

City of Pomona - Donations and Finding of Public Benefit

* **Name of Organization**
Fox Community Culture Fund

* Full Address (Same as W9 Form)

* **Contact Person**
Rachel Boell

* Contact Person Phone Number

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

* **Total Funding Requested by Organization**
7,000.00

* **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)
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)**
La Gran Posada December 9th

* **Is this an event? If so, please provide the name of the event.**
La Gran Posada

* **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.)**
The donations will be used for production of the event/furniture rentals

* **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)**
La Posada is a tradition in Mexican culture and this event would be free to the public. Providing Mariachi, Folklorico Dancers and decor that will transport you. We have a predominantly Latino demographic. It's an event for the whole family

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: 12/2/24

Mayor/ Councilmember Approval: 

Date: 11/25/24

City of Pomona - Donations and Finding of Public Benefit

*** Name of Organization**

Celebrating A Vision

* Full Address (Same as W9 Form)

*** Contact Person**

Sonya Adams

* Contact Person Phone Number

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

*** Total Funding Requested by Organization**

900.00

*** 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.**

N/A

Total Funding Requested by Councilmember(s)

\$900.00

*** 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)**

N/A

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

Christmas Shopping spree for 25 families. Hundreds of Amazon products

*** 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.)**

Award winning organization Celebrating A Vision, is excited to announce we will be providing families this Christmas with a three minute shopping spree. clothes, shoes, household products, hygiene items, towels, pots, sheets, blankets, etc. whatever they put in the cart. They keep. We have 25-30 families participating. We have to pay an admin fee to purchase Amazon pallets. Pleas help us bring joy to the community.


*** 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)**

We are serving families that live in low income areas, the benefit is that they can receive items that's normally not in their budget. These goods are brand new& they have a chance to walk away with thousands of dollars of products.. this will be a fun experience

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: 12/2/24

Mayor/ Councilmember Approval: 

Date: 10/30/24

City of Pomona - Donations and Finding of Public Benefit

*** Name of Organization**

Sowing Seeds For Life

* Full Address (Same as W9 Form)

*** Contact Person**

Fran Robertson

* Contact Person Phone Number

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

*** Total Funding Requested by Organization**

1000

*** 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)

1000

*** 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.**

Sowing Seeds For Life, 19th annual holiday pantry

*** 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.)**

Funds, if awarded will be used to purchase \$20 gift cards that will be given away to children/families attending our December 11th distribution in Pomona. Our program location is Charisma Life Church. 305 E. Arrow Highway.

*** 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)**

It will help the community by bringing holiday joy to the children and families we serve in the Pomona valley. Gift cards are for families to purchase toys for the children of the families our program serves. We are expecting to assist 450 -500 families on that day.

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: 12/2/24

Mayor/ Councilmember Approval: 

Date: 11/25/24

City of Pomona - Donations and Finding of Public Benefit

*** Name of Organization**

Victory Outreach Pomona

* Full Address (Same as W9 Form)

*** Contact Person**

Monica Patron

* Contact Person Phone Number

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

*** Total Funding Requested by Organization**

2,000

*** 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.**

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)**

n/a

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

Winter Wonderland Toy Giveaway & Outreach

*** 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.)**

our Annual Christmas Toy Giveaway, Every year, we come together to share the joy of the season by giving toys to children in our community. This year, we are especially excited to extend our reach to children in group homes and foster care, bringing a bit of Christmas love to those who need it most. Our Winter Wonderland event will take place at the Purpose Church Event Center and will include a special dinner, a toy giveaway, fun games and some Christmas entertainment to celebrate the season

*** 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)**

every year we hold an outreach and toy giveaway to inner city children and their families, and though we lost our building this time last year due to a fire we still wanted to bless our children and This year, we are especially excited to extend our reach to children in group homes and foster care, bringing a bit of Christmas love to those who need it most.

