



COUNTY OF FRESNO

DEPARTMENT CONTRIBUTION APPROVAL FORM

Event/Sponsorship/Contribution Date: <u>10/23/25-10/24/25</u>	Event/Sponsorship/Contribution Name: <u>Fresno Chaffee Zoo Boo</u>	Dollar amount proposed to be contributed: <u>\$ 612.71</u>
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Are the funds going to an entity? If so, please list the names of directors and officers of entity:

No

Source of funds used and statement that such funds are eligible for such proposed financial expenditure:

FCPL Measure B funds will be used. These funds allow FCPL to purchase marketing and outreach materials.

Number of staff attending:

4

Is there a required fee to attend? ☐ Yes ☒ No

If Yes, what does the Department receive for the fee? _____

Benefit to the Department or County for Participating?

Zoo Boo is an outreach opportunity allowing the Public Library to connect with Fresno County families.

Is there a public purpose for the proposed financial expenditure?

These funds will allow FCPL to purchase candy to pass out to children during the Fresno Chaffee Zoo Boo trick or treat events.

How is the proposed financial expenditure connected to the County?

The Fresno Chaffee Zoo has requested that FCPL purchase candy to participate in the Zoo Boo outreach event.

Is this a Sponsorship?

☐ Yes ☒ No

Has the Department done this in the past?

☒ Yes ☐ No

List of materials to be passed out?

Candy

Is this a required activity? ☐ Yes ☒ No

If so, by which entity? _____

If participation is denied, is funding or program jeopardized? Explain:

No. These funds are for two individual outreach events and are not tied to an overall program.

Additional justification for this request:

These funds will not be used for a booth fee or go directly to another entity. They will be used to purchase candy that will be given to the public who visit the FCPL outreach booth during two Zoo Boo outreach events at the Fresno Chaffee Zoo. The purchase of candy is at the request of the Fresno Chaffee Zoo.

Department head or designee name: _____

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Department head or designee signature and date

Department contact for questions: _____

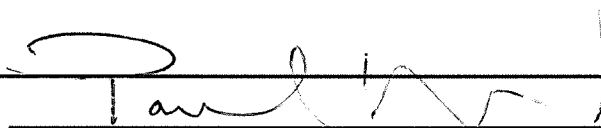
County Counsel approval as to legal form:

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County Counsel signature and date

CAO Review:



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CAO signature and date