CONTRACT ROUTING SHEET

Date Prepared:	03-30-10	Need Date	Need Date: ASAP		
PROCESSING D Department: Dept. Contact: Phone #: Department Head Signature:	EPARTMENT: Human Services DeAnn Osborn X7338 Daniel Nielson	CONTRAC Name: Address: ———————————————————————————————————	TOR: Lilliput Children's 1651 Response F Sacramento, CA (916) 923-5444	Road, Ste 300	
Contract Term: Compliance with	DEPARTMENT: Human Sed: Kinship Support Service 07-01-10 through 6/30/11 Human Resources requirement ed by: Mike Strella	Program Contract Value:	X \$14 No:	2,560	
COUNTY COUNS Approved:		racts and MOU's) Date: 4-2- Date:	-10 By: 62 By:	dling	
RISK MANAGEN Approved: Approved:	IENT: (Must approve all con Disapproved: Disapproved:			eements	
OTHER APPROND Departments: Approved: Approved:	/AL: (Specify department(s) Disapproved: Disapproved:	participating or direction Date: Date:		contract).	
NO	OTE: please call DeAnn Os	born for pick-up at	X7338. Thank yo	u!	