Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT
California Form 801
For Official Use Only

Date Stamp

1. Agency Name

Department of Health Care Services

Division, Department, or Region *(if applicable)*

Director's Office

Street Address

1501 Capitol Avenue, Suite 6001 MS 0000, Sacramento, CA 95814

Area Code/Phone Number: 916-441-7400

E-mail: renee.ernst@dhcs.ca.gov

Agency Contact *(name and title)*

Renee Ernst - Executive Assistant

☐ **Amendment** *(explain in comment section)*

Date of Original Filing: _____ *(month, day, year)*

2. Donor Name and Address

☐ Individual _____ Last Name _____ First Name

☒ Other California Healthcare Foundation — Name

1438 Webster Street, Suite 400 — Address
Oakland — City
CA — State
94612 — 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** Arlington, Virginia

Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses
May 21-23, 2012	$1253.17	$739.20	$98.00	$18.00	$2108.37

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

To attend the 2012 National Association of Medicaid Directors (NAMD) Spring Conference. NAMD'S sole function is to represent and support the Medicaid Directors in 56 states, territories, and the DOC. At the request of the Director, Rene Mollow attended as she is working on ACA for DHCS and the NAMD meeting will include discussion covering ACA.

Identify the officials for whom the payment was used:

Last Name	First Name	Title	Department/Division
Mollow	Rene	Deputy Director	HCB&E

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 (Print Name) — Director (Title) — June 21, 2012 *(month, day, year)*

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