

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

Los Angeles Unified School District

Division, Department, or Region (if applicable)

Division of Instruction

Street Address

333 S. Beaudry Ave.

Area Code/Phone Number

213-241-3330

Email

darlene.vargas@lausd.net

Agency Contact (name and title)

Darlene Vargas, Ethics Advisor

Date Stamp

6/7/16
rao

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

Last Name

First Name

☒ Other

Literacy Design Collaborative (LDC)

Name

48 Wall St., 11th Floor

New York

NY

10005

Address

City

State

Zip Code

LDC is a non-profit organization providing tools and professional support around literacy instruction

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
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3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

Atlanta, GA

Location of Travel

5/31/16 - 6/2/16

Dates (month, day, year)

Delta Airlines

Transportation Provider

☐ Rail

☒ Air

☐ Bus

☐ Auto

☐ Other

Check Applicable Boxes

Omni Atlanta @ CNN Center

Name of Lodging Facility

\$ 300.00

Lodging Expenses

\$ 150.00

Meal Expenses

\$ 750.00

Transportation Expenses

\$

Other Expenses

\$ 1,100.00

Total Expenses

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

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 LDC was awarded a 5 year Federal i3 grant to work w/LAUSD & NYDOE on building teacher capacity in standards-driven literacy instruction. LAUSD and LDC have a MOU & Ms. Krielaart is responsible for facilitating the implementation of the grant for LAUSD. The LDC's Partner Convening is for partners in the LDC community to network & share best practices around instruction to implement the LDC with quality & consistency.

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

Krielaart

Jaimi

Literacy Coordinator

Division of Instruction

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.

Darlene Vargas

Ethics Advisor

06/07/16

Signature

Print Name

Title

(month, day, year)

Comment:

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

FPPC Form 801 (Jan/14)
advice@fppc.ca.gov

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