2015 Construction Year

Failure to fully complete the application or attach required documentation will result in disqualification. A firm disqualified will be unable to bid on Sault Tribe projects.

Sault Tribe Purchasing
2186 Shunk Road
Sault Ste. Marie, MI 49783
ATTN: Purchasing Manager

PHONE (906) 635-7035
FAX (906)635-4910

CONTRACTOR INFORMATION

Date of Application: _____

Firm/Company Name: _____

- | | |
|---|--|
| <input type="checkbox"/> An Individual | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> A Co-Partnership | <input type="checkbox"/> Member of a Joint Venture |
| <input type="checkbox"/> A Corporation | <input type="checkbox"/> LLC/LL/LP |

State registered in: _____

Dun & Bradstreet #: _____ Federal ID #: _____

Contact Person: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Phone: _____ Fax: _____

Email _____ WEB: _____

Indian Economic Enterprise (refer to Section 5 of the policy):

- Yes No Describe:

If Native American please list the Tribe you are affiliated with:

List the names and addresses of the officers of your firm and establish whether they are Native (N) or Non-Native NN.

Name	Soc. Sec. #	N/NN	Address	% of Stock Ownership

Provide information in the following fields for core crew employees.

Employee Name	Title	Tribal Affiliation

List all licenses and certificates:

License / Certificate Name	License / Certificate Number

Give a detailed description of product (s) and or service (s) your company provides.

List Parent Company (s) / Affiliates:

<p>Firm/Company Name: _____</p> <p>State registered in: _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip Code _____</p>
<p>Firm/Company Name: _____</p> <p>State registered in: _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip Code _____</p>

Bank Reference:

Bank Name: _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Phone: _____ Fax: _____

Email _____ WEB: _____

Contact Person: _____ Title: _____

Professional References:

Company Name: _____

Contact Person: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Phone: _____ Fax: _____

Email: _____ WEB: _____

Company Name: _____

Contact Person: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Phone: _____ Fax: _____

Email: _____ WEB: _____

Company Name: _____

Contact Person: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Phone: _____ Fax: _____

Email: _____ WEB: _____

If additional space is needed please attach.

Essential Requirements

1. Contractor possesses a valid and current Contractor's license for the project or projects for which it intends to submit a bid.

Yes No

2. Contractor has a liability insurance policy compliant with Sault Tribe Insurance Requirements. (see below)

General Liability Limits are as follows:

Each Occurrence	\$ 500,000
Damage to Premises	\$ 100,000
Medical Expenses	\$ 5,000
Personal Injury	\$ 500,000
General Aggregate	\$1,000,000
Products	\$1,000,000

Yes No

3. Contractor has current workers' compensation insurance compliant with Sault Tribe Policy or is legally self insured.

Workers compensation limits are as follows:

100,000 / 300,000 / 100,000

Yes No

4. Has your contractor's license been revoked at any time in the last five years?

Yes No

5. Has a surety firm completed a contract on your behalf, or paid completion because your firm was in default or terminated by the project owner with the last five years?

Yes No

6. At any time during the last five years, has your firm, or any of its owners or officers been convicted of a crime, been involved in a lawsuit involving the awarding of a contract of a construction project, or the bidding or performance of a contract?

Yes No

Performance And Integrity

1. How many years has your organization been in the business as a prime contractor under your present business name?

_____ # of years

2. How many years experience in construction work has your organization had?

_____ # As a prime contractor _____ As a sub-contractor

3. Has your organization ever failed to complete any work awarded?

Yes No

If yes, explain:

4. Has any officer or partner of your organization ever been an officer or partner of another organization that failed to complete work under a contract?

Yes No

If yes, explain:

5. Has any officer or partner of your organization ever failed to complete work under a contract handled in his/her own name?

Yes No

If yes, state name of individual, name, of owner and reason:

6. Is your firm currently the debtor in a bankruptcy case?

- Yes No

7. Was your firm in bankruptcy at any time during the past five years?

- Yes No

If yes, please attach a copy of the bankruptcy petition, showing the case number the date on which the petition was filed and a copy of the Bankruptcy Court's discharge order, or of any other document that ended this case, if no discharge order was issued.

8. Has your firm changed names or license number in the past five years?

- Yes No

If yes, please attach a signed copy of a full explanation that includes the reason for the change.

9. Has any owner, partner or (for corporations) officer of your firm operated a construction firm under another name in the past five years?

- Yes No

If yes, please attach a copy of a full explanation that includes the reason for the change and sign.

10. At any time in the past five years has your firm been assessed and paid liquidated damages after completion of a project under a construction contract with either a public or private owner?

- Yes No

If yes, please explain on a separate signed page, identify all such projects by owner, owner's address, the date of completion of the project, amount of liquidated damages assessed and other information necessary to fully explain the assessment of liquidated damages.

Criminal Matters and Related Civil Suits

1. Has your firm or any of its owners, officers or partners ever been found liable in a civil suit or found guilty in a criminal action of making any false claim or material misrepresentation to any public agency or entity?

Yes No

If yes, please explain on a separate signed page, including identifying who was involved, the name of the public agency, the date of the investigation and the grounds of the finding.

2. Has your firm or any of its owners, officers or partners ever been convicted of a crime involving any federal, state, or local law related to construction?

Yes No

3. Has your firm or any of its owners, officers or partners ever been convicted of a federal or state crime of fraud, theft or any other act of dishonesty?

Yes No

If yes, please identify on a separate signed page the persons convicted, the court (the county if a stated court, the district or location of the federal court), the year and the criminal conduct.

Bonding

1. Is your firm able to be bonded? If yes, please complete the bonding capacity below.

Yes No

Bonding Capacity: Provide documentation from your surety identifying the following:

Name of bonding company / surety: _____

Name of surety agent: _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Phone: _____ Fax: _____

2. During the past five years, has your firm ever been denied bond coverage?

- Yes No

If yes, provide details on a separate signed sheet indicating the date when your firm was denied coverage and the name of the company or companies which denied coverage; and the period during which you had no surety bond in place.

Please submit disclosure for immediate family members employed with our Tribal Government, Casino or Enterprise

Please submit any additional information you may find necessary:

Important Notes

- ❖ A firm claiming Native status must provide documentation. Native status must also be provided (if applicable) for core crew members within your firm.
- ❖ All firms must attach Charter, Articles of Incorporation, By Laws, Partnership Agreement, Joint Venture Agreement and/or other pertinent organizational documentation.

❖ All firms must provide documentation of license and certifications as applicable.

AFFIDAVIT

State of: _____

County of: _____

I _____ being duly Sworn, state
(Print Name of Authorized Individual)

that I am _____ of
(Title)

_____ and that forgoing
(Firm Name)

statements and answers in all sections of the application are correct and true as of the date of this affidavit, and that any additional information submitted to process this application will be correct and true; that further there has been no material reduction in my ability to carry out any project for which I desire to submit a bid; that there should be a material reduction in my ability to carry out any project for which I desire to submit a bid. I will give written notice of such change or changes to the Purchasing Department to whom this statement is submitted at least 10 days prior to the bid opening; and that it is understood that such notice may change my eligibility to submit the bid.

(Original Signature)

Subscribed and sworn to before me on this _____ day of _____, Year _____

(Original Notary Public Signature)

Notary Seal

Or My Commission expires on _____

Stamp