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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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**Request for Proposals****21-RFQ-002**

**For More Information:** Trista Parry, 530-493-1475, tparry@karuk.us

**Proposal Deadline:** Open until filled

The Karuk Tribe requests proposals for the following Scope of Work required for a Volunteer and Recovery Coordinator that will be responsible for the coordination and implementation of a variety of functions related to current volunteer and long-term recovery efforts surrounding the Slater Fire.

- Build a relationship with Volunteer Organizations Active in Disaster (VOAD) and participate in VOAD meeting as available.
- Establish a method of communication with Slater Fire survivors and conduct communication necessary to identify their needs that could be met through the assistance of voluntary organizations, County, State, Federal or Tribal resources.
- Request assistance from Voluntary Organizations and coordinate service delivery with fire survivors.
- Participate in Long Term Recovery Team meetings and coordination as funding allows.
- Seek donations for the Donation Center and Food Bank as needed and appropriate as identified through coordination with the Center Supervisors.
- Collaborate with Compliance Office and Distribution Center to complete procurement and expend Slater Fire Grants, as assigned.
- Collaborate with Compliance Office, health staff and distribution center to complete procurement and expend COVID grants for Slater Fire and/or homelessness response, as assigned.
- Coordinate with other fire relief team member to request resources available through County, State and Federal partners as is needed for Slater Fire survivors.
- Coordinate with Case Management providers for Slater Fire Survivors.

**Responses to this Request for Proposals should include the following:**

- 1) A statement of qualifications, including relevant project history.
- 2) A proposed approach and rationale 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. Names and telephone numbers of three client references.

**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

**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).**

**Price Page for 21-RFQ-002:**

**Proposal Submitted by:**

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

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

**Amount requested to be compensated for each task:**

- Task: \_\_\_\_\_
- Task: \_\_\_\_\_
- Task: \_\_\_\_\_
- Task: \_\_\_\_\_

**List up to three references with phone numbers below:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**Other Comments:**

\_\_\_\_\_  
\_\_\_\_\_

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**Price Page for 21-RFQ-002:**

**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:**

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

**Other Comments:**

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