## CONTRACT ROUTING SHEET

Date Prepared: 4/12/17 TO Counsel 4/17/17 thu PROCESSING DEPARTMENT:
Department:
HHS
Dept. Contact
Phone \#:
Department
Heather Long
X7373
Head Signature: Satric:-Charle-Heathers Patricia Charles-Heathers, PhD., Director

Need Date: 4/28/i7 itu
CONTRACTOR:
Name:
Lilliput Children's Services
Address: 8391 Auburn Blvd Citrus Heights, CA 95610
Phone: 916-923-5444

CONTRACTING DEPARTMENT: HHSA
Service Requested: Therapeutic Counseling Services, Guardianship Navigation and Support Services, Psychosocial Assessments
Contract Term: 7/9/17-7/30/20
Compliance with Human Resources requirements?
Contract/Grant Value: $\$ 200,000.00$
Compliance verified by: $\qquad$
COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: $\qquad$ HR 4/12/17
lust approve a
Disapproved:
Disapproved: $\qquad$ Date: $4 / 27 / 17$ Yes $\qquad$ No:
$\qquad$ Date:

N/A
$\qquad$

$\qquad$ Approved. Disapproved: $\qquad$ By:
By:


PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved:
Approved:
 Disapproved:
Disapproved: $\qquad$ Date:
 By:



OTHER APPROVAL: (Specify departments) participating or directly affected by this contract).
NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other serviceitem that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.
Departments:

Approved: | Disapproved: |
| :--- |
| Approved: | Date: $\quad$ Dy:

Dy:
By


