



Vendor Packet Cover Sheet

_____ **Contractor/Vendor Information**
_____ **Indian Preference Application, if applicable.**
_____ **Insurances: Commercial General Liability,**
Automobile, and Workers Comp. (or
_____ **Affidavit of Exemption, CC-Form-36A)**
_____ **W-9**
_____ **References**

*****Please complete all areas. If any area does not pertain, write "Not Applicable" or "N/A."**

If vendor packet is not completely filled in, we will not accept it. ***

Please check-mark above for all documents you have included, then fax to 405-275-6902

"Attention: Patricia Doss or email to pdoss@hasfn.net. Thank you.

Contractor/Vendor Information Form

Company Name: _____

Owner(s) Name: _____

Contact Person: _____

Mailing Address: _____

City, State, Zip: _____

Physical Address: _____

City, State, Zip: _____

Phone #: _____

Cell #: _____

Fax #: _____

E-mail: _____

Type of Services Provided:

How many years has the company been in business? _____

Has this company operated under a different name? _____

Does company have the following insurance?

Commercial General Liability

Automotive

Workers Compensation

If no insurance, please explain:

Has Company ever not completed a contract awarded?

Indian Preference, if applicable:

Native Owner Name(s)

(Complete enclosed Indian Preference Application)

Print Name & Title

Print Name & Title

Signature & Date

Signature & Date

References

Company Name: _____

Name: _____

Phone#: _____

Address: _____

E-mail: _____

Type of project completed: _____

Company Name: _____

Name: _____

Phone#: _____

Address: _____

E-mail: _____

Type of project completed: _____

Company Name: _____

Name: _____

Phone#: _____

Address: _____

E-mail: _____

Type of project completed: _____

Company Name: _____

Name: _____

Phone#: _____

Address: _____

E-mail: _____

Type of project completed: _____



Housing Authority of the Sac & Fox Nation
PO Box 1252 ~ 201 N. Harrison
Shawnee, OK 74802
Phone: 405-275-8200

INDIAN PREFERENCE QUALIFICATION APPLICATION

I, _____, herein submit to the Housing Authority of Sac & Fox Nation (HASFN) the following application to prequalify as a fifty-one (51%) or more Indian owned and controlled business, economic enterprise, or tribal organization, to be eligible for Indian Preference in the HASFN's selection and award of contracts, subcontracts, employment and training.

This application must be submitted in a timely manner with all required documents. Applicant may be required to periodically resubmit an updated application to ensure the most current information is on file.

I. BUSINESS/ORGANIZATION INFORMATION:

Business/Organization

Name: _____

Phone #: _____

Mobile #: _____

E-mail: _____

Address: _____

Mailing Address (If different): _____

Location of all other offices (Including temporary/part-time)

II. ORGANIZATION TYPE

Private for profit; or Non-Profit company; or Tribal Organization

LLC

Joint Venture

Corporation

Partnership

Individual/Sole Proprietorship

Other (describe) _____



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Date established: _____

Place established: _____

Dates organization changed or amended as to ownership and management:

Attach to this application current business organization documents listing the names of the owners and their percentage of ownership: Sole Proprietors, LLC, Partnership - Operating Agreement or similar document identifying the current ownership percentages; or Corporation - Secretary of State Registration Certificate.

III. CURRENT OWNERSHIP

Date current ownership was established: _____

Complete additional disclosure for each owner that is an entity				
Name	Enrolled in a Federally recognized Tribe Check, if yes	Address	Telephone	% of Ownership

Attach to this application official evidence for all owners who are enrolled members of Federally recognized Tribe (i.e. Tribal ID, CDIB, or record of enrollment).

Names of any companies or individuals that provide management or administrative services to your company:



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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:

I hereby swear and affirm the above information is correct, and that I am authorized to sign this document on behalf of the business/organization.

Owner Signature (or Authorized Representative)

Date

Print Name

This application and documents provided have been review by HASFN, and it has been determined that this business/organization (check one) **does** _____, **or does not** _____ satisfy Indian Preference requirements as an Indian owned business/organization and/or economic enterprise.

HASFN Executive Director (or Authorized Representative)

Date