

### City of Pomona - Donations and Finding of Public Benefit

\* **Name of Organization**  
Assistance League of Pomona Valley

\* Full Address (Same as W9 Form)

\* **Contact Person**  
Dawn Van Allen

\* Contact Person Phone Number

\* **Tax ID of Group or Individual Receiving Payment**

\* **Total Funding Requested by Organization**  
\$3,500.00

\* **Will City services be required? (i.e. P.D., street closures, rentals). If yes, please explain. Any Council provided funding will go towards City services first.**  
No

**Total Funding Requested by Councilmember(s)**  
As much as they can

\* **Promotion - Request event promotion on City marquee @ SW corner of Garey and Mission. (City Seal can only be used to promote official City events and functions)**  
If its free ...Yes

\* **Is this an event? If so, please provide the name of the event.**  
Yes, Don't have an official name for it yet

\* **How will the Donations/Sponsorship be used? (The donation must primarily serve a public purpose, as opposed to solely benefiting an individual or private organization.)**  
To help fund our OSB store, it provides clothing and toiletries to underserved youth in our city

\* **What is the benefit to the City of Pomona? (An expenditure of public funds must be for primary benefit of the public agency that is making the expenditure)**  
Anytime we can help the youth of our city is of a benefit. One day they may grow up and be our next city council members.

I, Mayor/Councilmember Tim Sandoval, District No. 7, hereby request that the above donation/payment be made and that a finding of public benefit be determined by the City Council.

Account Number: 101-1302-52107-00000

Council Meeting Date: 7/15/24

Mayor/ Councilmember Approval 

Date: 7/1/24

# City of Pomona - Donations and Finding of Public Benefit

**\* Name of Organization**

Fox Theater Pomona & Tradición Dance Company

\* Full Address

**\* Contact Person**

Manny Vizcarra

\* Contact Person Phone Number

**\* Tax ID of Group or Individual Receiving Payment**

**\* Total Funding Requested by Organization**

3000

**\* Will City services be required? (i.e. P.D., street closures, rentals). If yes, please explain. Any Council provided funding will go towards City services first.**

No

**Total Funding Requested by Councilmember(s)**

\*\*SKIPPED\*\*

**\* Promotion - Request event promotion on City marquee @ SW corner of Garey and Mission. (City Seal can only be used to promote official City events and functions)**

No

**\* Is this an event? If so, please provide the name of the event.**

2nd Annual DanzArte Dance Competition

**\* How will the Donations/Sponsorship be used? (The donation must primarily serve a public purpose, as opposed to solely benefiting an individual or private organization.)**

Community members will participate in this cultural event, which will provide a space adequate with recognition's for dancers as well as a professional venue which uplifts our community arts. The donations will be used to cover event expenses, trophy's and recognition medals and support to keep the event at little to no cost for participants.

**\* What is the benefit to the City of Pomona? (An expenditure of public funds must be for primary benefit of the public agency that is making the expenditure)**

A cultural event that is accessible to the public and community members and at the same time elevating cultural arts in Pomona. The event supports and enhances cultural representation and promotes community engagement among artists. It provides inclusivity and recognition of achievements in the arts. It will serve to promote cultural diversity, education, and community participation.

I, Mayor/Councilmember Nora Garcia, District No. 3, hereby request that the above donation/payment be made and that a finding of public benefit be determined by the City Council.

Account Number: 101-1302-52103-00000

Council Meeting Date: 7/15/24

Mayor/ Councilmember Approval: Nora Garcia

Date: 7/1/24

# City of Pomona - Donations and Finding of Public Benefit

**\* Name of Organization**

Juneteenth Education Technology Mobile Arts Center

\* Full Address (Same as W9 Form)

**\* Contact Person**

Trudy Coleman

\* Contact Person Phone Number

**\* Tax ID of Group or Individual Receiving Payment**

**\* Total Funding Requested by Organization**

\$3,000

**\* Will City services be required? (i.e. P.D., street closures, rentals). If yes, please explain. Any Council provided funding will go towards City services first.**

Services were already happened for this event

**Total Funding Requested by Councilmember(s)**

\$3,000

**\* Promotion - Request event promotion on City marquee @ SW corner of Garey and Mission. (City Seal can only be used to promote official City events and functions)**

the 34th yr event has already passed, no need for it now.

**\* Is this an event? If so, please provide the name of the event.**

34th Yr. Pomona Valley Juneteenth Family Jazz and Arts Festival

**\* How will the Donations/Sponsorship be used? (The donation must primarily serve a public purpose, as opposed to solely benefiting an individual or private organization.)**

It will be used to pay the balance owed to the entertainers who performed and the sound engineer who is very instrumental in bringing the people out to the event. It will pay any outstanding bill owed to Paks and Recs or City.

**\* What is the benefit to the City of Pomona? (An expenditure of public funds must be for primary benefit of the public agency that is making the expenditure)**

Community support, helps with unity in the community, goodwill, and sponsorship support, which contributes to a successful Juneteenth Celebration Event.

I, Mayor/Councilmember Tim Sandoval, District No. 7, hereby request that the above donation/payment be made and that a finding of public benefit be determined by the City Council.

Account Number: 101-1302-52107-00000

Council Meeting Date: 7/15/24

Mayor/ Councilmember Approval: 

Date: 7/2/24