

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name California Department of Health Care Services <i>Division, Department, or Region (if applicable)</i>		Date Stamp	California Form 801 For Official Use Only
Street Address 1501 Capitol Avenue, Sacramento			
Area Code/Phone Number (916) 440-7418	E-mail brian.hansen@dhcs.ca.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Brian Hansen, Special Assistant to the Director		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual Peterson Michele Other Center for Health Improvement (CHI)

Last Name First Name Name

1330 21st Street, STE 100 Sacramento CA 95814

Address City State Zip Code

CHI is a national, non-profit organization dedicated to improving population health and encouraging healthy behaviors. 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:

<u>CHI</u>	\$ <u>2520.10</u>	_____	\$ _____
<small>Name</small>	<small>Amount</small>	<small>Name</small>	<small>Amount</small>

3. Payment Information

Date and Amount of Payment (other than travel) 6/28/09 \$ 985.00
(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Chicago, Illinois

<u>June 28-July 1, 2009</u>	\$ <u>669.20</u>	\$ <u>792.81</u>	\$ <u>48.24</u>	\$ <u>24.85</u>	\$ <u>1535.10</u>
<small>Date(s) of Travel</small>	<small>Transportation Expenses</small>	<small>Lodging Expenses</small>	<small>Meal Expenses</small>	<small>Other Expenses</small>	<small>Total Expenses</small>

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

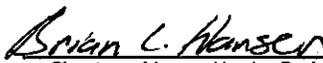
The California Department of Health Care Services completes research to inform its health policy decisions. Attending this conference regarding health research and policy formulation will help the DHCS fulfil its mission.

Identify the officials for whom the payment was used:

<u>Scourtes</u>	<u>Dean</u>	_____	<u>Fiscal Forecasting Branch</u>
<small>Last Name</small>	<small>First Name</small>	<small>Title</small>	<small>Department/Division</small>
_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Title</small>	<small>Department/Division</small>

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>Brian Hansen</u>	<u>Spec. Asst. to the Director</u>	<u>7/27/09</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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