

Gift to Agency Report

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GIFT TO AGENCY REPORT

1. Agency Name

City of San Jose
Division, Department, or Region (if applicable)
Housing Department
Street Address
200 E. Santa Clara Street, San Jose, CA 95113
Area Code/Phone Number
(408) 535-8100
E-mail
webmaster.manager@sanjoseca.gov
Agency Contact (name and title)
Jacky Morales-Ferrand, Interim Housing Director

Date Stamp
2015 AUG 14 PM 2:35
San Jose City Clerk
Amendment (explain in comment section)
Date of Original Filing: (month, day, year)

California Form 801
For Official Use Only

2. Donor Name and Address

Individual [] Other [x] Knight Foundation
Last Name First Name Name
200 S. Biscayne Blvd. Miami FL 33131
Address City State Zip Code

The Knight Foundation focuses & promotes projects that create improvements in communities
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 Detroit, MI

6/17/15 - 6/19/15 \$ 852.49 \$ 388.70 \$ Meal Expenses \$ Other Expenses \$ 1,241.19
Date(s) of Travel Transportation Expenses Lodging Expenses Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

Knight Cities Challenge Winners Summit

Identify the officials for whom the payment was used:

Chen Wayne Interim Division Manager Housing Department
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: Nonberto Duenas, City Manager, 8/12/15
Print Name Title (month, day, year)

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