#### REQUEST FORM

# CITY OF POMONA DONATION/PAYMENT AND FINDING OF PUBLIC BENEFIT

Councilmember making Request: Elizabeth Ontiveros-Cole
Name of Group/Organization or Individual: Shriners for Children Medical Center - Pasadena
Address: 909 S. Fair Oaks Ave., Pasadena, CA 91105
Telephone Number: (626) 389-9300
Tax ID of Group/Organization or Individual receiving payment: 36-2193608 (Tax ID number required prior to issuance of donation.)
Registered 501(c)(3): ■YES □NO
TOTAL FUNDING REQUESTED BY ORGANIZATION: TBD
TOTAL FUNDING REQUESTED BY COUNCILMEMBER: TBD
(Any additional funding by Councilmembers must be made within 30 days of the City Council making the finding of public benefit.)
How will the Donation/Sponsorship used? (The donation must primarily serve a public purpose, as opposed to solely benefiting an individual or private organization.)
This donation will support Shriners Hospital's efforts to provide quality health care for
children in the areas of Orthopaedics, Burn Care, Spinal Cord Injury, and Cleft Lip and
Palate, regardless of a family's ability to pay.
What is the benefit to the City of Pomona? (An expenditure of public funds must be for the primary benefit of the public agency that is making the expenditure.)
Over the years, Pomona Unified School District School Nurses have referred our school
children to Shriners for various physical conditions. Shriners Hospital has been a great
medical asset to thousands of children with physical disabilities, and has changed that lives
of children throughout the San Gabriel Valley, including out very own Pomona kids.
Request Received by Administration Offices on (attach request if available): 12/4/17
I, Mayor/Councilmember Elizabeth Ontiveros-Cole , District No. 4 , hereby requests that the above
donation/payment be made and that a finding of public benefit be determined by the City Council.
Mayor/Councilmember



### Dear Partnership Members,

At this time of year we celebrate the season of gratitude and look forward to the ways, big and small, that we can make a difference in someone's life. In the spirit of the holidays we invite our members to make a difference with a donation to <a href="Shriners for Children Medical Center - Pasadena">Shriners for Children Medical Center - Pasadena</a>, a new member of our San Gabriel Valley community and a new Partnership member as well.

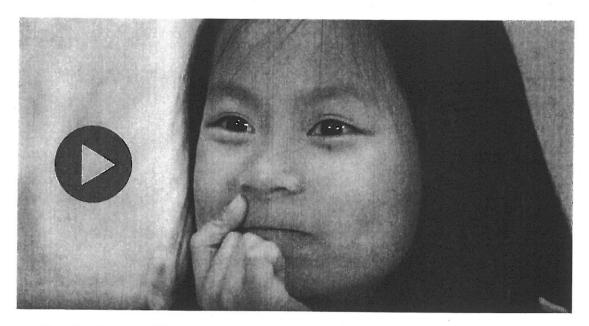
### About Shriners for Children Medical Center - Pasadena

The new medical center is one of 22 medical facilities in the Shrine Hospital System, one of the largest pediatric sub-specialty systems in the country, specializing in orthopaedics, plastics/burn reconstruction and cleft lip and palate for children up to 17 years of age. These services are offered without regard to a family's ability to pay.

This state of the art medical center has a large rehabilitation area, prosthetics and orthotic services and two surgery suites for outpatient surgeries. When our young patients need to stay overnight, a groundbreaking partnership with <a href="Huntington Memorial Hospital">Huntington Memorial Hospital</a>, located right next door, enables our surgeons to utilize the operating rooms at that premier facility.

#### Gratitude

Watch this short video to hear some remarkable children joyously express their gratitude for their life changing experience at Shriners.



### Let's Make a Difference

<u>The San Gabriel Valley Economic Partnership</u> will kick off the giving season with a donation to Shriners for Children Medical Center-Pasadena. We hope you will too. Click below to make a difference.

For more information about the medical center call Joanne David, Associate Director of Development, 626-389-9587 or e-mail at <a href="jodavid@shrinenet.org">jodavid@shrinenet.org</a>.



San Gabriel Valley Economic Partnership: (626) 856-3400, Address: 4900 Rivergrade Road, Irwindale, Suite B130 | CA
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### REQUEST FORM

# CITY OF POMONA DONATION/PAYMENT AND FINDING OF PUBLIC BENEFIT

Councilmember making Request: Elizabeth Ontiveros-Cole
Name of Group/Organization or Individual: NA
Address: NA
Telephone Number: NA
Tax ID of Group/Organization or Individual receiving payment: NA  (Tax ID number required prior to issuance of donation.)
Registered 501(c)(3): □YES ■NO
TOTAL FUNDING REQUESTED BY ORGANIZATION: TBD
TOTAL FUNDING REQUESTED BY COUNCILMEMBER: TBD
(Any additional funding by Councilmembers must be made within 30 days of the City Council making the finding of public benefit.)
How will the Donation/Sponsorship 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 food and toys for a City sponsored holiday food and toy
drive.
What is the benefit to the City of Pomona? (An expenditure of public funds must be for the primary benefit of the public agency that is making the expenditure.)
This food and toy drive will benefit less fortunate children and families in Pomona during the
2017 holiday season.
Request Received by Administration Offices on (attach request if available): 12/4/17
I, Mayor/Councilmember Elizabeth Ontiveros-Cole , District No. 4 , hereby requests that the above
donation/payment be made and that a finding of public benefit be determined by the City Council.
Mayor/Councilmember

