



**TOHONO O'ODHAM NATION
TRIBAL EMPLOYMENT RIGHTS OFFICE**

P.O. Box 40
Sells, Arizona 85634
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**TERO COMPLIANCE AGREEMENT PLAN
FOR**

_____ (Project Title/Entity)

A minimum of twenty (20) business days before any covered employer, contractor or sub-contractor begins business activity, each entity, on the reservation, shall submit a Compliance Plan to the TERO Office for approval. All Compliance Plans must include, among other items required by this Ordinance, the name, position and a copy of the Employee's Tribal identification or if non-Indian, a copy of the employee's state issued identification for every employee position in the organization. No employer, contractor or sub-contractor may commence work on the reservation until it has met with the TERO Office and developed an acceptable Compliance Plan for meeting its obligations under these regulations.

ALL QUESTIONS MUST BE ANSWERED ON CURRENT FORM PROVIDED AND THE REQUESTED DOCUMENTS SUBMITTED. FAILURE TO DO THIS WILL DELAY THE PROCESSING OF THE COMPLIANCE PLAN AND PROGRESS OF THE PROJECT. QUESTIONS THAT DO NOT APPLY SHOULD BE MARKED "N/A" IN THE SPACE PROVIDED. CROSS-REFERENCE WHERE NECESSARY, SUCH AS "SEE ATTACHMENT A., PAGE 3".

FAILURE TO COMPLY WITH THE TERO ORDINANCE 01-85 MAY RESULT IN CIVIL PENALTIES.

1. PRIMARY CONTRACTOR/EMPLOYER SUB-CONTRACTOR/EMPLOYER
2. NAME OF PRIMARY CONTRACTOR/EMPLOYER _____
3. UNION NON-UNION
4. LOCATION OF PROJECT/BUSINESS _____
5. WORK TO BE PERFORMED _____
6. COMPANY NAME _____
7. ADDRESS _____
8. OFFICE TELEPHONE _____ FAX _____
9. JOBSITE TELEPHONE _____ EMAIL _____
10. PROJECT MANAGER/SUPERINTENDENT _____

The contractor/employer designates the following company official to monitor all employment, training and contractual related activities to ensure that the company is in compliance with the TERO Ordinance. The TERO Liaison will work closely with TERO.

11. APPOINTED TERO LIAISON _____
12. LIAISON PHONE NUMBER _____ TITLE _____
13. PROJECT NUMBER _____
14. CONTRACT NUMBER _____
15. TOTAL CONTRACT AMOUNT _____
16. NAME OF FUNDING AGENCY _____
17. NAME OF CONTRACTING OFFICER _____
18. PROJECT ARCHITECT _____

Pursuant to Section 11(a) of the TERO Ordinance, a covered employer with a construction contract in the amount of \$100,000 or more shall pay 1/2 of 1% of the total amount of the contract, such fee shall be paid by the employer prior to commencing work. Other than construction, covered employers with 20 or more employees or with gross sales of \$100,000 or more shall pay a quarterly fee of 1/2 of 1% of employees' quarterly payroll. The contractor is required to inform TERO of any changes in the contract. Payment will be made by money order to the "Tohono O'odham Nation", P.O. Box 837, Sells, Arizona 85634 and processed through the TERO Office. Please include project title. *NOTE: Installments of the TERO Fee require written approval from the TERO Director/Administrator which includes an interest rate. TERO Fees are paid by Primary Contractor of construction project.*

19. TERO FEE (1/2 OF 1%) DUE BEFORE PROJECT STARTS _____
 20. APPROXIMATE START DATE _____
 21. APPROXIMATE DATE OF COMPLETION OR APPROXIMATE DURATION _____

ATTACH THE FOLLOWING:

22. **COPY OF P.O./CONTRACT/RESOLUTION/CHARTER/LEASE, ETC.** _____
 23. **ORGANIZATIONAL CHART FOR THIS PROJECT/ORGANIZATION** _____
 24. CHECK APPLICABLE WAGE SCALE (Note: The T.O.N. Wage Scale applies to all projects where the total cost of construction is \$5,000 or more with the exception of direct contracts with the tribal districts, federal and state projects. Exemptions also apply to personal projects performed by a natural person, wages established by a collective bargaining agreement, projects performed with existing employees of covered entity for entity's own construction projects.):

