

OFFICE OF THE CITY CLERK  
 CITY AND COUNTY OF HONOLULU  
 530 SOUTH KING STREET, ROOM 100  
 HONOLULU, HAWAII 96813-3007  
 TELEPHONE: (808) 768-3810 • FAX: (808) 768-3835

BERNICE K.N. MAU  
 ACTING CITY CLERK

**AUTOMATIC ACCEPTANCE OR REJECTION OF GIFTS**

Ref: D-289

DATE: May 26, 2009  
 TO: Sidney A. Quintal, Director  
 Department of Enterprise Services  
 SUBJECT: Quarterly Report of Gifts Valued at \$2,500 or less and Requested  
 Acceptance

Pursuant to Resolution 05-349, CD1, FD1, relating to the guidelines for the solicitation and receipt of gifts on behalf of the City and County of Honolulu, a request for an acceptance of gift (Communication D-289) was filed with the Council on April 23, 2009. As of May 23, 2009, the gift was deemed **accepted**.

*Bernice K.N. Mau*

BERNICE K.N. MAU  
 Acting City Clerk

dc

Enclosure: D-289

Acknowledgement:

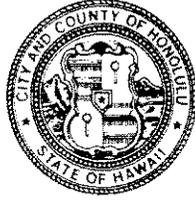
*Todd K. APO*  
 \_\_\_\_\_  
 TODD K. APO  
 Chair, Honolulu City Council

RECEIVED  
 MAY 27 10 52 AM '09  
 CITY CLERK  
 HONOLULU, HAWAII

DEPARTMENT OF ENTERPRISE SERVICES  
CITY AND COUNTY OF HONOLULU

777 WARD AVENUE · HONOLULU, HAWAII 96814-2166  
PHONE: (808) 527-5400 \* FAX: (808) 527-5433 \* INTERNET: [www.honolulu.gov/des](http://www.honolulu.gov/des)

GOLF COURSE DIVISION \* HONOLULU ZOO \* NEAL S. BLAISDELL CENTER AND WAIKIKI SHELL



MUFI HANNEMANN  
MAYOR

SIDNEY A. QUINTAL  
DIRECTOR

HUBERT P. MINN  
DEPUTY DIRECTOR

April 18, 2009

The Honorable Todd K. Apo, Chair  
and Members  
Honolulu City Council  
530 South King Street, Room 202  
Honolulu, Hawaii 96813

RECEIVED

APR 23 10 58 AM '09

CITY CLERK  
HONOLULU, HAWAII

Dear Chair Apo and Councilmembers:

Subject: Quarterly Report of Gifts Valued at \$2,500  
Or Less and Requested Acceptance

This report to Council enumerates all gifts taken into custody by the Department of Enterprise Services for the quarter ending March 31, 2009. This report is submitted under the provisions of Resolution No. 05-349, CD1, FD1. Information on each gift is set forth in the attached Exhibit A.

We respectfully request the acceptance of these gifts by the Council on behalf of the City and County of Honolulu.

Should you have any questions regarding this matter, please contact Steven Walker, Zoo Director, at 971-7175.

Sincerely,

A handwritten signature in black ink, appearing to read "Sidney A. Quintal".

Sidney A. Quintal  
Director

Enclosures

APPROVED:

A handwritten signature in black ink, appearing to read "Kirk W. Caldwell".

Kirk W. Caldwell  
Managing Director

DEPT. COM. 289

CC#

QUARTERLY REPORT OF GIFTS RECEIVED VALUED AT  
\$2,500 OR LESS UNDER RESOLUTION NO. 05-349, CD1, FD1

CITY AGENCY: Department of Enterprise Services, Honolulu Zoo

QUARTER ENDING: March 31, 2009

The following gifts were taken into custody by the agency in the previous quarter.

<u>Description of the Gift</u>	<u>Donor's Estimated Value of the Gift</u>	<u>Donor</u>
Monetary donation to the Honolulu Zoo	\$ 28.00	Ms. Mindy Citera Bet Torah Religious School 60 Smith Avenue Mount Kisco, New York 10549
Monetary donation to the Honolulu Zoo	\$ 100.00	S. C. Bowman 165 Kailuana Loop Kailua, Hawaii 96734
Monetary donation to the Honolulu Zoo	\$ 100.00	Kokua in Kind 530 Paiea Street Honolulu, Hawaii 96819
Monetary donation to the Honolulu Zoo	\$ 41.00	Mrs. N. Torrijos The Children's House 1840 Komo Mai Drive Pearl City, Hawaii 96782
Monetary donation to the Honolulu Zoo	\$ 50.00	Kokua in Kind 530 Paiea Street Honolulu, Hawaii 96819
Monetary donation to the Honolulu Zoo	\$ 84.00	Ms. Tasniya Kawamoto The Children's House 1840 Komo Mai Drive Pearl City, Hawaii 96782

