

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name Health and Human Services		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 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) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Renee Ernst, Executive Assistant			

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 Irvine, California

February 21, 2013	\$ 312.52	\$ 18.00	\$ 330.52
Date(s) of Travel	Transportation Expenses	Lodging Expenses	Total Expenses


Provide a specific description of the nature and use of the payment for official agency business:
 Present and speak at the 2013 Health Care Forecast Conference - Impact of the Budget on the Implementation of the ACA. To participate and present California's perspective on the issues facing California on the Medi-Cal Program.

Identify the officials for whom the payment was used:

Finocchio	Len	Associate Director	DHCS, Director's Office
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.

	Toby Douglas	Director	02/27/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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