

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

Date Stamp

California Form 801 For Official Use Only

Health and Human Services Agency

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

Agency Contact (name and title)

Shirley Fong, Training Manager

Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual or Other California Health Care Foundation

1438 Webster Street, Suite 400 Oakland CA 94612

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

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

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 Karen Johnson Chief Deputy Director 12/26/13

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