

Gift to Agency Report**A Public Document**

GIFT TO AGENCY REPORT

1. Agency Name		Date Stamp	California Form 801 For Official Use Only
Open Space, Parks & Golf, Community Services Department			
Division, Department, or Region (if applicable)			
3201 East Bayshore Road, Palo Alto CA 94303			
Street Address			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: <u>5/13/2020</u> (month, day, year)	
650-496-5916	Jeanette.Serna@CityofPaloAlto.Org		
Agency Contact (name and title)			
Jeanette Serna, Coordinator of Public Works Projects			

2. Donor Name and Address

Individual Rajmohan Smita Other _____
Last Name First Name Name

3232 Cowper Street Palo Alto CA 94306
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) 05,13,2020 \$ 1,500.00
(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:

<u>Do</u>	<u>Lam</u>	<u>Superintendent</u>	<u>Open Space, Parks & Golf</u>
<small>Last Name</small>	<small>First Name</small>	<small>Title</small>	<small>Department/Division</small>
_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Title</small>	<small>Department/Division</small>

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: 06883A18F69F41298FDDA6A9E25D2000	Status: Completed
Subject: Please DocuSign: Smita Rajmohan-3263-801-2.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 8/11/2020 4:38:45 PM	Holder: Nelly Baumb Nelly.Baumb@CityofPaloAlto.org	Location: DocuSign
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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 4:40:41 PM
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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 4:40:41 PM
Certified Delivered	Security Checked	8/11/2020 9:50:28 PM
Signing Complete	Security Checked	8/11/2020 9:50:40 PM
Completed	Security Checked	8/11/2020 9:50:40 PM
Payment Events	Status	Timestamps