## City and County of Honolulu

DECLARATION OF GIFT	
<b>NAME OF DONOR</b>	Mindy Citera Bet Torah Religious School
<b>DONOR'S ADDRESS</b>	60 Smith Avenue Mount Kisco, New York 10549
<b>DONOR'S TELEPHONE</b>	
STATEMENT OF OWNERSHIP AND/OR TERMS OF CONVEYANCE	
<p>I own the item described below and desire to give the property to the City and County of Honolulu. To carry out my purpose, I do hereby absolutely and without condition or reservation give, grant and convey the property to the City and County of Honolulu.</p>	
DESCRIPTION OF GIFT	VALUE
<p>Complete and accurate description of gift in detail. Enclose a photo if available.</p> <p style="text-align: center;">\$28.00 check donation</p>	<p>Actual or Estimated</p> <p style="text-align: center;">\$28.00</p>
<b>Signature:</b> not available (donation mailed in)	<b>Date:</b> 1/14/09
<b>Print Name:</b>	<b>Title:</b>

## City and County of Honolulu

DECLARATION OF GIFT	
NAME OF DONOR	S. C. Bowman
DONOR'S ADDRESS	165 Kailuana Loop Kailua, Hawaii 96734
DONOR'S TELEPHONE	
STATEMENT OF OWNERSHIP AND/OR TERMS OF CONVEYANCE	
<p>I own the item described below and desire to give the property to the City and County of Honolulu. To carry out my purpose, I do hereby absolutely and without condition or reservation give, grant and convey the property to the City and County of Honolulu.</p>	
DESCRIPTION OF GIFT	VALUE
<p>Complete and accurate description of gift in detail. Enclose a photo if available.</p> <p style="text-align: center;">\$100.00 check donation</p>	<p>Actual or Estimated</p> <p style="text-align: center;">\$100.00</p>
Signature: not available (donation mailed in)	Date: 1/14/09
Print Name:	Title:

## City and County of Honolulu

### DECLARATION OF GIFT

Name of Donor	Kokua in Kind
Donor's Address	530 Paiea Street Honolulu, Hawaii 96819
Donor's Telephone	(808) 834-6603

#### STATEMENT OF OWNERSHIP AND/OR TERMS OF CONVEYANCE

I own the item described below and desire to give the property to the City and County of Honolulu. To carry out my purpose, I do hereby absolutely and without condition or reservation give, grant and convey the property to the City and County of Honolulu.

	VALUE
<p>Complete and accurate description of gift in detail. Enclose a photo if available.</p> <p style="text-align: center;">\$100.00 (check #4160, 4196)</p>	<p>Actual or Estimated</p> <p style="text-align: center;">\$100.00</p>

Signature: not available (donation was mailed)	Date: February 17, 2009
Print Name: not available	Title:

**City and County of Honolulu**

**DECLARATION OF GIFT**

Name of Donor	The Children's House
Donor's Address	1840 Komo Mai Dr.
Donor's Telephone	455-4131 Pearl City, Hawaii 96782

**STATEMENT OF OWNERSHIP AND/OR TERMS OF CONVEYANCE**

I own the item described below and desire to give the property to the City and County of Honolulu. To carry out my purpose, I do hereby absolutely and without condition or reservation give, grant and convey the property to the City and County of Honolulu.

	VALUE
Complete and accurate description of gift in detail. Enclose a photo if available.	Actual or Estimated
cash	\$41.00

50  
- 9  
41

Signature: Mrs. N. Torrijos	Date: 2-23-09
Print Name: Mrs. N. Torrijos	Title:

City and County of Honolulu

DECLARATION OF GIFT

Name of Donor	Kokua in Kind
Donor's Address	530 Paiea Street Honolulu, Hawaii 96819
Donor's Telephone	(808) 834-6603

STATEMENT OF OWNERSHIP AND/OR TERMS OF CONVEYANCE

I own the item described below and desire to give the property to the City and County of Honolulu. To carry out my purpose, I do hereby absolutely and without condition or reservation give, grant and convey the property to the City and County of Honolulu.

	VALUE
Complete and accurate description of gift in detail. Enclose a photo if available.	Actual or Estimated
donation (check #4224)	\$50.00

Signature: not available (donation mailed in)	Date: 3/5/2009
Print Name:	Title:

## City and County of Honolulu

### DECLARATION OF GIFT

Name of Donor	The Children's House
Donor's Address	1840 Komo Mai Dr. Pearl City, Hawaii 96782
Donor's Telephone	455-4131

#### STATEMENT OF OWNERSHIP AND/OR TERMS OF CONVEYANCE

I own the item described below and desire to give the property to the City and County of Honolulu. To carry out my purpose, I do hereby absolutely and without condition or reservation give, grant and convey the property to the City and County of Honolulu.

	VALUE
<p>Complete and accurate description of gift in detail. Enclose a photo if available.</p> <p style="text-align: center;">cash donation</p>	<p>Actual or Estimated</p> <p style="text-align: center; font-size: 2em;">84<sup>00</sup></p>

Signature: <i>Tasniya Kawamoto</i>	Date: 2/25/09
Print Name: Tasniya Kawamoto	Title: teacher