

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

Nick Hedrick
Division, Department, or Region (if applicable)
San Jose Public Library
Street Address
350 Budd Ave. Campbell, CA 95008
Area Code/Phone Number
408-808-3090
Email
nick.hedrick@sjlibrary.org
Agency Contact (name and title)
Jean Herriges, Assistant Director

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California Form 801
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Amendment (explain in comment section)
Date of Original Filing: 03/13/18
(month, day, year)

2. Donor Name and Address

Individual Other Southern California Library Cooperative
Last Name First Name Name
248 E. Foothill Blvd. Suite 101 Monrovia CA 91016
Address City State Zip Code

A library consortium that provides funding to support staff training related to large library initiatives.

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) received by the donor for this payment:

Name Amount Name Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Sacramento, CA Tsakapoulos Library Galle March 13, 2018
Location of Travel Dates (month, day, year)
Self Transportation Provider Rail Air Bus Auto Other
Check Applicable Boxes
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel:
Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
Reimbursement of travel by personal auto at a rate of \$.545/mile (232 miles) plus \$20 for parking.
Travel to attend a workshop with the Harwood Institute of Public Innovation and other libraries across the Northern California region sponsored by the Southern California Library Cooperative.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
Hedrick Nick Literacy Program Specialist San Jose Public Library
Last Name First Name Position/Title Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.
Signature Print Name Title
Jean Herriges Acting Assistant Director 3/27/18

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

## **SCLC**

SCLC is a consortium of 39 independent city, county and special district public libraries located in Los Angeles and Ventura counties which have agreed to cooperate in providing library service to the residents of all participating jurisdictions. SCLC provides member libraries a resource-sharing network and a means for enhancing the level and diversity of resources available to library users, while reducing duplication of effort.

SCLC members extend, on an equal basis, loan privileges to residents of other member libraries. The System's delivery service links members for quick transfer of materials and enhanced sharing of resources.

## **OUR MISSION**

SCLC enhances the resources of independent libraries through cooperative services to better serve their local library users.

## **OUR VISION**

SCLC is a dynamic and expanding consortium of information and service providers with a shared mission and resources which benefit members' clientele.

## **OUR MEMBERS**

View a list of our Library Members here. (<http://socallibraries.org/about/libraries>)

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