

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name <u>City of Santa Clara</u>		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) <u>Library Department</u>			
Street Address <u>1500 Warburton Avenue</u>			
Area Code/Phone Number <u>408 615-2200</u>	E-mail <u>rdiridon@santaclaraca.gov</u>	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ <small>(month, day, year)</small>	
Agency Contact (name and title) <u>Rod Diridon, City Clerk</u>			

2. Donor Name and Address

Individual _____ Other Bill: Melinda GATES Foundation

Last Name _____ First Name _____ Name _____
1551 EAST LAKE AVE EAST SEATTLE WA 98102-3706
 Address _____ City _____ State _____ Zip Code _____

GATES Foundation's Library Program focuses on sustaining high quality internet access for library patrons

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 _____

Dec. 14-15, 2009 \$ 138 - \$ 155 - \$ 116 - \$ 0 \$ 409 -
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:
Conference convened library leaders, community partners and state wide stakeholders to examine the current state of connectivity in California libraries and raise awareness about the need for increased connectivity.

Identify the officials for whom the payment was used:

Passalacqua Julie Acting City Librarian Library
Last Name First Name Title Department/Division
Jennifer _____ _____ _____
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.

Jennifer Sparacino Jennifer Sparacino City Manager 1/19/10 →
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Approved by City Council