

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Long Beach		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) City Manager's Office			
Street Address 411 W. Ocean Blvd., 10th Floor			
Area Code/Phone Number 562-570-5091	Email tom.modica@longbeach.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: 09/01/20 <small>(month, day, year)</small>	
Agency Contact (name and title) Tom Modica, City Manager			

2. Donor Name and Address

Individual _____ Other Drucker Institute

Last Name: _____ First Name: _____ Name: _____
 1030 N Dartmouth Ave Claremont CA 91711
 Address City State Zip Code

The Drucker Institute works with government agencies to improve existing processes.

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) _____

_____ Rail Air Bus Auto Other Training Registration Fee

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: _____ \$ 10,000.00

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 special Crisis Edition to the Drucker Playbook for the Public Sector is a Rising Leaders version of the Drucker Playbook with an additional module added to the beginning about Leadership in a Time of Crisis. These complimentary training modules are used for managers to grow professionally. +

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

Colunga	Tracy	Chief Innovation Officer	City Manager's Office
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

4. Verification

_____ reported payment(s) as in compliance with FPPC regulations.

Tom Modica City Manager 10/12/20

Print Name Title (month, day, year)

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

