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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

**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

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## Request for Qualifications

**For More Information:** Emma Lee Perez, Contract Compliance Specialist, 530-493-1600 Ext 2017,  
emmaleeperez@karuk.us

The Karuk Tribe requests Statement of Qualifications for various areas of Cultural Practitioners to provide their knowledge and/or coordinate activities at Cultural Events. The Karuk Tribe will maintain a rolling list of Practitioner's Qualifications and keep them on file with the Contract Compliance office to reference/select from for upcoming Karuk Tribe Events (Excluding Ceremonies). Each Practitioner will be compensated as described below:

Active Participation of Less than 4 hours: \$100.00 Stipend  
Active Participation of 4-8 hours: \$200.00 Stipend  
Active Participation of multiple days: Up to \$600.00 Stipend

Areas of interest (but not limited to) are:

- ❖ Regalia making
- ❖ Preserving and Processing Native foods
- ❖ Basketweaving/Gathering
- ❖ Traditional knowledge of plants/animals/aquatic species
- ❖ Storytellers
- ❖ Karuk Language Speakers
- ❖ Other cultural and historical knowledge, including traditional land management practices

**Responses should include the following:**

- 1) Background information on the details and origin of knowledge.
- 2) Names and telephone numbers of three client references.

**Responses can be hand, mail, fax, or email to:**

Emma Lee Perez, Contract Compliance Specialist  
Karuk Tribe – Administration Office  
64236 Second Avenue  
P.O. Box 1016  
Happy Camp, CA 96039  
Faxes will be accepted at: (530) 493-5322  
Emails will be accepted at: emmaleeperez@karuk.us

**Qualifications Submitted by:**

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

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

**Area of Cultural Knowledge (May list more than one):**

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**List details of origin of knowledge/background information for Cultural activities below:**

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

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**Other Comments:**

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**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.**

**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.**