CONTRACT ROUTING SHEET

Date Prepared:	03-12-09	Need Date	e: 03-26-09		
PROCESSING D	EPARTMENT:	CONTRA	CTOR:		
Department: Human Services		Name:	Name: Lilliput Children's Services		
Dept. Contact:	DeAnn Osborn	Address:	1651 Response Road, Ste 300 Sacramento, CA 95815 (916) 923-5444		
Phone #:	X7338	=:			
Department		Phone:			
Head Signature:	B-C-B-				
	Doug Nowka, Director				
CONTRACTING	DEPARTMENT: Human S	envices			
	d: Kinship Support Service				
	11/10/07 through 6/30/10	Contract Value	\$41	36,000	
Compliance with	Human Resources requiremented by: Patti Barton 11/5/07	ents? Yes:	X No		
70	SEL: (Must approve all contr			Cilc	
Approved:/	Disapproved:		60 05 By:	afran	
Approved:	Disapproved:	Date:	By		
				10 10	
					
			_		
RISK MANAGEN	IENT: (Must approve all con	tracte MOLI's and b	oilerniate grant adu	reaments /	
Approved:	Disapproved:	Date: 3	17/09 By C	State III	
Approved:	Disapproved:	Date:	By:		
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OTHER APPROV Departments:	/AL: (Specify department(s)	participating or direc	ctly affected by this	s contract). ∃	
Approved:	Disapproved:	Date:	By:		
Approved:	Disapproved:	Date:	By:		
No	TF: nlease call DeAnn Os	horn for nick-up at	X7338 Thank vo	out	