

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

<b>1. Agency Name</b> Health Care Services		Date Stamp	<b>California Form 801</b> For Official Use Only
Division, Department, or Region (if applicable) Director's Office			
Street Address P.O. Box 997413 MS 0000 Sacramento, CA 95814			
Area Code/Phone Number 916-440-7400	E-mail renee.ernst@dhcs.ca.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Renee Ernst			

2. Donor Name and Address

Individual \_\_\_\_\_  Other California Healthcare Foundation

_____	_____	_____	_____
Last Name	First Name	Name	
<u>1438 Webster Street, Suite 400</u>	<u>Oakland</u>	<u>CA</u>	<u>94612</u>
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 Baltimore, Maryland

<u>10/14-17/2012</u>	\$ <u>687.00</u>	\$ <u>669.00</u>	\$ <u>130.00</u>	\$ <u>393.00</u>	\$ <u>1879.00</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:

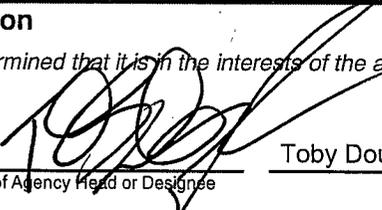
Spoke at The National Academy for State Health Policy (NASHP)'s 25th Annual State Health Policy Conference.

Identify the officials for whom the payment was used:

<u>Finocchio</u>	<u>Len</u>	<u>Associate Director</u>	<u>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>Toby Douglas</u>	<u>Director</u>	<u>10/23/12</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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