

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

**TRIBAL EMPLOYMENT RIGHTS OFFICE
COMPLIANCE PLAN FOR NON-CONSTRUCTION CONTRACTS**

Contractor/Employer Name: _____

Mailing Address: _____

City, State and Zip Code: _____

Contact Person: _____ Phone Number: _____

E-mail: _____

Contract Amount: \$ _____ TERO Fee (2%): \$ _____

THIS IS AN AGREEMENT BETWEEN THE KARUK TRIBE’S TRIBAL EMPLOYMENT RIGHTS OFFICE (TERO) AND _____, HEREINAFTER KNOWN AS “CONTRACTOR” CONDUCTING BUSINESS, COMMERCE AND/OR EMPLOYMENT ACTIVITY FOR THE KARUK TRIBE.

- Contractor shall provide the completed compliance plan upon submission of Independent Contract.
- Upon execution of contract, Contractor shall contact the TERO Office within ten (10) days prior to any work to be performed.
- Contractor shall contact the TERO Office and Contract/Project Manager immediately, in writing, advising of any contract or sub-contractor changes to obtain approval prior to working on the scope of work.
- Contractor understands and agrees to comply with the requirements and procedures of the Karuk Tribe’s Employment Rights Ordinance and the Karuk Tribe’s Workforce Protection Act (WPA) including the selection of sub-contractors, employees and recruitment of viable Indian applicants when applicable.

By signing below the Contractor agrees to comply with the information above and certifies the information is true and correct and there have been no omissions in the completion of the labor force projections (when applicable). Falsification of the information provided will result in sanctions, penalties, fines and/or debarment with the Karuk Tribe.

Contractor Signature

Date