

**Gift to Agency Report****A Public Document**

GIFT TO AGENCY REPORT

<b>1. Agency Name</b> Open Space, Parks & Golf, Community Services Department		Date Stamp	<b>California 801</b> Form For Official Use Only
Division, Department, or Region (if applicable) 3201 East Bayshore Road, Palo Alto CA 94303			
Street Address			
Area Code/Phone Number 650-496-5916	E-mail Jeanette.Serna@CityofPaloAlto.Org	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Jeanette Serna, Coordinator of Public Works Projects		Date of Original Filing: _____ (month, day, year)	

**2. Donor Name and Address**

Individual Prabhu Arjun  Other \_\_\_\_\_  
Last Name First Name Name

871 Southampton Drive Palo Alto CA 94303  
Address City State Zip Code

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) 12,28,2017 \$ 2,500.00  
(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
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:**

Open Space Adopt-a-Park donation for memorial bench at Byxbee Park.

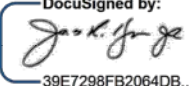
**Identify the officials for whom the payment was used:**

Anderson Daren Division Manager Open Space, Parks & Golf  
Last Name First Name Title Department/Division

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Last Name First Name Title 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.

DocuSigned by:  
  
39E7298FB2064DB... James Keene City Manager 1/17/2018  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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