I, Mayor/Councilmember Nora Garica, 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: 12/2/24

Mayor/ Councilmember Approval: Nora Garica

Date: 11/25/24

City of Pomona - Donations and Finding of Public Benefit

*** Name of Organization**

TBD - Council Holiday Gift/Food Drive

***Full Address**

N/A

Pomona CA 91766

***Phone**

(909) 620-2052

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

N/A

*** Total Funding Requested by Organization**

TBD

Total Funding Requested by Councilmember(s)

TBD

*** 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 anticipated attendance, and flyer or promotional material.**

NO

*** 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.)**

Funds will be used to purchase gifts/food for City Council Holiday Drive.

*** 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)**

This drive will benefit children and families in need in Pomona during the Holiday Season.

I, Mayor/Councilmember Elizabeth Ontiveros-Cole, District No. 4, hereby request that the above donation/payment be made and that a finding of public benefit be determined by the City Council.

Account Number: 101-1302-52104-00000

Council Meeting Date: 12/2/24

Mayor/ Councilmember Approval: 

Date: 11/14/24

City of Pomona - Donations and Finding of Public Benefit

*** Name of Organization**

Project Resilience

* Full Address (Same as W9 Form)

*** Contact Person**

Stephanie Sepeda

* Contact Person Phone Number

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

*** Total Funding Requested by Organization**

1500.00

*** 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)

250.00

*** 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)**

Through Social Media and flyers that we will hand out to the community

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

3RD ANNUAL HUMAN TRAFFICKING AWARENESS EVENT

*** 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.)**

Project Resilience, Every ONE Free, Project Sister, and AHT Community is collaborating for this community event.


*** 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)**

January is Human Trafficking Awareness Month. Project Resilience will be collaborating with Every ONE Free, Project Sister, and AHT Community, YWCA San Gabriel. Our goal is continuing to educate the community members, PUSD students, parents and provide resources. YWCA will be providing a Healthy Relationships presentation for students, there will be a march lead by Christina Jimenez on behalf of AHT Community. A survivor speaker, have shirts, taco cart.

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: 12/2/24

Mayor/ Councilmember Approval: 

Date: 11/25/24

City of Pomona - Donations and Finding of Public Benefit

*** Name of Organization**

Conceptual Art Therapy

* Full Address (Same as W9 Form)

*** Contact Person**

Mia Lee

* Contact Person Phone Number

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

*** Total Funding Requested by Organization**

\$4,000

*** 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.**

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)**

Yes

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

Pomona Youth Artwalk

*** 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.)**

The Pomona Youth Artwalk is a monthly event designed for young artists aged 8 to 17 to showcase and sell their artwork and handcrafted creations. Throughout the month, participants can attend workshops focused on marketing, branding, and customer relations to enhance their entrepreneurial skills. Thanks to the DPOA, we have secured a dedicated space on 2nd Street during the 2nd Saturday Artwalk, providing an opportunity for up to 50 youth artists to participate each month.

*** 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 youth artwalk benefits young participants, communities, and local economies. For youth, it builds artistic and entrepreneurial skills, boosts confidence, and fosters connections with mentors. Communities gain cultural enrichment, youth empowerment, and greater engagement. This event promotes creativity, unity, and local pride while providing a valuable platform for young artists to showcase their talents.

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: 12/2/24

Mayor/ Councilmember Approval: Nora Garcia

Date: 11/25/24

City of Pomona - Donations and Finding of Public Benefit

*** Name of Organization**

American Youth Soccer Organization (AYSO)

* Full Address (Same as W9 Form)

*** Contact Person**

Robin Bernardini

* Contact Person Phone Number

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

*** Total Funding Requested by Organization**

\$5,000

*** 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.**

No

Total Funding Requested by Councilmember(s)

TBD

*** 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.**

No

*** 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.)**

Assist the team to participate in regional tournaments throughout the year.

*** 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)**

AYSO is a nationwide youth soccer organization that provides a fun and safe environment for children to learn and play soccer. ATSO focuses on developing players' skills, teamwork, and sportsmanship, while also emphasizing the importance of fair play and respect for opponents, coaches and referees.

I, Mayor/Councilmember Robert Torres, District No. 6, hereby request that the above donation/payment be made and that a finding of public benefit be determined by the City Council.

Account Number: 101-1302-52106-00000

Council Meeting Date: 12/2/24

Mayor/ Councilmember Approval: 

Date: 11/13/24