
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**16-RFP-037**

For More Information: Dion Wood (530) 493-1600 Extension 2030; dwood@karuk.us

Proposal Deadline: Applications will be accepted on a continual basis

The Karuk Tribe is seeking **qualified child care providers** for parents who are seeking care for their children specifically in the Orleans and Happy Camp areas. To be considered a “qualified provider” an individual must:

- Be at least 18 years of age
- Have a negative TB test result
- Have or be willing to obtain First Aid/CPR training
- Submit to a criminal background check
- Be willing to provide a healthy, safe, nurturing, environment for children in your home
- Allow home visits to monitor and inspect for health and safety concerns

The Child Care program can pay for costs incurred to meet the above requirements. Grants are available to address any health and safety concerns in your home.

Responses to this Request for Proposals should include the following:

- 1) Name, contact information, including physical and mailing address.
- 2) Description of relevant experience, preferred age group you are willing to care for, trainings or certifications pertaining to the care of children.
- 3) Names and telephone numbers of three client references.

Responses must be hand, mail, or email delivered and will be accepted on a continual basis.

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

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.

Qualifications Submitted by

Name: _____

Phone Number: _____

E-mail: _____

Physical Address: _____

Mailing Address (If different than above): _____

List previous experience:

List details of trainings/certifications:

What age group is your preference for providing care to children? _____
(e.g. Infants, Toddlers, Before/After School Care, School age, Pre-Teen)

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).