

STATE OF CALIFORNIA
STATE CONTROLLER'S OFFICE
 ELECTRONIC FUNDS TRANSFER AUTHORIZATION
 FAM 34 (Rev. 02/17)

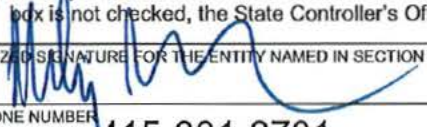
SECTION A

1. TYPE OF ENROLLMENT ACTION 1. <input checked="" type="checkbox"/> NEW 2. <input type="checkbox"/> CHANGE 3. <input type="checkbox"/> CERTIFICATION 4. <input type="checkbox"/> CANCEL	2. ENTITY NAME San Francisco Recreation and Park 501 Stanyan Street San Francisco CA 94117
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SECTION B

1. TYPE OF ACCOUNT <input type="checkbox"/> C (Checking) <input type="checkbox"/> S (Savings)			
2. ROUTING NUMBER [REDACTED]		3. DEPOSITOR ACCOUNT NUMBER [REDACTED]	
4. FINANCIAL INSTITUTION NAME Bank of America			
5. BRANCH NUMBER OR NAME Branch #148		Telephone Number	
6. FINANCIAL INSTITUTION ADDRESS	Number and Street 555 Capitol Mall, Suite 765	City Sacramento	State Zip CA 95814

SECTION C

1. CHECK APPROPRIATE BOX <input checked="" type="checkbox"/> Authorize direct deposit of payments due the entity named in Section A into the designated account. <input type="checkbox"/> Cancel direct deposit for the entity named in Section A.	
2. CERTIFICATION <input checked="" type="checkbox"/> I certify that the entire amounts authorized to be received by this account are not subject to be transferred to a foreign bank account. If this box is not checked, the State Controller's Office will issue all payments by warrant only.	
AUTHORIZED SIGNATURE FOR THE ENTITY NAMED IN SECTION A 	PRINT OR TYPE NAME Philip A. Ginsburg
TELEPHONE NUMBER 415-831-2701	DATE 10/28/2019

GENERAL INSTRUCTIONS

- To enroll for direct deposit of payments by the State Controller's Office, complete Sections A, B, and C of this form.
- To change, certify, or cancel your existing direct deposit information, complete Sections A, B, and C of this form.
- Contact your financial institution for your routing number and depositor account number.
- Your direct deposit will continue to be deposited into your designated account at your financial institution until the State Controller's Office is notified that you wish to redesignate your account and/or your financial institution. To redesignate, complete and submit a new form with the new information. **DO NOT CLOSE YOUR OLD ACCOUNT UNTIL YOUR FIRST PAYMENT IS DEPOSITED INTO YOUR NEWLY DESIGNATED ACCOUNT AND/OR FINANCIAL INSTITUTION.**
- This authorization remains in full force and effect until the State Controller's Office receives written notification from the entity of its termination, or until the State Controller's Office terminates the agreement.

Return this completed form to:

State Controller's Office
 Attn: Local Reimbursements Section
 Local Government Programs and Services Division
 3301 C Street, Suite 700
 Sacramento, CA 95816
 TEL (916) 324-7876, FAX (916) 323-6527



DEPARTMENT OF
FINANCE

GAVIN NEWSOM - GOVERNOR

915 L STREET ■ SACRAMENTO CA ■ 95814-3706 ■ WWW.DOF.CA.GOV

October 10, 2019

Evelyn Calderon-Yee, Chief
State Controller's Office
Bureau of Payments
Local Government and Programs and Services Division
3301 C Street, Suite 740
Sacramento, CA 95814

Dear Ms. Calderon-Yee:

The Department of Finance hereby requests that the State Controller's Office remit to the City and County of San Francisco the \$4,000,000 amount referenced in Provision 15 of Item 9210-102-0001 of the 2019 Budget Act, as amended by Senate Bill 109 (Chapter 363, Statutes of 2019).

The attached letter from the City and County of San Francisco includes bank account and routing information, and a contact person for any questions related to the fund transfer.

If you have any questions for Finance, please contact Chris Hill, Principal Program Budget Analyst, at (916) 445-3274.

Sincerely,

ERIKA LI
Program Budget Manager

Attachment

cc: Ms. Toni Moran, Grant Manager, San Francisco Recreation and Parks
Ms. Natalie Sidarous, Chief, Local Government Programs and Services Division
Ms. Anne Kato, Assistant Chief, Local Government Programs and Services Division
Ms. Melma Dizon, Supervisor, Local Apportionments Section



London N. Breed, Mayor
Philip A. Ginsburg, General Manager

September 26, 2019

California Department of Finance
Attn: Chris Hill, ETHLL Unit
915 L Street
Sacramento, CA 95818

Dear Mr. Hill:

The City and County of San Francisco is requesting the \$4 million in Local Government Financing appropriated in the 2019 Budget Act for the India Basin Project. Fund transfer instructions are listed below as well as in Attachment 1. Details on the project and proposed expenditure plan is found on Attachment 2. Please contact Alex Chang at 415 581-2550 if you have any questions pertaining to project accounting office in case there are any questions.

Please transfer funds to:

Banking Institution:	Bank of America, N.A.
Address:	555 Capitol Mall, Suite 765 Sacramento, CA 95814 Branch Locator #148
<i>FedWire</i> Bank ABA:	[REDACTED]
<i>ACH</i> Bank ABA:	[REDACTED]
SWIFT code:	[REDACTED]
Bank Account No.	[REDACTED]
For the Credit of:	Rec & Park
India Basin Project No.	10027635

Thank you for your assistance with this fund transfer.

Sincerely,

Philip A. Ginsburg, General Manager

Attachments:

1. Office of Treasurer and Tax Collector, Wiring Instructions
2. India Basin Project Background