Behested Payment Report   **A Public Document**

1. Elected Officer or CPUC Member *(Last name, First name)* Suen, Darren	Date Stamp **California** **803** **Form** For Official Use Only

Agency Name

City of Elk Grove

Agency Street Address

8401 Laguna Palms Way, Elk Grove, CA

CITY CLERK'S OFFICE
FEB 08 2021 PM12:06

Designated Contact Person *(Name and title, if different)*

☐ **Amendment** *(See Part 5)*

Date of Original Filing: _____
(month, day, year)

Area Code/Phone Number	**E-mail** *(Optional)*
916-478-2201	

2. Payor Information *(For additional payors, include an attachment with the names and addresses.)*

Republic Services Charitable Foundation Board - Republic Services Community Grant
Name

8642 Elder Creek Road	Sacramento	CA	95828
Address	*City*	*State*	*Zip Code*

3. Payee Information *(For additional payees, include an attachment with the names and addresses.)*

Elk Grove Food Bank Services
Name

9820 Dino Dr #140	Elk Grove	CA	95624
Address	*City*	*State*	*Zip Code*

4. Payment Information *(Complete all information.)*

Date of Payment: 02/01/2021   **Amount of Payment:** *(In-Kind FMV)* $ 120,000.00
(month, day, year)   *(Round to whole dollars.)*

Payment Type: ☒ Monetary Donation   **or**   ☐ In-Kind Goods or Services *(Provide description below.)*

Brief Description of In-Kind Payment: _____

Purpose: *(Check one and provide description below.)*   ☐ Legislative   ☐ Governmental   ☒ Charitable

Describe the legislative, governmental, charitable purpose, or event: _____

Grant award will go towards walk-in cold storage unit, metal storage racks and landscaping materials

5. Amendment Description and/or Comments

6. Verification

I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained herein is true and complete.

Executed on _____02/06/2021_____   By _____
           DATE   SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER