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**Karuk Community Health Clinic**

64236 Second Avenue  
Post Office Box 316  
Happy Camp, CA 96039  
Phone: (530) 493-5257  
Fax: (530) 493-5270

# Karuk Tribe

**Administrative Office**

Phone: (530) 493-1600 • Fax: (530) 493-5322  
64236 Second Avenue • Post Office Box 1016 • Happy Camp, CA 96039

**Karuk Dental Clinic**

64236 Second Avenue  
Post Office Box 1016  
Happy Camp, CA 96039  
Phone: (530) 493-2201  
Fax: (530) 493-5364

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**REQUEST FOR PROPOSALS****16-RFP-035**

**For More Information:** Barbara Snider, Executive Secretary (530) 493-1600 ext. 2036

**Proposal Deadline:** Responses will be accepted on a continual basis

The Karuk Tribe respectfully requests proposals with breakout of charges for service to professionally provide Sergeant-of-Arms services for the Tribal Council, Health Board, and other assigned meetings for Fiscal Year 2017 (November 1<sup>st</sup>, 2016 – September 30<sup>th</sup>, 2017).

The Tribe will pay an hourly meeting rate, an hourly traveling rate, and compensate mileage at current GSA rate. Contractor shall submit mileage log for compensation. In the event of late meetings or inclement weather, the Tribal Council may authorize over-night lodging accommodations.

**The Selected Individual Will Be Responsible To:**

- 1) Greet, log-in, and monitor staff, tribal members, guests and visitors at all Tribal Health Board Meetings. Health Board meetings are held the second Thursday of each month and the location rotates between Yreka, Happy Camp, and Orleans
- 2) Greet, log-in, and monitor staff, tribal members, guests and visitors for all Tribal Council Meetings. Council meetings are held the fourth Thursday of each month and the location rotates between Yreka, Happy Camp, and Orleans.
- 3) Be available to perform these Sergeant-of-Arms duties for other meetings and/or events as requested by Tribal Council or official designee.
- 4) Pre-meeting duties may include unlocking, cooling/heating control, chair/table set-up, spot cleaning. Post meeting duties may include locking and securing buildings, cooling/heating control, chair/table break-down, spot cleaning.
- 5) Have the ability to travel to all three communities (Happy Camp, Orleans, and Yreka) when required. Mileage will be paid at the currently approved GSA rate for travel to communities outside of the primary residence of the selected individual.
- 6) Submit to a Background Check and successful drug screening.

**Responses to this Request for Proposals MUST include the following two items:**

- 1) Completed Bid Form (included in this proposal).
- 2) Copy of Tribal identification if claiming preference.

**Responses must be hand, mail, or email delivered by August 22<sup>nd</sup>, 2016 at 5:00PM.**

Emma Lee Perez, Karuk Tribe Administrative Office  
64236 Second Avenue, Post Office Box 1016  
Happy Camp, CA 96039  
**Faxes will NOT be accepted**  
Emails will be accepted at [emmaleeperez@karuk.us](mailto:emmaleeperez@karuk.us)

**Indian Preference will apply in the selection process in accordance with the Tribal Employment Rights Ordinance (TERO) and/or Indian Preference Act of 1934 (Title 25, USC, Section 47), based on funding source requirements.**

**All contracts that exceed \$2,500.00 shall be subject to a two percent (2%) Tribal Employment Rights Fee in accordance with the TERO Ordinance.**

**If applicable, construction contracts in excess of \$2,000, when required by Federal grant program legislation, are subject to compliance with the Davis-Bacon Act (40 USC 276a to a-7) as supplemented by Department of Labor regulations (29 CFR part 5).**

**A background check consisting of employment history, professional references, and criminal check may be conducted. Applicants will be required to pass the background check in accordance to the Karuk Tribe Personnel Policy and Federal/State/Tribal requirements.**

**Karuk Tribe  
Council Sergeant-of-Arms Services  
16-RFP-035**

**Bid Form**

**Proposal Submitted by:**

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

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

**Rates you request to be compensated for each type of meeting:**

	<b>Meeting Rate Time at Meeting (per hour)</b>	<b>Driving Rate Actual Driving hours (per hour)</b>
Health Board Meetings:	_____	_____
Tribal Council Meetings:	_____	_____
Special Meetings (Lunches/Trainings):	_____	_____
Large Events (100 or more People):	_____	_____

**List previous experience providing similar services for previous meetings and events below:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List three references with phone numbers below:**

- 1) \_\_\_\_\_ Phone: \_\_\_\_\_
- 2) \_\_\_\_\_ Phone: \_\_\_\_\_
- 3) \_\_\_\_\_ Phone: \_\_\_\_\_

**Other Comments or Additional Information:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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