Payment to Agency Report — A Public Document

PAYMENT TO AGENCY REPORT

California Form 801

For Official Use Only

Date Stamp

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 The California Endowment (Name)

2000 Franklin Street (Address) | Oakland (City) | CA (State) | 94612 (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 (Location of Travel) — 12/03 - 04/2019 (Dates (month, day, year))

Southwest Airlines (Transportation Provider) ☐ Rail ☑ Air ☐ Bus ☐ Auto ☐ Other (Check Applicable Boxes) — Courtyard Marriott (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

4. Verification

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

Tom Modica (Print Name) — Assistant City Manager (Title) — 1/6/20 (month, day, year)

Comment:

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

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