

COPY

Agenda # 7A7

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name		Date Stamp	California Form 801 For Official Use Only
City of Santa Clara			
Division, Department, or Region (if applicable)			
Parks and Recreation Department			
Street Address			
1500 Warburton Avenue			
Area Code/Phone Number	E-mail		
(408) 615-2260	parksandrecreation@santaclaraca.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title)		Date of Original Filing: _____	
James F. Teixeira, Director of Parks and Recreation		(month, day, year)	

2. Donor Name and Address

Individual _____ Other Moreland Apartments
Last Name First Name Name

550 Moreland Way Santa Clara CA 95054
Address City State Zip Code

Apartment(s)
 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:

<u>Omar Araya, Facilities Manager</u>	\$ <u>3,281.06</u>	_____	\$ _____
<small>Name</small>	<small>Amount</small>	<small>Name</small>	<small>Amount</small>

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 _____

_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<small>Date(s) of Travel</small>	<small>Transportation Expenses</small>	<small>Lodging Expenses</small>	<small>Meal Expenses</small>	<small>Other Expenses</small>	<small>Total Expenses</small>

Provide a specific description of the nature and use of the payment for official agency business:
 Two (2) cast stone turtles and two (2) cast stone frogs for public use in two Santa Clara City parks.

Identify the officials for whom the payment was used:

_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Title</small>	<small>Department/Division</small>
_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Title</small>	<small>Department/Division</small>

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.

<u>Jennifer Sparacino</u>	Jennifer Sparacino	City Manager	<u>09/22/09</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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