



Lumbee Tribe of North Carolina
Post Office Box 2709
Pembroke, NC 28372
Phone: 910-521-7861 Fax: 910-521-7790

STATE & FEDERAL RECOGNIZED INDIAN BUSINESS ENTERPRISE PROGRAM
CONTRACTOR'S APPLICATION AND CERTIFICATION

The following information is submitted for consideration in determining the status of the firm named below as a Native American Indian business.

NOTE: This Application must be filled out completely.

Company name: _____

Principal individual: _____ SS#: _____

Corporation: _____ Partnership: _____ Proprietorship: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____

Telephone Numbers: Business: _____ Home: _____

Fax Number: _____ Pager/Cellular: _____

Identify all individuals (owners and non-owners) who are responsible for the firm's day-to-day management, including but not limited to, those with primary responsibility for:

Financial Decisions: _____

Marketing and Sales: _____

Personnel: _____

Purchasing of Supplies: _____

Supervision of Field Operations: _____

ATTACH A SUMMARY OF QUALIFICATIONS FOR ALL INDIVIDUALS LISTED ABOVE

Federal Employee ID number: _____ (IRS 941 Form)

Number of employees: _____

Is the firm authorized to do business in NC? _____ Yes _____ No

List most significant clients, projects or jobs within the past two years:

1. _____
2. _____
3. _____
4. _____
5. _____

Credit References:

Bank: _____

Building Supply: _____

Business References:

1. _____
2. _____
3. _____

Insurance:

Before commencing work, the Contractor and each subcontractor shall furnish the Lumbee Tribal Office with certificates of insurance showing the following insurance is in force and will insure all operations under the contract.

- (1) Workers' Compensation, in accordance in the amount of \$250,000.
- (2) General Liability, with a combined single limit for bodily injury and property damage of not less than \$300,000.00 per occurrence, to protect the Contractor and each Sub-Contractor against claims for bodily injury or death and damage to the property of others.

FOR THOSE FIRMS IN THE CONSTRUCTION TRADES:

Type of contractor: _____

License number: _____

If firm is a potential prime contractor, give name of bonding company and bonding limit.

Firms' maximum operating radius: _____ miles.

List major equipment in the firms' name and indicate type and quantity. _____

AFFIDAVIT

I/We do hereby certify that the information I/we have provided in the Contractor's Application and Certification and in this Affidavit may be used for the purpose of certifying the firm named in item one, page one. I/we agree to make available for inspection to the Lumbee Tribe any such information, which may be required to substantiate the degree of Native American Indian or non-Native American. I/we also agree to arrange for on-site inspections of our firm's facilities in order to verify information provided in this document. I/we further agree that if, after completing this application, there are any significant changes in the information submitted, I/we shall notify the Lumbee Tribe of North Carolina of those changes as soon as possible. The firm's false representation of any information in order to receive public funds or other property may result in penalties imposed by the Lumbee Tribe of North Carolina.

Signature _____ Date _____

Title _____ Name of Firm _____

Corporate Seal where appropriate.

State of _____ County of _____

On this _____ day of _____ before me appeared,

(Name) _____ to me personally known, who, being

duly sworn, properly did execute the foregoing affidavit and did state that he or she was properly

authorized by (name of firm) _____ to execute the Affidavit and

did so as his or her free act and deed.

Notary Public _____

Commission Expires _____

(Seal)

For office use only

Certification date: _____ Certification No.: _____

Signature of Certifying Officer: _____