



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**  
**GENERAL CONTRACTORS**

**NAME OF PROJECT:** \_\_\_\_\_

**SCOPE OF WORK:** \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_

**COMPANY OWNER/PRESIDENT NAME:** \_\_\_\_\_

**COMPANY MAILING ADDRESS:** \_\_\_\_\_

**COMPANY EMAIL ADDRESS:** \_\_\_\_\_

**COMPANY PHONE # :** \_\_\_\_\_ **FAX:** \_\_\_\_\_

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**NAME OF BONDING AGENCY:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**PHONE # :** \_\_\_\_\_

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**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: \$** \_\_\_\_\_

\*\*Must provide a copy of contract.

**TERO FEE:**

**Three percent (3.0%) x total amount of Gross Contract Amt. (before taxes): \$** \_\_\_\_\_

\*\*Make checks payable to: Pueblo of Acoma

**Do you have a Tribal Business License?**

☐ **YES** (Please provide license #) \_\_\_\_\_

☐ **NO** ( If no, please contact the Acoma Taxation 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): \_\_\_\_\_

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**CONTRACTOR'S NATIVE AMERICAN CORE CREW:**

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

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**HIRING GOALS:**

**Hiring goal established by TERO Manager:**    **25%**

(This specifies the number of local Native Americans the employer will hire by craft or skill level for this project 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)

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## SUBCONTRACTORS LIST:

**\*\*Please list all NATIVE AMERICAN subcontractors for this project:**

<u>COMPANY</u>	<u>SCOPE OF WORK</u>	<u>PHONE #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**\*\*Please list all NON-NATIVE AMERICAN subcontractors for this project:**

<u>COMPANY</u>	<u>SCOPE OF WORK</u>	<u>PHONE #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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.**

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**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:** \_\_\_\_\_