

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 09/01/2020

Need Date: 09/15/2020

**PROCESSING DEPARTMENT:**

Department: Health and Human Services Agency

Dept. Contact: Consie Mote

Phone: 642-7118

Department Head Signature: Yvonne Kollings

Digitally signed by Yvonne Kollings  
DN: cn=Yvonne Kollings, o. ou,  
email=yvonne.kollings@edcgov.us, c=US  
Date: 2020.08.14 14:12:24 -0700

Yvonne Kollings, CFO  
HHSA Approved CRS attached

**CONTRACTOR:**

Name: Kuldeep S. Mand, dba Fairbridge Inn Express and Econo Lodge

Address: 3876 Lake Tahoe Blvd

South Lake Tahoe, CA 96150

Phone: 530-318-5562

Org Code: 5211

Project String  
(if applicable): \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Health and Human Services Agency

Service Requested: Review of Amendment 1 to Hotel Lease Agreement relate to COVID-19 sheltering of vulnerable Homeless

Description: Hotel Lease Agreement adding two rooms

Contract Term: No change Contract Value: No change

**COUNTY COUNSEL:** (must approve all contracts and MOU's)

Approved:  Disapproved:  Date: 09/24/2020 By: Paula Frantz

Digitally signed by Paula Frantz  
Date: 2020.09.24 15:08:17 -0700

Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

**COUNSEL -- PLEASE FORWARD TO HR AND RISK MANAGEMENT -- THANKS!**

**HR APPROVAL:**

Compliance with Human Resources requirements? Yes:  No:

Compliance verified by: \_\_\_\_\_

**RISK MANAGEMENT APPROVAL:** (all contracts & MOU's except boilerplate grant funding contracts)

Approved:  Disapproved:  Date: 09/28/2020 By: Robert R. Schroeder

Digitally signed by Robert R. Schroeder  
Date: 2020.09.28 07:51:44 -0700

Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract).

Departments: N/A

Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

**PLEASE EMAIL FOR PICK-UP [hhsa-contracts@edcgov.us](mailto:hhsa-contracts@edcgov.us) Thank you!**