

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



**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 CONTRACT/ MOU/ AGREEMENT**

<b>Check One:</b>	<input type="checkbox"/>	<b>Contract</b>	<b>Karuk Tribe Number Assigned:</b>	<b>Get from Contract Compliance</b>
	<input type="checkbox"/>	<b>MOU</b>		
	<input type="checkbox"/>	<b>Agreement</b>	<b>Funder/Agency Assigned:</b>	
	<input type="checkbox"/>	<b>Amendment</b>		<b>Prior Amendment:</b>

**REQUIRED** →  **\*Procurement Attached**  **\*Budget Attached**   
 **\*System for Award Management (SAM) (CONTRACTS ONLY)**   
 **\*KCDC/ KTHA Notification/ review required**  **Yes**  **No**

**Requestor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department/Program:** \_\_\_\_\_

**Name of Contractor or Parties:** \_\_\_\_\_

**Effective Dates (From/To):** \_\_\_\_\_

**Amount of Original:** \_\_\_\_\_  
**Amount of Modification:** \_\_\_\_\_  
**Total Amount:** \$ \_\_\_\_\_

**Funding Source:** **(Use Fund Account Code)** \_\_\_\_\_

**Special Conditions/Terms:**  
\_\_\_\_\_

**Brief Description of Purpose: \*\*Need to be brief but specific. If an amendment reference the prior background\*\***  
\_\_\_\_\_

**\*\* REQUIRED SIGNATURES \*\***

Requestor \_\_\_\_\_ Date \_\_\_\_\_

\*\*Chief Financial Officer \_\_\_\_\_ Date \_\_\_\_\_

\*\*Contracts Compliance Specialist \_\_\_\_\_ Date \_\_\_\_\_

\*\*Self-Governance Director (MOU/MOA) or TERO (Contracts) \_\_\_\_\_ Date \_\_\_\_\_

Other \_\_\_\_\_ Date \_\_\_\_\_