

Agreement # pending

Legistar # _____

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 04/03/2020

Need Date: 04/06/2020

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Kathryn Deffebach
Phone: x7147
Department _____
Head Signature: _____

CONTRACTOR:

Name: Hitesh Patel
Address: 5940 Pony Express Trail
Pollock Pines, CA
Phone: _____
Org Code: 50100
Project # _____
(if applicable): 50DISASTER-50NONICR-50100-WS
Funding Source: COVID-19 Agmt

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Rental of hotel rooms for placement/isolation of medically vulnerable homeless individuals

Description: Lease of rooms.

Contract Term: upon placement - approximately one month Contract Value: _____

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

Approved: Disapproved: Date: 04/07/2020 By: _____

Approved: Disapproved: Date: 04/17/2020 By: _____

Approved by Paula F. Frantz, Sr. Deputy County Counsel

Agreement resubmitted on 4/17/20 with changes to term, rate, and description of premises. Please see comments on the revised agreement. DAL

Edits made 4/17/20 1327hrs kld

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP cao-contracts-newrequests@edcgov.us **Thank you!**