

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

<b>1. Agency Name</b> Department of 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 1501 Capitol Avenue, Suite 6001 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)	
Agency Contact (name and title) Renee Ernst - Executive Assistant		Date of Original Filing: _____ (month, day, year)	

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 Burbank, California

<u>June 11, 2012</u>	\$ <u>443.51</u>	\$ _____	\$ <u>6.00</u>	\$ _____	\$ <u>449.51</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:

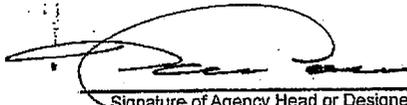
Agency request staffing to implement Executive Order B-19-12, The "Let's Get Healthy California Initiative". This was an in person meeting with Secretary and Governor's task force; support must be provided on site.

Identify the officials for whom the payment was used:

<u>Kohatsu</u>	<u>Neal</u>	<u>Medical Director</u>	<u>DHCS</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.

 Karen Johnson Chief Deputy Director July 5, 2012

Signature of Agency Head or Designee Print Name Title (month, day, year)

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