- T.O.N. Wage Scale
 Davis Bacon Wage Scale
 Exempt

Check type of construction project:

- Heavy
 Commercial
 Residential
 Highway
 Other _____

25. **CONSTRUCTION SCHEDULE/BUSINESS PLAN** _____
 26. **UNION AGREEMENT** _____

(Tribal law requires that all covered employer who have collective bargaining agreements with any union must negotiate and file a written agreement with the union that provides that the union will comply with the provisions, rules, regulations and order of the TERO Ordinance. Failure by an employer to file a union compliance agreement with the TERO Office will constitute non-compliance.)

27. **ATTACH A COPY OF IDENTIFICATION/DRIVER'S LICENSE FOR EACH KEY EMPLOYEE** _____
 28. **LIST KEY EMPLOYEES. (Use separate sheet if needed.)**

Upon approval of each key employee requested by the employer, TERO shall issue Hiring Hall Routing Slip. No employee will commence work until he/she has obtained a Hiring Hall Routing Slip.

(TERO Use)

| A. | REASON | KEY EMPLOYEE | POSITION | INDIAN/ NON-INDIAN | KEY/ NON-KEY |
|----|--------------------------------------|--------------|---|-----------------------|-----------------|
| | | | | | |
| | For Office Use Only: Recommendation: | | KEY EMPLOYEE, ISSUE HHRS | | |
| | | | NO INDIAN OR LOCAL INDIAN AVAILABLE, ISSUE WAIVER | | |
| | | | NON-REFERRAL (INDIAN) | | |
| | | | INDIAN REFERRED: | | |
| | | | OTHER: | | |
| B. | REASON | | | | |
| | For Office Use Only: Recommendation: | | KEY EMPLOYEE, ISSUE HHRS | | |
| | | | NO INDIAN OR LOCAL INDIAN AVAILABLE, ISSUE WAIVER | | |
| | | | NON-REFERRAL (INDIAN) | | |
| | | | INDIAN REFERRED: | | |
| | | | OTHER: | | |

C. _____

REASON _____

For Office Use Only: Recommendation:

| | |
|--|---|
| | KEY EMPLOYEE, ISSUE HHRS |
| | NO INDIAN OR LOCAL INDIAN AVAILABLE, ISSUE WAIVER |
| | NON-REFERRAL (INDIAN) |
| | INDIAN REFERRED: |
| | OTHER: |

D. _____

REASON _____

For Office Use Only: Recommendation:

| | |
|--|---|
| | KEY EMPLOYEE, ISSUE HHRS |
| | NO INDIAN OR LOCAL INDIAN AVAILABLE, ISSUE WAIVER |
| | NON-REFERRAL (INDIAN) |
| | INDIAN REFERRED: |
| | OTHER: |

29. **ATTACHED A COPY OF PERSONNEL MANUAL & COMPANY APPLICATION TO BE USED IN SELECTION PROCESS.**

30. Is a drug test required? YES NO

31. If yes, what will the applicant be tested for? _____

32. If yes, state laboratory, address and phone number. _____

NOTE: The Contractor may be required to provide a copy of the drug test results to the TERO Office.

