Payment to Agency Report — A Public Document

PAYMENT TO AGENCY REPORT

California Form 801

For Official Use Only

Date Stamp

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LONG BEACH, CA
Fri Dec 23 2022 11:11:2

1. Agency Name

City of Long Beach

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

☐ **Amendment** (explain in comment section)

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

2. Donor Name and Address

☐ Individual _____ (Last Name) _____ (First Name)

☑ Other Big Cities Health Coalition (Name)

7501 Wisconsin Avenue, Suite 1310E (Address) | Bethesda (City) | MD (State) | 20814 (Zip Code)

The BCHC is a forum for the leaders of America's largest metropolitan health departments to exchange strategies and jointly address issues to promote and protect the health and safety of the 62 million people they serve.

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

Atlanta, GA (Location of Travel) | November 17 - 18, 2022 (Dates (month, day, year))

Delta Airlines (Transportation Provider) ☐ Rail ☑ Air ☐ Bus ☐ Auto ☐ Other (Check Applicable Boxes) | Georgian Terrace (Name of Lodging Facility)

$450.36	$84.79	$615.19	$100.35	$1,250.69
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.

Ms. Colopy is the City of Long Beach, CA representative for the BCHC. All costs associated with her travel to meetings are covered by her participation in the BCHC. The Health Department pays membership dues that include coverage of travel and meeting attendance.

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

Last Name	First Name	Position/Title	Department/Division
Colopy	Kelly	Director	Health & Human Services

4. Verification

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

Thomas B. Modica (Print Name) | City Manager (Title) | 12-19-2022 (month, day, year)

Comment:

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

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