
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

Request for Proposals**19-RFP-001**

For More Information: Vickie Simmons (530) 493-1600 Ext. 2041

Proposal Deadline: December 7th by 5:00 p.m. (PST)

The Karuk Tribe requests proposals for the following Scope of Work required for the preparation of meals for the Tribal Council, Health Board, and other assigned meetings from January 1, 2019 through December 31, 2019 for meetings held in Happy Camp.

The selected individual will be responsible for:

1. Preparing meals for all Tribal Health Board Meetings. Health Board meetings are held the second Thursday of each month and are located in Happy Camp, with the exception of the month of July, it is held in Orleans, and in August it is held in Yreka. Meetings begin at 10:00 a.m. and the meal should be prepared and ready to serve by 12:00 p.m.
2. Preparing meals for all 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 Happy Camp are held during the months of February, May, August, and November.
3. Be available to prepare meals for other meetings as requested by Staff.
4. Do all shopping, food preparation, facility preparation, and clean up necessary for completion of each meal.
5. Mileage will be paid at the currently approved rate for travel to communities outside of the primary residence of the selected individual.
6. 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.
7. Wear hairnet and gloves during food preparation and servicing. Any individuals that will help with meal preparation must also wear hairnets and gloves.
8. 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 Friday, December 7th by 5:00 p.m. (PST) to:

Emma Lee Perez, Contract Compliance Specialist
Karuk Tribe Administration Office
64236 Second Avenue,
PO Box 1016
Happy Camp, CA 96039
Faxes will not be accepted
Emails will be accepted at: 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 19-RFP-001

Name: _____ **Phone Number:** _____

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

Health Board Meetings (25-40 People): _____

Council Meetings (60-75 People): _____

Special Meetings (10-20 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:

