

Tribal Employment Rights Office, Post Office Box 123, Kykotsmovi, AZ 86039
Telephone#928/734-3162 or 3163 Fax#928/734-2435 or 734-3169

COMPLIANCE PLAN AND CONDITIONS AGREEMENT FOR SUB CONTRACTORS

1.) COMPANY INFORMATION:

Name of Company: _____

Company Owner/President: _____

Mailing Address:_____

Telephone#:(____)_____ Fax#:(____)_____ E-Mail address:_____

2.) INSURANCE/BONDING:

a. Name of Workman's Compensation Insurance Company: _____
Address: _____ Telephone#: _(___)_____

b. Name of Contract/Surety Bonding Company: _____
Address of Bonding Company: _____
Telephone#: (____)_____ Bonding amount for this project: _____

3.) Name General Contractor for this Project: _____

4.) UNION INFORMATION

Is your company affiliated with a Union with a collective bargaining agreement? Yes_☐_ NO _☐_
If yes, attach a written agreement from said Union(s) indicating that they (Union) will comply with the Indian Preference requirements of the Hopi Tribe.

5.) PROJECT INFORMATION:

Name of Project**:** _____Location of Project: _____

a. Project Superintendent's Name: _____Telephone#: (____)_____

b. Scope of Work, please be specific: (continue with attachment if needed).
_____
_____

c. Project Mobilization Date: _____

Project Start Date: _____ Project End Date: _____

Gross Contract Price: $_____

Provide a copy of contract.

6.) CORE CREW LIST: (if any are Native Indian, please provide proof of Tribal Membership)

Name	Classification/Trade
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7.) LOCAL INDIAN HIRING:

(list number of TERO referrals that will be hired to meet local Indian Preference requirement)

Trade	Approximate Start Date	Approximate # Work days
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8.) WAGES:

What pay wages will be used: (please explain or submit wage scale) _____

_____

a. If no Davis Bacon Wages, how will wages be determined? _____

c. I understand that Certified Payroll shall be submitted to the T.E.R.O. on a timely manner.

9.) SUBCONTRACTING:

List **Indian** Preference Sub Contractors for this Project:

Company Name	Area of work	Contact Person / Information
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*If more space needed to list Indian sub-contractors provide an attachment listing.

List **non-Indian** Preference Sub-Contractor(s) for this Project:

Company Name	Area of work	Contact Person/ Information

*If more space needed to list non-Indian sub-contractors provide an attachment listing.

Were Sub-Contractor(s) provided the TERO Compliance Forms? Yes☐ No☐

Do you have a Tribal Business License?
☐ YES, Provide license # _____
☐ NO If no, contact the Hopi the Office of Revenue Commission for a Business License

Any employer not submitting an acceptable Compliance Plan may be denied the Right to Commence or continue doing business on the Hopi Indian Reservation.

I agree should there be any changes to this agreement, I will contact T.E.R.O. for approval. I further agree to abide by the conditions of the Hopi Labor Code #37 and other Laws of the Hopi Tribe.

Company Representative's Name/Title (print): _____

Company Representative's Signature: _____ Date: _____

TERO Director's Approval _____ Date: _____