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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

**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

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**Requests for Proposals****17-RFP-001**

**For More Information:** Dora Bernal (530) 493-1600 Ext. 2010  
**Proposal Deadline:** Responses will be accepted on a continual basis

The Karuk Tribe requests proposals from interested individuals for the preparation of meals for the Tribal Council, Health Board, and other assigned meetings from November 1, 2016 through September 30, 2017. The Karuk Tribe is accepting proposals for food preparation in the communities of Yreka, Happy Camp and Orleans. Proposals will be accepted for each site individually or any combination of the three sites.

**The Selected Individual(s) 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 the location rotates between Yreka, Happy Camp, and Orleans.
- 2) Preparing meals for all Tribal Council Meetings. Council meetings are held the fourth Thursday of each month and the location rotates between Yreka, Happy Camp, and Orleans.
- 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 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 hairnets and gloves during food preparation and serving. 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 items:**

- 1) A statement including relevant experience in meal preparation and similar work previously completed.
- 2) Flat rate amount you request to be compensated for each type of meeting as listed.
- 3) Names and telephone numbers 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, or email delivered 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](mailto: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 17-RFP-001:**

**Proposal Submitted by:**

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

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

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

Health Board Meetings (25-40 People): \_\_\_\_\_

Council Meetings (25-40 People): \_\_\_\_\_

Special Meetings (10-20 People): \_\_\_\_\_

Special Meetings (20 or more): \_\_\_\_\_

**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) \_\_\_\_\_

4) \_\_\_\_\_

**Other Comments:**

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