
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

Request for Proposals**20-RFP-006**

For More Information: Scot Steinbring (530)598-3047 ssteinbring@karuk.us

Proposal Deadline: Friday, November 29, 2019 no later than 4:00 PM (Pacific Standard Time)

The Karuk Tribe requests proposals for the following Scope of Work required for Fuels treatment in the Patterson Project area, Units 2220, 2290, 2206.

See Attached Map & Scope of Work.

Task One

1. Cut and Pile Unit 2220 Acres 19.82
2. Cut and Pile Unit 2290 Acres 20.36
3. Cut and Pile Unit 2206 Acres 18.26

Notify Scot Steinbring for inspection at 530-598-3047 ssteinbring@karuk.us

Responses to this Request for Proposals should include the following:

- 1) A statement of qualifications, including relevant project history.
- 2) A lump sum price, with attached price page. Line item charges
- 3) Names and telephone numbers of three client references.

Responses must be hand, mail, or email delivered by Friday, November 29th, 2019 no later than 4:00 p.m. (Pacific Standard Time) to:

Emma Lee Perez, Contract Compliance Specialist
Karuk Tribe – Administration Office
64236 Second Avenue
P.O. Box 1016
Happy Camp, CA 96039
Faxes will NOT be accepted
Emails will be accepted at: emmaleeperez@karuk.us

Price Page for 20-RFP-006:

Proposal Submitted by:

Name: _____ **Phone Number:** _____

E-mail: _____ **Fax Number:** _____

Amount requested to be compensated for each task:

- Task: _____
- Task: _____
- Task: _____

List previous experience below:

List up to three references with phone numbers below:

- 1) _____
- 2) _____
- 3) _____

Other Comments:

Price Page for 20-RFP-006:

Proposal Submitted by:

Name: _____ **Phone Number:** _____

E-mail: _____ **Fax Number:** _____

Lump sum amount requested to be compensated for: _____

Provide hourly rates:

Provide travel expense rates:

List up to three references with phone numbers below:

1) _____

2) _____

3) _____

Other Comments:

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 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).