Gift to Agency Report **A Public Document**

GIFT TO AGENCY REPORT

California Form 801

For Official Use Only

Date Stamp: RECEIVED AUG 12 2008 CLERK OF THE BOARD

1. Agency Name

SHASTA COUNTY HEALTH & HUMAN SERVICES

Division, Department, or Region *(if applicable)*

SHASTA COUNTY DEPT. OF PUBLIC HEALTH

Street Address

2650 BRESLAUER WAY, REDDING, CA. 96001

Area Code/Phone Number 530 245-6872 ~~530-225-5591~~ KL

E-mail klogan@co.shasta.ca.us

Agency Contact *(name and title)*

KRISTEN LOGAN, PROGRAM MANAGER

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

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

2. Donor Name and Address

☐ Individual _____ Last Name _____ First Name

☒ Other NATIONAL ASSOCIATION OF CITY AND COUNTY HEALTH OFFICIALS (NACCHO) — Name

1100 17TH ST. N.W. Second floor, WASHINGTON DC, 20036 — Address, City, State, Zip Code

NACCHO IS THE NATIONAL ORGANIZATION REPRESENTING LOCAL HEALTH DEPT. NACCHO PROVIDES RESOURCES, TOOLS AND ASSISTANCE TO LHD.

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) solicited or received by the donor for this gift:

_____ Name $_____ Amount _____ Name $_____ Amount

3. Payment Information

Date and Amount of Payment *(other than travel)* _____ *(month, day, year)* $_____ *(Round to whole dollars)*

Travel Payment Information *(Round to whole dollars)* **Location of Travel** SAN FRANCISCO, CA

7/17 - 7/18/08 - 7/19/08 — Date(s) of Travel; $_____ Transportation Expenses; $476.68 Lodging Expenses; $— Meal Expenses; $98.04 (Parking) Other Expenses; $574.72 Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

SHASTA COUNTY RECEIVED GRANT FUNDING FROM NACCHO TO COMPLETE HEALTH EQUITY WORK. TRAVEL FUNDS ABOVE WERE USED TO ATTEND MEETING W/ NACCHO AND OTHER GRANT RECIPIENTS TO DISCUSS CHALLENGES AND PROGRESS ON WORK.

Identify the officials for whom the payment was used:

Last Name	First Name	Title	Department/Division
LOGAN	KRISTEN	MANAGER	PUBLIC HEALTH

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

Signature of Agency Head or Designee: [signature] — Print Name: Donnell Ewert — Title: Director of Public Health — *(month, day, year)*: 8/11/08

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

Lawrence G. Lees, CAO — Date: 8/19/08