Karuk Community Health Clinic

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



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 – 2nd Posting 13-RFP-001-2

For More Information: Lessie Aubrey, 530-493-1600, ext. 2042 **Proposal Deadline:** Monday, January 14, 2013 no later than 5:00 p.m. (Pacific Standard Time)

The Karuk Tribe requests proposals for the following Scope of Work required for a Licensed California Pharmacy Consultant.

Task One

Approve Karuk Tribal Health and Human Services Program (KTHHSP) policies and procedures related to the drug distribution service so that inventories, security procedures, training, protocol development, record keeping, packaging, labeling, dispensing, and patient consultation occur in a manner that is consistent with the promotion and protection of the health and safety of the public per the California Code of Regulations.

Task Two

Assure proper record keeping of the kind and amounts of drugs purchased, administered, and dispensed by our KTHHSP clinics located in Yreka, Happy Camp and Orleans, CA.

Task Three

Visit all three KTHHSP clinics quarterly. Using a pre-approved form write a quarterly report certifying that the clinics are, or are not, operating in compliance with the requirements of the California Codes Business and Professions Code Section 4180-4186 and these reports shall include recommended corrective actions, when appropriate.

Responses to this Request for Proposals should include the following:

- 1) A statement of qualifications, including relevant project history.
- 2) A proposed approach and rational 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, including hourly and travel expense rates.
- 4) Names and telephone numbers of three client references.
- 5) A copy of your current Registered Pharmacist license from the California Board of Pharmacy.

Responses must be hand, mail, fax, or email delivered by Monday, January 14, 2013 no later than 5:00 p.m. (Pacific Standard Time) to:

Tiffany Ashworth, Director of Administrative Programs & Compliance 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 <u>tashworth@karuk.us</u>

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 13-RFP-001-2: Proposal Submitted by:	
E-mail:	Fax Number:
Lump sum amount requested t	o be compensated for:
Provide hourly rates:	
Provide travel expense rates:	
List previous experience condu	ecting pharmaceutical activities below:
List up to three references with	phone numbers below:
1)	
2)	
3)	
Other Comments:	

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