

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

| | | | |
|---|-------------------------|---|---|
| 1. Agency Name | | Date Stamp | California Form 801 For Official Use Only |
| Department of Health Care Services | | | |
| Division, Department, or Region (if applicable) | | | |
| Director's Office | | | |
| Street Address | | | |
| P.O. Box 997413 MS 0000 Sacramento, CA 95899-7413 | | | |
| Area Code/Phone Number | E-mail | <input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year) | |
| 916-440-7400 | renee.ernst@dhcs.ca.gov | | |
| Agency Contact (name and title) | | | |
| Renee Ernst - Executive Secretary | | | |

2. Donor Name and Address

Individual _____ Other 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 Northridge, California

| | | | | | |
|------------------------|-------------------------|------------------|----------------|-----------------|------------------|
| <u>August 16, 2012</u> | \$ <u>533.76</u> | \$ _____ | \$ <u>6.00</u> | \$ <u>10.00</u> | \$ <u>549.76</u> |
| 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:

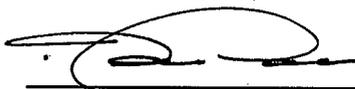
Spoke to the Valley Community Care Consortium leadership and members on the topic of what California has done to implement health care reform and how the state is moving forward on those projects. This meeting was held at the Northridge Hospital in Northridge, CA.

Identify the officials for whom the payment was used:

| | | | |
|---------------|--------------|------------------------------|--------------------------------|
| <u>Hansen</u> | <u>Brian</u> | <u>Health Reform Advisor</u> | <u>DHCS, Director's Office</u> |
| Last Name | First Name | Title | Department/Division |
| _____ | _____ | _____ | _____ |
| 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.

| | | | |
|---|----------------------|------------------------------|--------------------|
|  | <u>Karen Johnson</u> | <u>Chief Deputy Director</u> | <u>9/13/2012</u> |
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

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