

**SAN CARLOS APACHE TRIBE
VENDOR APPLICATION FORM C**

This form is to be completed by the recipient as part of the vendor registration process. The form must be completed, signed and forwarded to the Finance Department before any checks or purchase orders can be processed. Registration information will be used for both financial tracking and tax reporting to the Internal Revenue Service. Departments submitting requisitions for a vendor not registered will have the requisition returned to the Department.

Vendor registrations forms are required yearly and also to document any changes.

SECTION A

1.

Name of Business: _____

Street or P.O. Box: _____ City: _____

State: _____ Zip code: _____ Telephone: _____

() _____ Fax: () _____ E-Mail Address: _____

2. Federal Employer I.D. Number: _____

3. Addresses, Phone and Fax Numbers (if different):

Corporate/Home Address (if different):

Street or P.O. Box: _____ City: _____

State: _____ Zip code: _____ Telephone: _____

() _____ Fax: () _____ E-Mail Address: _____

Remittance Address (if different):

Street or P.O. Box: _____

City: _____ State: _____

Zip code: _____

Telephone: () _____ Fax: () _____

E-Mail Address: _____

Purchase Order Address (if different):

Street or P.O. Box: _____ City:

State: _____ Zip code: _____

Telephone: () _____ Fax: () _____

E-Mail Address: _____

4. Type of Organization:

Individual / Sole Proprietorship	Partnership C Corporation	S Corporation Trust /estate	Corporation Other
LLC Enter the tax classification (C=C corporation, P=partnership			
Exempt			

5. Type of Business: List types of goods and services available from your company. May include brochure or flyer. (For Example: General goods, construction, signs, printing, office supply)

Tribal Business Type: Choose which business type best describes your company. You may choose more than one.

Description				
Type:	___ Goods	___ Service	___ Non Profit	
	___ Tribal Department	___ Tribal Group (Community)	___ Tribal Enterprise	___ Tribal Organization
Preference:				
Native American	___ Tribal Member Owned	___ Member of AZ Tribe	___ Member of US Tribe	

6. Ownership of Business: List the names of owner (s). If corporation list the board members.

Does this business qualify as a Minority Business? Yes No

African American	Hispanic	Asian or Pacific Islander	American Indian or Alaskan Native
Caucasian	Other _____		

(If yes, please check the appropriate box below)

Do you qualify as a Small Business? Yes No

Do you qualify as a Women owned Business Yes No

Do you qualify as a Disadvantage Business Yes No

How long have you been in business? _____ Years

7. Person(s) authorized to sign on behalf of company .
(This list must be manually signed in ink and kept current)

Signature	Printed Name	Title	Phone number

8. Tribal Tax

1. First step, determine the location of delivery of the purchase of goods and services:

_____ A. Purchase of goods and services is **not within** the San Carlos Apache

Reservation boundaries. (Tribal tax does not apply)

_____ B. Purchase of Goods and Services **within** the San Carlos Apache Reservation boundaries. (4% Tribal tax applies)

_____ C. Goods and Services **ordered from and delivered** to the San Carlos Apache reservation. (4% Tribal tax applies)

2. If Subject to Tribal tax, vendors must obtain a Tribal business license from the General Manager's office.

San Carlos Apache Tribal Business License No _____
Effective Dates _____ Expiration Date _____

3. If subject to Tribal Tax, please select one type of option below:

Tribal Tax: Option 1: Tribal Finance will deduct the Tribal tax of four (4%) percent from all payments and pay you only of for the cost of your product or service. The total amount of payment including Tribal tax deduction will be reported to the IRS. You will be issued a debit memo for your IRS reporting.

_____ A. I elect to include Tribal tax on my invoices.

_____ B. I elect to have the San Carlos Apache Tribe to write the 4% Tribal tax on my business invoices.

Tribal Tax: Option -Other Tribal Sales Tax Exemptions:

_____ 2A. The sale of unprepared whole food products to Women and Infant Children program recipients or to the individuals seeking to make payments with federal Food Stamps;

_____ 2B. Goods purchased for resale;

_____ 2C. Charges for actual freight costs incurred on the shipment of tangible personal property to the purchaser;

_____ 2D. Fuel; and

_____ 2E. Sales of goods and services by itinerant or residential businesses.

In terms of Tribal tax, I elect for option (for example: 1A, 1B, 2A, 2B, 2C, 2D, or 2E-select one) _____

In the event, the vendor's business is based off the San Carlos Apache reservation and work is performed within the reservation boundaries, the vendor will be required to identify how much work is performed within the San Carlos Apache reservation boundaries. The vendor's invoices must reflect this information. Appropriate tax rates apply. Tribal tax is calculated above the vendor's goods and service rate. Tribal tax is paid from the funding source. Shipping is not included in calculations of Tribal tax.

