

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name San Francisco Public Library (SFPL)		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) City Librarian's Office			
Street Address 100 Larkin Street, San Francisco CA 94102			
Area Code/Phone Number 415-557-4236	E-mail citylibrarian@sfpl.org	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Michael Lambert, City Librarian		Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Donor Name and Address

Individual _____ Other Friends of San Francisco Public Library

<small>Last Name</small> 16370 17th Street	<small>First Name</small> San Francisco	<small>State</small> CA	<small>Zip Code</small> 94107
<small>Address</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

Friends of SFPL: member-supported nonprofit organization that advocates, fundraises, and provides support for SFPL.
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.

_____ \$ _____	_____ \$ _____
<small>Name</small>	<small>Amount</small>

3. Payment Information

Date and Amount of Payment (other than travel) 8/22/23 \$ 236.00
(month, day, year) (Round to whole dollars)

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

_____ \$ _____	_____ \$ _____	_____ \$ _____	_____ \$ _____	_____ \$ _____	_____ \$ _____
<small>Date(s) of Travel</small>	<small>Transportation Expenses</small>	<small>Lodging Expenses</small>	<small>Meal Expenses</small>	<small>Other Expenses</small>	<small>Total Expenses</small>

Provide a specific description of the nature and use of the payment for official agency business:

American Library Association (ALA) membership dues from 11/1/23-10/31/24.

Identify the officials for whom the payment was used:

<u>Lambert</u>	<u>Michael</u>	<u>City Librarian</u>	<u>City Librarian's Office</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:
 Mike Fernandez CFO 08/23/2023
Signature of Agency Head or Designee Print Name Title (month, day, year)

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