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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**

#### **24-RFP-043**

**For More Information:** Barbara Snider (530) 493-1600 Ext. 2036 or  
bsnider@karuk.us

**Proposal Deadline:** Thursday, June 27<sup>th</sup>, 2024 by 5:00 p.m. (PST)

The Karuk Tribe requests proposals for the following Scope of Work required for the preparation of meals for Tribal Council, Health Board, and other assigned meetings from July 1, 2024 through October 31<sup>st</sup>, 2025 for meetings held in Yreka. The Karuk Tribe encourages all food vendors to apply, including caterers, restaurants, cafés, and individuals who meet the criteria below who are willing to prepare meals in a homestyle manner.

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

1. Preparing meals for Tribal Council Meetings, Council meetings are held the fourth Thursday of each month and the location rotates monthly between Yreka, Happy Camp and Orleans. Meetings begin at 10:00 a.m. and the meal should be prepared and ready to serve by 12:00 p.m. Meetings in Yreka are held during the months of January, April, July, and October.
2. Be available to prepare meals for other meetings as requested by staff.
3. Do all shopping, food preparation, facility preparation, and clean up necessary for completion of each meal.
4. Mileage will be paid at the currently approved rate for travel to communities outside of the primary residence of the selected individual.
5. 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 Manager.
6. Wear hairnet and gloves during food preparation and servicing. Any individuals that will help with meal preparation must also wear hairnets and gloves.
7. The Tribe will supply all materials necessary to complete these services, including but not limited to; cooking facilities and equipment, food, paper products, utensils, cleaning supplies, etc.

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

1. A statement of qualifications, including relevant experience in meal preparation and similar work completed.
2. Flat rate amount for compensation for each meeting type as identified.
3. Names and telephone number of three references.
4. Copy of current valid Food Handlers Certificate.
5. Specify which communities you are interested in serving.

**Responses must be hand, mail, email delivered by Thursday, June 27<sup>th</sup>, 2024 by 5:00 p.m. (PST):**

Emma Lee Perez  
Karuk Tribe Administration Office  
64236 Second Avenue,  
PO Box 1016  
Happy Camp, CA 960  
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 Indian Preference Act of 1934 (Title 25, USC, Section 47) and/or the Tribal Employment Rights Ordinance (TERO), based on funding source requirements.**

**All contracts that exceed \$2,500.00 shall be subject to a 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 24-RFP-043**

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

**Flat rate amount you request to be compensated for each type of meeting:**

Health Board Meetings (25 People): \_\_\_\_\_

Council Meetings (25 People): \_\_\_\_\_

Special Meetings (25-50 People): \_\_\_\_\_

Special Events (100 or more People): \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**Other Comments:**

\_\_\_\_\_  
\_\_\_\_\_