

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

City of Long Beach

Division, Department, or Region (if applicable)

City Manager's Office

Street Address

333 W. Ocean Blvd., 13th Floor, Long Beach CA 90802

Area Code/Phone Number

562-570-5091

Email

tom.modica@longbeach.gov

Agency Contact (name and title)

Tom Modica, Assistant City Manager

Date Stamp

California Form 801

For Official Use Only

Amendment (explain in comment section)

Date of Original Filing: 06/01/16

(month, day, year)

2. Donor Name and Address

Individual

Last Name

First Name

Other

Knight Foundation

200 South Biscayne Blvd., Ste 3300

Miami

FL

33131

Address

City

State

Zip Code

A philanthropic organization, Knight Foundation supports journalism, engages communities and fosters the arts.

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

Philadelphia, PA

Location of Travel

May 31-June 3, 2016

Dates (month, day, year)

American Airlines & Taxi

Transportation Provider

Rail

Air

Bus

Auto

Other

Check Applicable Boxes

Sheraton Society Hill

Name of Lodging Facility

\$ 450.00

Lodging Expenses

\$ 100.00

Meal Expenses

\$ 727.00

Transportation Expenses

\$ 20.00

Other Expenses

\$ 1,297.00

Total Expenses

3.1 (b) Payment(s) not related to travel:

N/A

Dates (month, day, year)

\$

Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

The Knight Cities Challenge Summit was an event hosted by the Knight Foundation to assemble new grantees and orient them to the grant. It also provided a chance for attendees to gain new skills and knowledge to be used to implement the grant. Lodging costs and most meal costs were covered

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Reynolds

Last Name

Meredith

First Name

Park Development Officer

Position/Title

Parks, Recreation & Marine

Department/Division

Last Name

First Name

Position/Title

Department/Division

4. Verification

Compliance with FPPC regulations.

Assistant City Manager

Title

07/01/16

(month, day, year)

Comment.

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

***3.2 Payment Description. Provide a specific description of the payment and its agency purpose and use.***

The Knight Cities Challenge Summit was an event hosted by the Knight Foundation to assemble new grantees and orient them to the grant. It also provided a chance for attendees to gain new skills and knowledge to be used to implement the grant. Lodging costs and most meal costs were covered directly by the Knight Foundation (for example, boxed lunches provided at conference and hotel paid directly). Lodging costs will be reimbursed to the City of Long Beach.