

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name City of San Jose		RECEIVED Date Stamp San Jose City Clerk 2015 JUL 16 AM 10:40 (PSOTC)	California 801 Form For Official Use Only
Division, Department, or Region (if applicable) Housing Department			
Street Address 200 E. Santa Clara St., San Jose, CA 95113			
Area Code/Phone Number (408) 535-3860	E-mail jacky.morales-ferrand@sanjoseca.gov		
Agency Contact (name and title) Jacky Morales-Ferrand, Housing Director		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Metropolitan Transportation Commission

Last Name: _____ First Name: _____ Name: _____
 101 8th Street Oakland CA 94612
 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 Salt Lake City, Utah

11/3/14 - 11/5/14	\$ 400.00	\$ 500.00	\$ 200.00	\$ _____	\$ 1,100.00
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:


Airfare, Lodging and Meals provided to attend Sustainable Communities Grantee Workshop on Transit Oriented development.

Identify the officials for whom the payment was used:

Chen	Wayne	Sr. Development Officer	Housing Department
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.


 Signature of Agency Head or Designee

Norberto Duenas
 Print Name

Interim City Manager
 Title

4/9/15
 (month, day, year)

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