

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name Health and Human Services Agency		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Health Care Services			
Street Address 1501 Capitol Avenue, Suite 6001			
Area Code/Phone Number (916) 445-3859	E-mail shirley.fong@dhcs.ca.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Shirley Fong, Training Manager		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 health care.
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 Washington, DC

December 1-3, 2013	\$ 1046.04	\$ 210.68	\$ 116.00	\$ 10.00	\$ 1,382.72
Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses

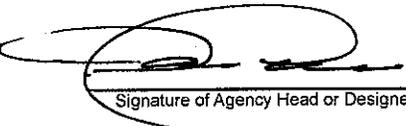
Provide a specific description of the nature and use of the payment for official agency business:
To attend a meeting with Toby Douglas, Director and CMS regarding numerous issues with the Coordinated Care Initiative.

Identify the officials for whom the payment was used:

Ogle	Jane	Deputy Director	Health Care Delivery Sys
_____	_____	_____	_____
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 _____ 12/26/13
Signature of Agency Head or Designee Print Name Title (month, day, year)

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