Gift to Agency Report — A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

Health and Human Services

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

Health Care Services

Street Address

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

Date Stamp

California Form 801

For Official Use Only

Area Code/Phone Number	E-mail
916-440-7400	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** Burbank California

Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses
February 20,, 2013	$ 204.52	$	$ 6.00	$	$ 210.52

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

Present and speak at the ACA and the Transformation of Medi-Cal conference. To discuss the interaction between the CalHEERS and Medi-Cal and how it can help individuals find the appropriate health care coverage and the impact on health plan enrollment.

Identify the officials for whom the payment was used:

Last Name	First Name	Title	Department/Division
Finocchio	Len	Associate Director	DHCS, Director's Office

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	Print Name	Title	*(month, day, year)*
	Toby Douglas	Director	02/27/2013

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