

Date Prepared:	12-17-09	Need Date	e: 12-31-09
PROCESSING D	FPARTMENT:	CONTRA	CTOR:
Department:	Human Services	Name:	Lilliput Children's Services
Dept. Contact:	DeAnn Osborn	Address:	1651 Response Road, Ste 300
Phone #:	X7338		Sacramento, CA 95815
Department	X1350	Phone:	(916) 923-5444
Head Signature:	Daniel Nielson, M.P.A., Director	•	
CONTRACTING	DEPARTMENT: Human Ser	vices	
Service Requeste	ed: Kinship Support Service F	rogram	\$466,560
Contract Term:	11/10/07 through 6/30/10	Contract Value	
Compliance with	Human Resources requiremen	its? Yes:	X No:
Compliance verifi	ed by: Patti Barton 11/5/07		
COUNTY COUNS	SEL: (Must approve all contra	cts and MOU's)	- / /2
	/ Disapproved:	Date:/\	23-05 By: alphan
Approved:	Disapproved:	Date:	By:
VA.			
			0 =
RISK MANAGEN Approved:	MENT: (Must approve all control Disapproved: Disapproved:	acts, MOU's and b Date: Date:	poilerplate grant agreements By: By:
OTHER APPRO	VAL: (Specify department(s)	participating or dire	ectly affected by this contract).