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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

**Karuk Dental Clinic**

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

**Administrative Office**

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

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**Request for Proposals****18-RFP-011**

**For More Information:** Brittany Souza, (530) 493-1600 Ext. 2016, bsouza@karuk.us  
**Proposal Deadline:** Friday January 19<sup>th</sup>, 2018 no later than 5:00 p.m. (Pacific Standard Time)

The Karuk Tribe requests proposals for the following Scope of Work required for food service in support of the Spring 2018 Karuk Basketweavers Gathering to be held March 23, 24 and 25, 2018.

The Gathering will be held in Happy Camp, California at the Karuk Administrative Complex, located 64236 Second Avenue, Happy Camp, CA 96039. The complex has a kitchen and gymnasium area that is used for dining. The Gymnasium will also be used for the Basketweavers Gathering activities. There are tables and chairs available. To ensure that guests are properly accommodated, and to assist with pre-project meal planning, participants will be required to pre-register, and will be given a name badge/meal ticket. Entry to meals will be strictly monitored by staff and volunteers.

*To reduce trash and impact to our environment, please avoid Styrofoam containers, provide iced water in pitchers (to reduce use of plastic bottles), and be mindful of recycling when possible.*

**The selected individual will be responsible for:**

1. Preparing Meals for the 2018 Basketweavers Gathering. The Gathering will be held on March 23, 24 and 25, 2018. The meals should be prepared and served by the times listed below.
2. Do all shopping, food preparation, facility preparation, and clean up as necessary for the completion of each meal.
3. Mileage will be paid at the currently approved rate for travel if shopping in communities outside of the primary residence of the selected individual.
4. Submit to a Tuberculosis test to be administered at a Karuk Tribal Clinic at no charge. Any individuals that will help with meal preparation must also have a Tuberculosis test completed and results submitted to the Human Resources Director.
5. Wear hairnets and gloves during food preparation and servicing. Any individuals that will help with meal preparation must also wear hairnets and gloves.

The People's Center seeks food preparation and related services for the meals and suggested menus listed below. In addition to food preparation, service should include all paper goods, cups, utensils, condiments, trash bags, removal of trash and spill clean-up in the eating area, set-up of tables/chairs, and overall clean-up of the dining area after each meal. List pricing according to the menus prescribed.

Service should be planned for 100 diners per meal. Respondents must possess current Food Handler's Certificate. Below is a suggested menu but alternative menus or items will be considered.

### **Schedule/Menu**

#### ***Saturday Breakfast, March 24, 2018, 8:30 a.m.-9:30 a.m.***

*(Menu suggestion)* Hot breakfast—scrambled eggs, bacon, hash browns  
Cold cereal  
Yogurt  
Bagels/toast—butter, cream cheese, jam  
Fresh fruit  
Coffee, teas, orange juice, milk, pitchers of water

#### ***Saturday Lunch, March 24, 2018, 12:00 p.m.-1:00 p.m.***

*(Menu suggestion)* Build your own sandwiches—lunchmeats, cheeses, breads, condiments  
Homemade soup (like Clam Chowder)  
Chips and potato salads  
Fresh fruit  
Coffee, teas, lemonade, iced tea, pitchers of water

#### ***Saturday Dinner, March 24, 2018, 5:00 p.m.-6:00 p.m.***

*(Menu suggestion)* Lasagna  
Salad Bar—variety of lettuce, assorted vegetables and toppings, assorted salad dressings  
Garlic French bread  
Dessert—carrot cake & ice cream  
Coffee, teas, iced tea, lemonade, pitchers of water

#### ***Sunday Breakfast, March 25, 2018, 8:30 a.m.-9:30 a.m.***

*(Menu suggestion)* Hot breakfast—scrambled eggs, pancakes, sausage  
Cold cereal  
Yogurt  
Bagels/toast—butter, cream cheese, jam  
Fresh fruit  
Coffee, teas, orange juice, milk, pitchers of water

### **Responses to this Request for Proposals should include the following:**

- 1) A statement of qualifications, including relevant food service history and Food Handler's Certificate.
- 2) A proposed approach and rationale for completion of the contract tasks described above, including descriptions of similar work previously completed and the results/benefits achieved.
- 3) A lump sum price, with attached price page. Names and telephone numbers of three client references.

**Responses must be hand, mail, or email delivered by Friday, January 19<sup>th</sup>, 2018 no later than 5:00 p.m.**

Emma Lee Perez, Contract Compliance Specialist  
Karuk Tribe – Administration Office  
64236 Second Avenue  
P.O. Box 1016  
Happy Camp, CA 96039  
530-493-1600 ext. 2017  
Faxes will be NOT be accepted  
Emails will be accepted at: 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.**

**Price Page for 18-RFP-011:**

**Proposal Submitted by:**

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

**E-mail:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Amount requested to be compensated for each meal:**

- Saturday, March 24<sup>th</sup>—Breakfast: \_\_\_\_\_
- Saturday, March 24<sup>th</sup>—Lunch: \_\_\_\_\_
- Saturday, March 24<sup>th</sup>—Dinner: \_\_\_\_\_
- Sunday, March 25<sup>th</sup>—Breakfast: \_\_\_\_\_

**List previous experience providing food services for events/activities below:**

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

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**Other Comments, including Food Handler’s Certificate Number:**

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