

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Long Beach		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Health and Human Services Department			
Street Address [Redacted]			
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 Urban Institute

_____ Last Name _____ First Name _____ Name

500 L'Enfant Plaza SW _____ Washington _____ DC _____ 20024

Address _____ City _____ State _____ Zip Code

The Urban Institute is a nonprofit research organization that believes decisions shaped by facts, rather than ideology, have the power to improve public policy and practice, strengthen communities, and transform people's lives for the better.

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 _____

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

3.1 (a) Travel Payment Washington, DC February 3 - 4, 2020

_____ Location of Travel _____ Dates (month, day, year)

Jet Blue / Southwest Airlines Rail Air Bus Auto Other Westin Hotel San Francisco

Transportation Provider _____ Check Applicable Boxes _____ Name of Lodging Facility

\$ 336.65 \$ 37.21 \$ 245.21 \$ _____ \$ 619.07

Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: _____ N/A \$ _____

Dates (month, day, year) Total Expenses

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

Ms. Colopy was requested to attend the California Safety and Just Challenge Network Convening, February 3-4, 2020 in San Francisco.

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

<u>Colopy</u>	<u>Kelly</u>	<u>Director</u>	<u>Health & Human Services</u>
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

4. Verification

[Redacted] reported payment(s) as in compliance with FPPC regulations.

[Redacted] Tom Modica Assistant City Manager 3/9/2020

Print Name Title (month, day, year)

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

