

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

Health and Human Services
Division, Department, or Region (if applicable)
Health Care Services
Street Address
1501 Capitol Avenue, Suite 6001 MS 0000, Sacramento, CA 95814
Area Code/Phone Number
916-440-7400
E-mail
renee.ernst@dhcs.ca.gov
Agency Contact (name and title)
Renee Ernst, Executive Assistant

Date Stamp

California Form 801
For Official Use Only

Amendment (explain in comment section)
Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual or Other (checked) California Healthcare Foundation
Last Name First Name Name
1438 Webster Street, Suite 400 Oakland CA 94612
Address City State Zip Code

Non-Profit CHCF support ideas and innovations that improve quality, increase efficiency and lower costs of healthcare.
If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

Name \$ Amount Name \$ Amount

3. Payment Information

Date and Amount of Payment (other than travel) (month, day, year) \$ (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Burbank California

February 20, 2013 \$ 204.52 \$ 6.00 \$ 210.52
Date(s) of Travel Transportation Expenses Lodging Expenses Meal Expenses Other Expenses Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

Present and speak at the ACA and the Transformation of Medi-Cal conference. To discuss the interaction between the CalHEERS and Medi-Cal and how it can help individuals find the appropriate health care coverage and the impact on health plan enrollment.

Identify the officials for whom the payment was used:

Finocchio Len Associate Director DHCS, Director's Office
Last Name First Name Title Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

Signature of Agency Head or Designee Toby Douglas Director 02/27/2013
Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information.)