

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

Merced Police Department
Division, Department, or Region (if applicable)

Police

Street Address

611 W. 22nd St, Merced, CA 95340

Area Code/Phone Number

(209)385-6910

Email

morat@cityofmerced.org

Agency Contact (name and title)

Tonya Mora, Management Analyst

Date Stamp

California Form 801

For Official Use Only

Amendment (explain in comment section)

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

2. Donor Name and Address

Individual Community Police Academy Other Collective donation from multiple anonymous

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) 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

Location of Travel

Dates (month, day, year)

Transportation Provider Rail Air Bus Auto Other

Name of Lodging Facility

Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

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

5/6/22

\$ 1,500.00

Dates (month, day, year)

Total Expenses

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

\$1500 to be used for police K9 Unit supplies/equipment.

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

Mora Tonya Management Analyst Police/Admin

Last Name

First Name

Position/Title

Department/Division

Last Name

First Name

Position/Title

Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature

Print Name

Title (month, day, year)

Comment:

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

CITY OF MERCED  
DONATION ACCEPTANCE FORM

Name of Donor: COMMUNITY POLICE ACADEMY

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of Donation: \$1500 CHECK FOR K9 UNIT

Donor Estimate of Current Value: \$1500

Potential immediate or initial acquisition or installation cost, any on-going maintenance or replacement cost:

K9 UNIT NONE

Intended Use: K9 UNIT

Conditions of Acceptance or Donor Designation: K9 UNIT

Remarks: \_\_\_\_\_

Department Receiving Donation: MERCED POLICE DEPT.

APPROVED/ DISAPPROVED

5-16-22  
Date

  
Department Head Signature

5/19/22  
Date

  
City Manager Signature

Approval of City Council Required if Donation Exceeds \$5,000.

\_\_\_\_\_  
Date Submitted to Council

\_\_\_\_\_  
Date Approved by Council

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mayor Signature

NOTE: The City of Merced cannot guarantee future funding for repair, maintenance, use or replacement of donated items.  
cc: City Council, Finance Department, City Clerk

CITY OF MERCED, CALIFORNIA

DONATION AND GIFT POLICY ACKNOWLEDGEMENT

I have received and read the City of Merced Donation and Gift Policy and understand its provisions.

EMILY FOSTER  
Employee (PRINT Name)

E. Foster 192  
Employee Signature

5/6/22  
Date