Payment to Agency Report

1. Agency Name
   City of Long Beach
   Health and Human Services Department

2. Donor Name and Address
   The California Endowment
   2000 Franklin Street
   Oakland, CA 94612

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)
   3.1 (a) Travel Payment
      Location of Travel: Oakland, California
      Dates (month, day, year): 12/03 - 04/2019
      Transportation Provider: Southwest Airlines
      Lodging Expenses: $200.00
      Meal Expenses: $150.00
      Transportation Expenses: $0.00
      Other Expenses: $0.00
      Total Expenses: $350.00
      Name: Courtyard Marriott

   3.1 (b) Payment(s) not related to travel:
      Dates (month, day, year): $0.00
      Total Expenses: $0.00

   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: Tom Modica
      First Name: Assistant City Manager

4. Verification
   I, the undersigned, declare the above reported payment(s) as in compliance with FPPC regulations.
   Print Name: Tom Modica
   Title: Assistant City Manager
   Date: 1/6/20

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