33. Who will pay for drug test? _____

34. What is the cost of the drug test? _____

35. What is the pay schedule (i.e., M-Sun) and when are timesheets due (day & time)? _____

36. When are employees expected to be paid (day & time)? _____

37. What are the arrangements for payday? _____

38. Will employees be paid for show-up time? YES NO

39. Will any employees be receiving subsistence pay? YES NO

If yes, please identify by name and position. _____

40. AS CONTRACTOR/EMPLOYER, LIST CLASSIFICATIONS THAT WILL BE NEEDED (i.e., CARPENTER, LABORER, OPERATOR, PAINTER, MASONS, ETC). The Employment and training portion of the Compliance Plan shall show the number of man hours by craft and skill category, needed on the project. The employer shall also identify those persons it wishes to have approved as permanent and key employees (see subsection 2.1(b) of the TERO Regulations) and shall provide all data needed by the TERO Office to verify the status of those employees. As provided in Section 2.1, all non-permanent key positions shall be filled with local Indians unless the TERO Office has determined that there is no qualified Indian available for that position. Provided, however, excluding apprentice(s), if the TERO Office identified a local Indian who, with on-the-job training provided by the Employer can fill a position, the employer is required to provide such training to the local Indian. The plan shall also describe how the employer will participate in the Tribe's training programs.

Please attach job description.

| CLASSIFICATION | NUMBER NEEDED | PAY RATE/HR (dollar amt req'd) | DURATION NEEDED | SCHEDULE |
|---|---------------|--------------------------------|-----------------|---|
| | | | | (i.e., M-F, 8-5 p.m.) |
| A. _____ | | | | |
| Job Description _____ | | | | |
| <i>For Office Use Only: Recommendation:</i> | | | | |
| | | | | KEY EMPLOYEE, ISSUE HHRS |
| | | | | NO INDIAN OR LOCAL INDIAN AVAILABLE, ISSUE WAIVER |
| | | | | NON-REFERRAL (INDIAN) |
| | | | | INDIAN(S) REFERRED: |
| | | | | OTHER: |

B. _____

Job Description _____

For Office Use Only: Recommendation:

| | |
|--|---|
| | KEY EMPLOYEE, ISSUE HHRS |
| | NO INDIAN OR LOCAL INDIAN AVAILABLE, ISSUE WAIVER |

| | |
|--------------------------|-----------------------|
| <input type="checkbox"/> | NON-REFERRAL (INDIAN) |
| <input type="checkbox"/> | INDIAN(S) REFERRED: |
| <input type="checkbox"/> | OTHER: |

C. _____
 Job Description _____
 For Office Use Only: Recommendation:

| | |
|--------------------------|---|
| <input type="checkbox"/> | KEY EMPLOYEE, ISSUE HHRS |
| <input type="checkbox"/> | NO INDIAN OR LOCAL INDIAN AVAILABLE, ISSUE WAIVER |
| <input type="checkbox"/> | NON-REFERRAL (INDIAN) |
| <input type="checkbox"/> | INDIAN(S) REFERRED: |
| <input type="checkbox"/> | OTHER: |

D. _____
 Job Description _____
 For Office Use Only: Recommendation:

| | |
|--------------------------|---|
| <input type="checkbox"/> | KEY EMPLOYEE, ISSUE HHRS |
| <input type="checkbox"/> | NO INDIAN OR LOCAL INDIAN AVAILABLE, ISSUE WAIVER |
| <input type="checkbox"/> | NON-REFERRAL (INDIAN) |
| <input type="checkbox"/> | INDIAN(S) REFERRED: |
| <input type="checkbox"/> | OTHER: |

E. _____
 Job Description _____
 For Office Use Only: Recommendation:

| | |
|--------------------------|---|
| <input type="checkbox"/> | KEY EMPLOYEE, ISSUE HHRS |
| <input type="checkbox"/> | NO INDIAN OR LOCAL INDIAN AVAILABLE, ISSUE WAIVER |
| <input type="checkbox"/> | NON-REFERRAL (INDIAN) |
| <input type="checkbox"/> | INDIAN(S) REFERRED: |
| <input type="checkbox"/> | OTHER: |

41. **LIST OCCUPATIONAL TRAINING OPPORTUNITIES AVAILABLE:**
The contractor will develop on-the-job training opportunities and/or participate in tribal or local training programs. The employer shall employ 1 apprentice in each of the listed craft if the contractor is employing 1 journeyman in that craft and when employing 2 or more journeymen, that craft shall employ no fewer than 1 apprentice for each 2 journeymen employed. Please Attach Job Description.

