

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name Open Space, Parks & Golf, Community Services Department		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) 3201 East Bayshore Road, Palo Alto CA 94303			
Street Address			
Area Code/Phone Number 650-496-5916	E-mail Jeanette.Serna@CityofPaloAlto.Org	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Jeanette Serna, Coordinator of Public Works Projects		Date of Original Filing: <u>12/11/2019</u> (month, day, year)	

2. Donor Name and Address

Individual _____ Other Palo Alto Pickleball Club

_____ Last Name _____ First Name _____ Name

248 Walker Drive _____ Mountain View _____ CA _____ 94043

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

3. Payment Information

Date and Amount of Payment (other than travel) 12,11, 2019 \$ 2,500.00
(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel _____

_____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
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:

Open Space Adopt-a-Park for a memorial bench at Mitchell Park.

Identify the officials for whom the payment was used:

Do _____ Last Name	Lam _____ First Name	Superintendent _____ Title	Open Space, Parks & Golf _____ 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.

DocuSigned by:
Ed Shikada _____ Ed Shikada _____ City Manager _____ 8/11/2020
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Certificate Of Completion

Envelope Id: 008444D0EC7140158F8EA3347AD4D44C	Status: Completed
Subject: Please DocuSign: Palo Alto Pickleball Club-3258-801-1.pdf	
Source Envelope:	
Document Pages: 1	Signatures: 1
Certificate Pages: 1	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Nelly Baumb
Time Zone: (UTC-08:00) Pacific Time (US & Canada)	250 Hamilton Ave
	Palo Alto , CA 94301
	Nelly.Baumb@CityofPaloAlto.org
	IP Address: 199.33.32.254

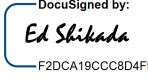
Record Tracking

Status: Original	Holder: Nelly Baumb	Location: DocuSign
8/11/2020 4:40:48 PM	Nelly.Baumb@CityofPaloAlto.org	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: City of Palo Alto	Location: DocuSign

Signer Events

Ed Shikada
 ed.shikada@cityofpaloalto.org
 Ed Shikada, City Manager
 City of Palo Alto
 Security Level: Email, Account Authentication (None)

Signature

DocuSigned by:

 F2DCA19CCC8D4F9...
 Signature Adoption: Pre-selected Style
 Using IP Address: 73.231.114.73

Timestamp

Sent: 8/11/2020 4:41:29 PM
 Viewed: 8/11/2020 9:50:08 PM
 Signed: 8/11/2020 9:50:20 PM

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	8/11/2020 4:41:29 PM
Certified Delivered	Security Checked	8/11/2020 9:50:08 PM
Signing Complete	Security Checked	8/11/2020 9:50:20 PM
Completed	Security Checked	8/11/2020 9:50:20 PM
Payment Events	Status	Timestamps