

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name Department of Alcohol & Drug Programs (ADP)		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Program Services Division, Prevention Services Section			
Street Address 1700 K Street, Sacramento CA 95811			
Area Code/Phone Number 916-327-2113	E-mail tmelendez@adp.ca.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Theresa Melendez			

2. Donor Name and Address

Individual _____ Other Center for Substance Abuse Prevention

Last Name: _____ First Name: _____ Name: _____
 1 Choke Cherry Rd. Rockville MD 20850
 Address City State Zip Code

Federal Government - US Dept. of Health and Human Services/Substance Abuse and Mental Health Services Admin.
 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 Indianapolis, Indiana

August 23-28, 2008	\$ 920.00	\$ 1,126.00	\$ 188.00	\$ 310.00	\$ 2,544.00
Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses

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

For staff to attend 2008 National Prevention Network Research Conference, assist with conference registration and logistics, and attend planning meetings as representative of host state for 2009 NPN Research Conference.

Identify the officials for whom the payment was used:

<u>Williams</u> Last Name	<u>Jane</u> First Name	<u>Supervisor</u> Title	<u>ADP/Program Services</u> Department/Division
<u>Dais</u> Last Name	<u>Sharon</u> First Name	<u>Manager</u> Title	<u>ADP/Program Services</u> Department/Division

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.

RENEE ZITO Director 09/19/08
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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