



Compliance Plan

THE BLACKFEET TRIBAL EMPLOYMENT RIGHTS OFFICE

“It is the intent of the Blackfeet Tribal Employment Rights Office (BTERO) to strictly enforce the preference requirements as set forth by the Blackfeet Tribal Business Council.”

Company _____

Project Name _____

Tribal Business License Number (Date Issued) _____

Date Requesting Compliance ____/____/____ 11

Actual Sign-Off Date (T.E.R.O. Office Information) ____/____/____11

(Notice)

ANY EMPLOYER NOT SUBMITTING AN **ACCEPTABLE** COMPLIANCE PLAN WILL BE DENIED THE RIGHT TO COMMENCE OR CONTINUE DOING BUSINESS ON THE BLACKFEET INDIAN RESERVATION

COMPANY INFORMATION

Company Name _____
Address _____
Phone Number _____
Email Address _____
Fax Number _____

(Please identify (1) Owner failure to due so will result in Non-Compliance with B.T.E.R.O.)

Main Contact Person _____	Phone _____
Foreman _____	Phone _____
Supervisor _____	Phone _____
email address _____	

(Contractors)

Name of Prime Contractor _____

Name of Contract/Project _____

Total Number of Sub-Contractors _____

Total Contract Amount \$ _____

*(Copy of Contract Required)

Business Entities(s)

Name of Owner _____

Name of Manager _____

Fees (% of Total Contract Amount if over \$100,000.00)

Note: (T.E.R.O Fee must be paid in full prior to starting contracting or be declared non-compliant with the Blackfeet T.E.R.O send payment to: P.O.Box 1889 Browning, MT 59417)

T.E.R.O Fee (4%) _____

Non-Residential Work Permit - Blackfeet Resolution 069-2007 (Paid @ T.E.R.O Office)

(Please determine the amount of people who are non-residents of the Blackfeet Reservation)

Number of Non-Native Americans _____

Yearly (\$150.00) _____

Monthly (\$75.00) _____

Weekly (\$25.00) _____

Grand Total of all fees (\$) _____

ROSTER

Project Start Date _____ Project End Date _____

Core Crew Definition: A member of the contractor’s crew, who is a regular, permanent employee and is in a supervisory position or key position such that the employer would face a serious financial loss if that position were filled by a person who had not previously worked for that employer.

(Notice: A pay-roll sheet with name, phone number, and Indian Enrollment is required by the Blackfeet TERO Office every pay period. Pay-roll can either be mailed or emailed to the Blackfeet TERO Office. Failure to do so will result in non-compliance with the Blackfeet TERO Office.)

CORE CREW

Name	Job Title	Phone Number	Email address

TRIBAL MEMBERS

Name	Job Title	Phone Number	Enrollment Number

(Attach additional employees on separate piece of paper)

GOAL: The apparent low bidder shall agree to a goal of 95% Indian employment in those trades where there are qualified Indian workers available.

Percentage of Native American Workers on Project _____%

NATIVE AND NON-NATIVE CONTRACTOR FORM

(LIST the identified Indian preference subcontractors and non-Indian contractors)

NOTICE: "All sub-contractors must complete a separate Compliance Plan with the Blackfeet TERO Office. Failure to do so will result in sanctions/fines and possible loss of Blackfeet Business License."

INDIAN SUB-CONTRACTORS

COMPANY	AREA OF WORK	CONTACT PERSON

NON-INDIAN SUBCONTRACTORS

COMPANY	AREA OF WORK	CONTACT PERSON

By signing this agreement, I (Company) agree to abide by all Blackfeet T.E.R.O Office Ordinances, and I (Company) agree to notify all my sub-contractors that they must file a separate Compliance Plan for the Blackfeet T.E.R.O Office. I agree to notify the Blackfeet T.E.R.O Office of any changes in person within forty-eight (48) hours and will provide Indian Hiring Preference in all positions with the exception of the T.E.R.O approved core personal positions.

Further, I (Company) understand that if my company and/or representatives fail to comply with said Blackfeet T.E.R.O Ordinances, the Blackfeet T.E.R.O Office will impose fines, sanctions, stop work orders and/or revocation of my Blackfeet Business Tribal Business License, which terminates my right to do business within the exterior boundaries of the Blackfeet Indian Reservation.

Employers Signature _____ Date _____

T.E.R.O Compliance
Officer Signature _____ Date _____

Blackfeet T.E.R.O.
P.O. Box 1889
Browning, MT 59417