

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> City of Long Beach		Date Stamp	<b>California Form 801</b> For Official Use Only
Division, Department, or Region (if applicable) Health and Human Services Department			
Street Address 2525 Grand Avenue, Long Beach CA 90815			
Area Code/Phone Number 562-570-4016	Email kelly.colopy@longbeach.gov		
Agency Contact (name and title) Kelly Colopy, Director of Health and Human Services		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual \_\_\_\_\_  Other The California Endowment

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 2000 Franklin Street City: Oakland State: CA Zip Code: 94612  
 Address City State Zip Code

The California Endowment is a private, statewide health foundation with a mission to build a stronger state by expanding access to affordable, quality health care to underserved communities and improving the overall health of all Californians.

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) received by the donor for this payment:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Oakland, California 12/03 - 04/2019

Location of Travel Dates (month, day, year)

Southwest Airlines  Rail  Air  Bus  Auto  Other Courtyard Marriott

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 200.00 \$ \_\_\_\_\_ \$ 150.00 \$ \_\_\_\_\_ \$ 350.00

Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: \_\_\_\_\_ \$ \_\_\_\_\_

Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

The Health Department received the "Exemplary Health Equity Practice Award" from the California Endowment at an ceremony in Oakland, CA on December 3rd. This trip also included a series of workshops held on Dec. 3rd and 4th. The California Endowment covered the costs of airfare and lodging for awardees.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

4. Verification

I have signed the report of the reported payment(s) as in compliance with FPPC regulations.

\_\_\_\_\_ Assistant City Manager  
 Print Name Title  
 \_\_\_\_\_  
 (month, day, year)

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

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