## Donation Version 1.8 released on 8/3/21



Date Received: Committee Date: 1st Agenda Date:			☐ Scanned	CITY CLERK USE ONLY Date: 10.12.20.22 item#: 2210.023
All department	t Items requiring Council ap	proval must be submitted	through the M	ayor's Office.
Board Approval		Other Board Name		City Council Approval  Yes O No
Department Police	Contact Name Susanпah Raiston	Email sraiston@cityoftuls	sa.org	Phone 918-591-4134 Type of Donation Travel
3id/Project Number	Project Title	Donator Transformations		
ransformations Treatmen  Budget Facility Tours	Traveler's Name  Sgt Mike Griffin Susannah Rals	Event Date September 2	0-23.2022	Donation Amount/Value \$1,944.00
unding Source(s)		Hando, FL Stray Beach, FL ort Lauderdale, F		
pprovals  Department: Legal: Board: Mayor: Other:	WIN SOFT		TOTAL:	Date: 10/1/22 Date: Date
olicy Statement			<del>-</del>	
Background Information  Transformations Treatment Facilities  Eaders for the police Peer 2 pe	er support program. Transform intal health treatment including considering going there for help	nations is where we send out I help with PTSD. We were	r officers who ar able to tour the	re needing treatment for things
ummation of the Requested Action ransformations paid for hotel ar	nd plane tickets for Sgt Mike G	Griffin and me to tour their fac	cilities for first re	esponders in Florida.
ther Pertinent Details				
Processing Information for	City Clerk's Office			
Post Execution Processing  Mail vendor copy (addt'i signal  Must be filed with other goven  Addt'i governmental entity app	nmental entity	Additional Routing and	Processing Deta	ils