Karuk Community Health Clinic

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



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 21-RFP-027

For More Information: Cheryl Bearchild, (530) 842-4775 Ext. 7107

crbearchild@karuk.us

Proposal Deadline: Friday July 9, 2021 no later than 5:00 PM (PST)

The Karuk Tribal TANF Department request proposals, for an on-call hourly rate, or fee schedule from qualified certified individuals or businesses to set-up and maintain portable lap tops and chrome books, and provide supporting technology for our workforce development requirement activities.

Task One - Set-up and register all electronics

Certified Computer Technician will be responsible for their own transportation and tools necessary to complete required duties to set-up and required registration for 60 HP Pro Books 360 Laptop and 60 HP Chrome Book 360. Research and recommend operating systems for install and set-up.

Task Two – Limited Regular Maintenance of Laptops and Chrome Books

- a. Support Project Coordinator on development of best practices for clients to maintain Laptops and Chrome Books until distribution.
- b. Regular scheduled maintenance and updates as needed for clients to operate for required activities (On-call hourly rate apply).
- c. Maintain an inventory log, maintain work orders, repair tickets and certify complete and maintenance logs for accurate work performed and needs to Project Coordinator.
- d. Wipe hard drives clean and prepare for next end user (On-call hourly rates apply).
- **e.** Recommend best practices for staff on simple maintenances if end user needs assistance.

Task Three – Submit for Payments and Incidentals

- a. Submit a monthly invoice with hours worked and approved incidentals for reimbursement no later than the 10th of each month.
- **b.** Submit in writing all recommendations to Project Coordinator.

Responses to this Request for Proposals should include the following:

- 1) A statement of qualifications, submit certifications and years of practical services in the related field.
- 2) A proposed approach and rational for completion of the contract tasks described above, including descriptions of similar work previously completed and the results/benefits achieved.
- 3) A lump sum price, with attached price page for services and fees. Depending on final modifications to the scope of duties what specifically would you need based on the project/work. to complete tasks.
- 4) Names and telephone numbers of three client references.

Responses must be hand, mail, or email delivered by July 9nd, 2021 no later than 5:00 PM PST to:

Emma Lee Perez
64236 Second Avenue
P.O. 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 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 21-RFP-027:		
Proposal Submitted by:		
Name:	Phone Number:	
E-mail:	Fax Number:	
Amount requested to be compensated	for each task:	
• Task, meeting, event:		
List previous experience providing for	events/activities below:	
List up to three references with phone	numbers below:	
1)		
2)		
3)		
Other Comments:		

Price Page for 21-RFP-027:		
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:		