

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



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

REQUEST FOR CONTRACT/MOU/ AGREEMENT

Check One: **Contract**
 MOU
 Agreement
 Amendment

Karuk Tribe Number Assigned: _____
Funder/Agency Assigned: _____
Prior Amendment: _____

REQUIRED → ***Procurement Attached** ***Budget Attached**
***System for Award Management (SAM) (CONTRACTS ONLY)**
***KCDC/ KTHA Notification/ review required** **Yes** **No**

Requestor: _____ **Date:** _____

Department/Program: _____

Name of Contractor or Parties: _____

Effective Dates (From/To): _____

Amount of Original: _____
Amount of Modification: _____
Total Amount: _____

Funding Source: _____

Special Conditions/Terms:

Brief Description of Purpose:
Need to be brief but specific. If an amendment reference the prior background.

**** REQUIRED SIGNATURES ****

Requestor _____ Date _____

**Chief Financial Officer _____ Date _____

**Director, Administrative Programs & Compliance _____ Date _____

**Director of Self Governance(MOU/MOA) or TERO (Contracts) _____ Date _____

Other _____ Date _____