A. POSITION _____ PAY RATE _____ SCHEDULE _____
 JOB DESCRIPTION _____
 REQUIREMENTS _____
 For Office Use Only: Recommendation: _____

B. POSITION _____ PAY RATE _____ SCHEDULE _____
 JOB DESCRIPTION _____
 REQUIREMENTS _____
 For Office Use Only: Recommendation: _____

C. POSITION _____ PAY RATE _____ SCHEDULE _____
 JOB DESCRIPTION _____
 REQUIREMENTS _____
 For Office Use Only: Recommendation: _____

42. LIST SUB-CONTRACTOR(S) AND SUPPLIERS: *(Use separate sheet if needed.)*

If the entity uses competitive bidding or proposals, competition shall be limited to certified firms. All contractor or subcontractor work shall be performed by a certified Indian Preference firm, if qualified and available. If the primary contractor has already selected a firm to perform any contract or subcontract work, it shall list the name of that firm and indicate whether or not it is a firm certified as Indian Preference eligible by the TERO. If it is not a certified firm, the primary contractor shall further indicate why each certified firm, if any, registered with the TERO that was technically qualified to perform the work was not selected.

| | <u>NAME, ADDRESS & PHONE</u> | <u>TYPE OF WORK TO BE PERFORMED</u> | <u>CONTRACT DOLLAR AMOUNT</u> | <u>INDIAN OWNED FIRM?</u> | <u>WHY WAS AN INDIAN OWNED FIRM NOT CONTRACTED?</u> |
|----|----------------------------------|-------------------------------------|-------------------------------|---------------------------|---|
| A. | | | | | |
| B. | | | | | |
| C. | | | | | |
| D. | | | | | |
| E. | | | | | |

43. DID YOU CONTACT THE TOHONO O'ODHAM NATION OFFICE OF THE TREASURER FOR A BUSINESS LICENSE? _____YES _____NO If yes, please submit a copy. If no, please contact them at 520-383-1800 x 2457

THE CONTRACTOR(S)/SUB-CONTRACTOR(S)/EMPLOYERS SHALL SUBMIT THE FOLLOWING REPORTS TO TERO ON A WEEKLY BASIS:

- A. **CERTIFIED PAYROLL RECORDS**
- B. **NEW HIRES** (The contractor/employer is required to contact the TERO Office for recruiting and hiring. The TERO Office shall be given a minimum of seventy-two (72) hours to furnish a qualified referral.)
- C. **CHANGES OR PROMOTIONS.** The employer shall give local Indians preferential consideration for all promotion opportunities and shall encourage local Indians to seek such opportunities.
- D. **DISCIPLINARY ACTIONS.**
- E. **TERMINATIONS/LAYOFFS** (No local Indian employee, who can perform the work required shall be terminated through layoff or reduction in force while a non-Indian or non-local Indian employee in the same craft is still employed.)

The TERO Director/Administrator or field Compliance Officer has the right to make on-site inspections and conduct compliance investigations at all sites where employment is taking place under the provisions of this compliance agreement plan.

Employers will ensure and maintain a working environment free of harassment, intimidation, and coercion at all sites in all facilities at which the employees are assigned to work. The employers shall specifically ensure that all supervisors are aware of and carry out the employers obligations under the TERO Ordinance. The employer must ensure for providing separate or single-user toilet and necessary changing facilities to assure privacy between the genders.

The employer agrees to respect the right of TERO referral to decide for themselves whether to accept cash in lieu of benefits or to accept fringe benefits for construction projects.

The employer agrees to comply with all rules and regulations set forth in the TERO Ordinance 01-85. This agreement is affirmed in writing by the appropriate company officer.

COMPANY REPRESENTATIVE, TITLE

Signature, Title

Date

FOR OFFICE USE ONLY

Assigned TERO Compliance Officer

Date Reviewed by Administrator/Director

Approved

TERO Fee Received

Date Received by Secretary

RECAP

SECTION 3 (Employment/Trng) applies:

SECTION 4 (Contracting) applies:

SECTION 11 (TERO Fee) applies:

WAGE SCALE applies:

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |