



P.O. Box 309
Pueblo of Acoma, NM 87034

"THE SKY CITY"
Tribal Employment Rights Office (TERO)

Telephone: (505) 552-5190 x5541

COMPLIANCE PLAN AND CONDITIONS
FOR SUBCONTRACTORS

NAME OF PROJECT: _____

SCOPE OF WORK: _____

COMPANY NAME: _____

COMPANY OWNER/PRESIDENT NAME: _____

COMPANY MAILING ADDRESS: _____

COMPANY EMAIL ADDRESS: _____

COMPANY PHONE # : _____ **FAX:** _____

NAME OF BONDING AGENCY: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

SUPERINTENDENT: _____ **PHONE:** _____

MOBILIZATION DATE: _____

PROJECT START DATE: _____

PROJECT END (est.): _____

****Any Contractor or Sub-contractor NOT submitting an acceptable Compliance Plan may be denied the right to commence or continue doing business on the Acoma Indian Reservation.**

GROSS CONTRACT AMOUNT: \$_____

Do you have a Tribal Business License?

☐ **YES** (Please provide license #) _____

☐ **NO** (If no, please contact the Acoma Taxation and Assessments Office at 505-552-5125 for application).

Are you a Native American Owned Business? ☐ **YES** ☐ **NO**

****If yes, list percentage of Native American Ownership (will be verified):** _____

SUBCONTRACTOR'S NATIVE AMERICAN CORE CREW:

<u>CORE CREW NAMES</u>	<u>TRIBAL AFFILIATION</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SUBCONTRACTOR'S NON-NATIVE AMERICAN CORE CREW:

<u>CORE CREW NAMES</u>	<u>JOB TITLE</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

HIRING GOALS:

Hiring goal established by TERO Manager: 25%

(This specifies the percentage of local Native Americans required for this project the employer will hire by craft or skill level, based on total core crew mobilized.)

ESTIMATED NUMBER OF TERO REFERRALS NEEDED: _____

Job Titles: _____

What pay wages will be used: (please explain or submit wage scale on separate sheet)

Do you or your sub-contractors have a collective bargaining agreement with one or more unions?

☐ YES ☐ NO

**If yes, please attach a written agreement from said unions indicating that they (Union) will comply with TERO requirements.

I have read and completed the T.E.R.O. Compliance Plan Agreement and agree to abide by the stated conditions. I further agree to abide by the conditions of the Acoma TERO and other Laws of the Acoma Tribe.

Contractor Signature: _____ **Date:** _____

Contractor Print Name: _____ **Date:** _____

TERO Manager Signature: _____ **Date:** _____