Date Prepared:	06/20/2008	Need Date	e: <u>07/07/2008</u>
PROCESSING DEPARTMENT:		CONTRACTOR:	
			25 6
Department:	Child Support Services	Name:	California Department of Child Support Services
Dept. Contact:	Miguel Delgado	Address:	P.O. Box 419064
Phone #:	4831		Rancho Cordova, CA 95741
Department Head Signature:	Sura Skoth	Phone:	916-464-4887
	Laura D. Roth		COUNSI 11: 22
CONTRACTING DEPARTMENT: Child Support Services			
Service Requested: Provide Subject Matter Expertise to State for Child Support Program Automation			
Contract Term: 2 Years Contract Value: \$200,574.00			
Compliance with Human Resources requirements? Yes: No: Compliance verified by: N/A DCSS to provide assistance to State			
COUNTY COUNSEL: (Must approve all contracts and MOU's) Approved: Disapproved: Date: 7-2-38 By: Language.			
Approved	Disapproved:	Date:	9-2-08 By: Carpan By:
200			
220			
MARINA			
54 10 84			
CA TO KEN			
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S D A D			
PLEASE FORWARD TO RISK MANAGEMENT. THANKS!			
	ENT: (All contracts and MOU's		
Approved: V	Disapproved: Disapproved:	Date:	7/08 By: (P) (U)
Approved.	Disappioved	Date	By.
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OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract). Departments:			
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	By: