
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

Request for Proposals**12-RFP-831**

For More Information: Helene Rouvier, (530) 493-1600 Ext. 2202, hrouvier@karuk.us

Proposal Deadline: Monday, October 1, 2012 by 5 p.m. (Pacific Standard Time)

The Karuk Tribe requests proposals for the following Scope of Work required for the preparation of meals for the 2012 Cultural Monitoring Training scheduled for October 12-13, 2012.

All persons who assist in food preparation and serving must wear hairnets and gloves, in addition to adhere to current health and safety practices as defined in Food Handler's trainings.

Task One – Menu, October 12

Food must be prepared by the vendor. No packaged or commercially prepared products.

- Friday Breakfast, Snacks
Muffins and coffee cake
Fresh fruit
Coffee and teas, water
- Friday Lunch
Beef stew and biscuits
Salad bar
Dessert (define)
Coffee, teas, juice, and water

Task Two – Menu, October 13

Food must be prepared by the vendor. No packaged or commercially prepared products.

- Saturday Breakfast, Snacks
Muffins and pastries
Fresh fruit
Coffee and teas, water
- Saturday Box Lunch
Pre-made sandwich and chips
Flavored yogurt
Apple or orange
Cookie
Bottled water

Task Three – Meal Preparation and Clean-up

Conduct all shopping, food preparation, facility preparation, and clean-up necessary for completion of each meal. Vendor shall supply all materials necessary to complete these services, including but not limited to all paper goods, utensils, condiments, trash bags. *To reduce trash and our impact on the environment please avoid extra portion cups and Styrofoam containers.*

Removal of trash, spill clean-up in the eating area and overall clean-up of the dining area after each meal. Vendor will provide appropriate supplies for clean-up to include trash bags, towels, cleaning supplies, etc.

Task Four – Travel

Ability to provide own transportation and travel to the two venues (Happy Camp and Orleans). Mileage and lodging shall be included in the total for labor.

Responses to this Request for Proposals should include the following:

- 1) A statement of qualifications, including relevant experience in meal preparation and similar work completed.
- 2) Flat rate amount for compensation for each meeting type as identified in the attached rate sheet.
- 3) Names and telephone numbers of three client references.
- 4) Copy of current/valid Food Handlers Certificate.

Responses must be hand, mail, fax, or email delivered by Monday, October 1, 2012 by 5 p.m. (Pacific Standard Time) to:

Tiffany Ashworth
Karuk Tribe Administration Office
64236 Second Avenue, PO Box 1016, Happy Camp, CA 96039
Faxes will be accepted at (530) 493-2342
Emails will be accepted at tashworth@karuk.us

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 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).

Proposal Submitted by:

Name: _____ **Phone Number:** _____

Flat rate amount you request to be compensated for each meal:

Friday, October 12, 2012: Breakfast/Snacks (35 ppl): _____

Friday, October 12, 2012: Lunch (35 ppl): _____

Saturday, October 13, 2012: Breakfast/Snacks (35 ppl): _____

Saturday, October 13, 2012: Lunch (35 ppl): _____

TOTAL FOOD: \$ _____

****TOTAL LABOR:** \$ _____

TOTAL FOOD/LABOR: \$ _____

****LABOR must include all incidental expenses (mileage, lodging, etc).**

List previous experience providing food services for events/activities below:

List up to three references with phone numbers below:

1) _____

2) _____

3) _____

Comments:

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