

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

City of San Jose

Division, Department, or Region (if applicable)

City Manager's Office - Office of Economic Development

Street Address

200 E. Santa Clara Street

Area Code/Phone Number

(408) 535-8100

E-mail

webmaster.manager@sanjoseca.gov

Agency Contact (name and title)

Kim Welsh, Deputy City Manager

Date Stamp

2015 JUL 16 AM 10:40

ASOTC

California Form 801

For Official Use Only

Amendment (explain in comment section)

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

2. Donor Name and Address

Individual

Other

Knight Foundation

Last Name

First Name

Name

200 S. Biscayne Blvd.

Miami

FL

33131

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) (month, day, year) \$ (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Portland, Oregon

May 3 & 4, 2015 \$ 600.00 \$ 957.24 \$ 400.00 \$ 1,957.24
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:

Two day comprehensive study tour in Portland, Oregon. The tour included the process of neighborhood change and demonstrated the role that local businesses play in stimulating place-making.

Identify the officials for whom the payment was used:

Hughey Rosalyn Assistant Director Planning, Building & Code
Last Name First Name Title Department/Division
Sims B.J. Business Services Mgr. Office of Economic Dev.
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.

Signature of Agency Head or Designee NORBERTO DUEÑAS CITY Manager 6/16/15
Print Name Title (month, day, year)

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