

**SOUTHERN UTE INDIAN TRIBE
TERO Division, P.O. Box 737, Ignacio, CO 81137
Phone: 970-563-0117 Fax: 970-563-4824**

COMPLIANCE PLAN

On February 2, 1993, the Southern Ute Indian Tribal Council approved the Tribal Employment Rights Code (Code), which was subsequently approved by the Department of Interior on June 4, 1993, and amended on February 13, 2019. This Code establishes an Indian preference policy related to employers conducting business within the exterior boundaries of the reservation on land subject to the jurisdiction of the Southern Ute Indian Tribe (Tribe). The Code requires all employers to extend to members of the Tribe and other American Indians a preference in hiring, training, promotions and lay-offs. The Tribal Council created a Tribal Employment Rights Office (TERO) to administer these policies.

This Compliance Plan form serves as notice of the Tribe's employment preference law; provides the Tribe with information about employers and their business operations within the reservation; and secures each employer's acknowledgement of steps he must take to comply with the Code.

Failure to complete this form and to return it to TERO shall create a presumption that an employer is not complying with the Tribe's employment preference policy. Failure to comply with the Tribal Employment Rights Code will subject a Covered Employer to any and all tribal enforcement remedies authorized, including equitable remedies.

GENERAL INFORMATION (To be completed by Employer)

This is an official form of TERO, do not alter, change or retype this form.

1. Company Name: _____

2. Mailing Address: _____

City: _____ **State:** _____ **Zip code:** _____

3. Telephone No. () _____ **Fax number:()** _____

4. Total # of employees: _____ **Annual gross revenue:** _____

5. Name of authorized contact representative and job title:

_____ **E-mail address:** _____

6. Description of business activity or project to be conducted on the Southern Ute Indian Reservation: Please check applicable space:

____ Construction Project ____ Oil and Gas ____ Services ____ Other _____

7. Anticipated date of when the activity or project will START. _____

A. Anticipated date of when the activity or project will END. _____

Employers are required to notify TERO at the completion of the project.

8. Employer status (please check applicable space and provide related information):

A. _____(Contractor) Please provide a list of subcontractors currently conducting business on your behalf or a list of contracts you have determined to be eligible to perform work on your behalf.

B. _____(Sub-contractor) Please provide the name of company for whom you are performing subcontract work:

C. _____(Supplier) List supplier or provider of goods, services or equipment.

D. Other (please explain)

9. Please provide a list of suppliers or providers of services to your business:

10. Specify the number of employees to be used on the proposed project, their job classifications and wage levels by occupation and type of benefits. Thereafter, employers shall be required to furnish a list of newly hired employees and terminated employees on a MONTHLY basis.

11. Please provide, in writing, the necessary qualifications for each position or job classification listed above. (Attach additional sheet if need to)

12. Specify the number of additional employees needed for this project. List job classifications and wage rates for each position. (Attached additional sheet if need to)

13. Describe any training or apprenticeship programs which your company does offer _____

14. Give project cost or contract amount for the purpose of calculating the Employment Rights Fee. _____
See page 5 for Employment Rights fee; Establishment of fee

15. Does this project involve federal or state funding? _____
If so, please include a certified payroll.
Are there any funding restrictions required by the funding source? _____

16. Employers are required to submit employment information reports to TERO.
Reports shall be filed on a *Monthly* basis no later than the third Friday of each month.

CERTIFICATION AND ACKNOWLEDGMENT

The undersigned, an authorized representative of _____, has reviewed the foregoing Compliance Plan. Under penalty of perjury, the undersigned states that the information provided on this form and any attachments is accurate and complete. Further, the undersigned agrees to comply with the Southern Ute Indian Tribe Employment Rights Code by taking the actions indicated in the foregoing Compliance Plan.

Signed this _____ day of _____, _____.
(month) (year)

Signed: _____
Employer Representative