California Form 802

If Amendment - Date of Original Filing (Month, Day, Year)

A Public Document

1. Agency Na	ame	City Administrator's	Office, City of	San Francisco)		-
Division, Dept. o	or Region	Grants for the Arts				Area Code/Phone Number	628-233-5101
Designated Ager (Name, Title)	ncy Contact	Kristen Jacobson		Email	kristen.jacobson@sfgov.org		
I have read an	d understand FPF	PC Regulations 18944.1 a	nd 18942. I have	verified that the	distribution set forth, is in ac	cordance with the r	requirements.
Signature of Age Designee	ency Head or	KAD		Print Name	Kristen Jacobson		
Title		Director, Grants for	the Arts	Month, Day, Year	27/11/2024		
2 Function a	- v Event Inform	oti o u					
2. Function of	or Event Inform	ation					T
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
		The Day the Sky Turned			Can Francisco Day Assa		
Yes	\$30.00	Orange: New Roots Festival	Nov. 8, 2024	No	San Francisco Bay Area Theatre Company	No	

3. Recipients	
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	A.		В.				C.		
Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following: (Ceremonial Role, Other, or Income)	Description of "Ceremonial Role" or "Other"	Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

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