Payment to Agency	Report	A Public Docume	ent	PAYMENT TO AGENCY REPOR	
1. Agency Name			Date Stamp	C-US- CONTRACTOR	
City of Long Beach				Form <b>SU</b>	
Division, Department, or R	egion (if applicable)			For Official Use Only	
City Manager's Office					
Street Address					
333 W. Ocean Blvd., 13th	Floor, Long Beach	CA 90802			
Area Code/Phone Number	Email				
562-570-5091	570-5091 tom.modica@longbeach.gov		Amendment (		
Agency Contact (name and title)			Date of Original F	Date of Original Filing: 06/29/16	
Tom Modica, Assistant Ci	ty Manager			(month, day, year)	
2. Donor Name and Addi	'ess				
			Knight Founda	tion	
☐ Individual Last Name	First	Name	ner	Name	
200 South Biscayne Blvd	., Suite 3300	Miami	Fi	_ 33131	
Address		City	Sta		
A philanthropic organizati	on, Knight Foundatio	on supports journalism, en	gages communities	and fosters the arts.	
If "Other" is marked, describe the enti	ty's business activity (if busin	ess) or its nature and interests.	<u> </u>		
If applicable	identify the name of a	ach source and the amount(	s) received by the den	or for this naumont:	
ii applicable	, identity the Hairie of e	acii soulce and the amount	s) received by the done	or or this payment.	
Name	\$ <u></u>	Amount	Name	\$Amount	
	A			Amount	
3. Payment Information (		•	•		
3.1 (a) Travel Payment	Philadelphia, I	PA ocation of Travel		ay 31 - June 3, 2016	
Frontier Airlines	·	Location of Ifavel		Dates (month, day, year)	
Transportation Provider	Rail	☑ Air ☐ Bus ☐ /	Auto ☐ Other Sr	eraton Society Hill	
•		Check Applicable Boxes		Name of Lodging Facility	
\$ 780.00 Lodging Expenses	\$ 200.00	\$ <u>323.50</u>	\$	\$ 1,303.50 Total Expenses	
'	Mear Expenses	Transportation Expenses N/A	Other Expenses	lotal Expenses	
3.1 (b) Payment(s) not re	elated to travel:		nth, day, year)	Total Expenses	
2.2 Payment Description	n Busyida sansait	·	***	•	
3.2. Payment Description					
The Knight Cities Cha	illenge Summit w	as an event hosted b	y the Knight Four	ndation to assemble	
new grantees and original	ent them to the gi	rant. It also provided	a chance for atte	ndees to gain new skills	
and knowledge to be	used to impleme	nt the grant. Lodging	costs and most r	neal costs were covered	
3.3. Identify the officials	who used the payr	nent in Section 3.1 (See in	nstructions)		
Tanner	Rachael	Progran	n Specialist	City Manager's Office	
Last Name	First Nam		Position/Title	Department/Division	
		· · · · · · · · · · · · · · · · · · ·			
Last Name First Name		e	Position/Title	Department/Division	
. Verification		_			
		ice	with FPPC regulation	ons.	
			ssistant City Manage		
			Title	(month, day, year)	
0.00000				,	
Comment:	for any additional test				
(Use this space or an attachment	ioi ariy additional informa	ation)			



## 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.