

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name Open Space, Parks & Golf, Community Services Department		Date Stamp	California Form 801 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 _____ Other Friends of the Palo Alto Parks

_____ Last Name First Name _____ Name

425 Grant Avenue Suite 27 Palo Alto CA 94306

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) 09,13,2018 \$ 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 a memorial bench at Heritage Park.

Identify the officials for whom the payment was used:

<u>Anderson</u>	<u>Daren</u>	<u>Division Manager</u>	<u>Open Space, Parks & Golf</u>
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:
Ed Shikada for James Keene Ed Shikada for James Keene Assistant City Manager 10/15/2018

F2DCA19CC8D4F9... Signature of Agency Head or Designee Print Name Title (month, day, year)

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