Vendor - Authorized Signature: _____ Date _____

SECTION B

1. Dunn & Bradstreet number : _____

2. References:

a. Other government units or businesses you have sold to or serviced. (list at least three)

Name 1: _____

Street or P.O. Box: _____

City: _____

State: _____ Zip code: _____

Telephone: () _____ Fax: () _____

E-Mail Address: _____

Name 2: _____

Street or P.O. Box: _____ City: _____

State: _____ Zip code: _____ Telephone: _____

() _____ Fax: () _____ E-Mail Address: _____

Name 3: _____ Street

or P.O. Box: _____ City: _____

State: _____ Zip code: _____ Telephone: _____

() _____ Fax: () _____ E-Mail Address: _____

b. Bank(s) and Account(s) information.

Bank Name

Account Number

Bank Phone Number

3. Please attach any additional information you would like considered. Examples: Evidence of experience, financial capacity and quality of performance plus a current catalog.
4. Attach a sign and current Federal W-9 form. Form may be obtained at irs.gov.
5. Resume' of Owner(s)
6. List of Past Projects with the San Carlos Apache Tribe. (Past five years) List name of contract, start date, end date, Tribal department, contact person with Tribe, value of contract and description of scope of work.
7. Organizational Chart
8. Current CIB (if applicable)
9. Business License
10. Proof of Business Insurance
11. Federal Excluded Parties List System

Federal Executive Order (E.O.) 12549 “Debarment and Suspension“ requires that all contractors receiving individual awards, using federal funds, and all sub-recipients certify that the organization and its principals are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from doing business with the Federal Government.

Failure to comply will disqualify request to be entered as a vendor in our Accounting system. Information on debarment is available at the following websites: www.sam.gov

Your signature certifies that you or your principal is **NOT** presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

_____ (Name)
 _____ (Company)
 _____ (Address)
 _____ (Address)
 PHONE _____ -- FAX _____
 EMAIL _____

12. **Conflict of Interest** –Disclosure statement required if a member of your immediate family is employed or contracted with San Carlos Apache Tribe or any of its subsidiaries. Please attach as a separate memo. If so, please list the name, job title and location of the person employed.

Definition of "Immediate family" means the employee's spouse, brother, sister, parent, child, stepchild, father-in-law, mother-in-law, sister-in-law, brother-in-law, daughter-in-law, son-in-law, grandmother, grandfather, grandchildren, step-parent, aunt, uncle, niece, nephew, and any other member of the employee's household." (Tribal Personnel Manual)

Your signature certifies that neither you, the legal owners, the board members or your principal has any known conflict of interest issue from participation in this transaction by any Tribal department or agency.

Authorized Signature: _____ Printed Name: _____
 Title: _____ Date: _____

SECTION C

San Carlos Apache Tribal Terms and Conditions:

1. Terms: Standard terms for business are thirty days net unless otherwise agreed upon. The San Carlos Apache Tribe does not pay late fees unless otherwise agreed upon.
2. Purchase Orders: All purchases of \$1,000.00 and up require a purchase order in advance.
3. Authorized Contract signer is the Tribal Chairman Terry Rambler
4. The venue for all disputes is San Carlos Apache Tribal court on the San Carlos Apache reservation in San Carlos, Arizona.

5. The vendor agrees to abide by all Tribal laws and regulations including Tribal policies and procedures. In some cases, Federal laws and rules may apply.

Department Information: If vendor, what department are you working with?

If department, how are you using the vendor ?

Contractor

Consultant

One-time purchase

Other- _____

Department Name: _____ Contact Name: _____

Email: _____ Telephone: _____

Return Completed Vendor Application to:

Rose Polk, Purchasing Agent

Email: rose.polk@fin.scat-nsn.gov

Tolbert Massey, Purchasing Agent

Email: Tolbert.massey@scat-nsn.gov

**Address: Purchasing
San Carlos Apache Tribe
P. O. Box 0
3A San Carlos Avenue
San Carlos, Arizona 85550
Phone 928-475-1600**

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-			-				
or											
Employer identification number											
				-							

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.