### REQUEST FORM

## CITY OF POMONA DONATION/PAYMENT AND FINDING OF PUBLIC BENEFIT

Name of Group/Organization or Individual: PCS Family Sources NC.  Address: 1761 (NEST HOLT AURILLE POMONA 91768  Telephone Number: 909-629-3500  Tax ID of Group/Organization or Individual receiving payment: 82-228 3082  (Tax ID number required prior to issuance of donation.)  Registered 501(c)(3): TYES  TOTAL FUNDING REQUESTED BY ORGANIZATION: TBD  TOTAL FUNDING REQUESTED BY COUNCILMEMBER: TBD  (Any additional funding by Councilmembers must be made within 30 days of the City Council making the finding
Address: 176/ WEST HOLT AUSWE POWOWA 91765  Telephone Number: 909-629-3500  Tax ID of Group/Organization or Individual receiving payment: 82-228 308≥ (Tax ID number required prior to issuance of donation.)  Registered 501(c)(3): □YES 2NO 581(c)(3) PENO, SE  TOTAL FUNDING REQUESTED BY ORGANIZATION: 18 D  TOTAL FUNDING REQUESTED BY COUNCILMEMBER: 18 D  (Any additional funding by Councilmembers must be made within 30 days of the City Council making the finding
Telephone Number: 989-629-3500  Tax ID of Group/Organization or Individual receiving payment: 82-228 3082  (Tax ID number required prior to issuance of donation.)  Registered 501(c)(3): TYES  TOTAL FUNDING REQUESTED BY ORGANIZATION: TBD  TOTAL FUNDING REQUESTED BY COUNCILMEMBER: TBD  (Any additional funding by Councilmembers must be made within 30 days of the City Council making the finding
Tax ID of Group/Organization or Individual receiving payment: 82-2283082  (Tax ID number required prior to issuance of donation.)  Registered 501(c)(3): TYES  TOTAL FUNDING REQUESTED BY ORGANIZATION: TBD  TOTAL FUNDING REQUESTED BY COUNCILMEMBER: TBD  (Any additional funding by Councilmembers must be made within 30 days of the City Council making the finding
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TOTAL FUNDING REQUESTED BY COUNCILMEMBER:
(Any additional funding by Councilmembers must be made within 30 days of the City Council making the finding
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of public benefit.)
How will the Donation/Sponsorship used? (The donation must primarily serve a public purpose, as opposed to solely benefiting an individual or private organization.)
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What is the benefit to the City of Pomona? (An expenditure of public funds must be for the primary benefit of the public agency that is making the expenditure.)  To promote Boodwill And Herry Afford CHILDREN &  FAMILY WITHIN FATE LOW (NOOME F HOMECESS POPULIT TOWS
Request Received by Administration Offices on (attach request if available):
I, Mayor/Councilmember Rubio González, District No, hereby requests that the above
donation/payment be made and that a finding of public benefit be determined by the City Council.  Mayer/Councilmember

FINDING OF PUBLIC	BENEFIT I	MADE BY	<b>CITY</b>	COUNCIL	AT	COUNCIL	MEETING
DATE OF:							

DATE OF:			
11/20/17 - Kennedy Austin Foundation			
		2	
Addițional contributions by Council member			
Ful: F. Hongily	11/27/17 	Amount:	\$150
Councilmember Approval			
Cristina N. Carrigosa  Councilmember Approval	11/27/17 Date:	Amount:	\$100
Councilmember Approval			
Elizabeth Ontiveror Cole	11/27/17 	Amount:	\$50
Councilmember Approval			
•			
	Date:	Amount	•
Councilmember Approval			
	Date:	Amount	•
Councilmember Approval			
	Date:	Amount	•
Councilmember Approval			

## FINDING OF PUBLIC BENEFIT MADE BY CITY COUNCIL AT COUNCIL MEETING DATE OF:

22 01.			
11/20/17 - American Red Cross			
Additional contributions by Council membe	rs:		
Ful & Hongily	11/27/17 Date:	Amount:	
Councilmember Approval	-		
Cristina N. Carrigosa  Councilmember Approval	Date:	Amount:	
Elizabeth Ontiveros Cole	11/20/17 Date:	Amount: \$50	
Councilmember Approval		-	
Councilmember Approval	Date:	Amount:	
Councilmember Approval	Date:	Amount:	
	Date:	Amount:	
Councilmember Approval			

### FINDING OF PUBLIC BENEFIT MADE BY CITY COUNCIL AT COUNCIL MEETING DATE OF:

Councilmember Approval

Date: \_\_\_\_\_Amount: \_\_\_\_

FINDING OF PUBLIC BENEFIT MADE B'DATE OF:	Y CITY COUNCIL	AT COUNC	IL MEETING
12/4/17 - Pomona PD			
Additional contributions by Council member	rs:		
Ful F. Hongily	12/13/17 Date:	Amount:	\$250
Councilmember Approval			
Cristina N. Carrizosa  Councilmember Approval	12/7/17 Date:	Amount:	\$200
Elizabeth Ontiveror Cole	12/12/17 Date:	Amount:	\$50
Councilmember Approval			
	Date:	Amount	:
Councilmember Approval			
Councilmember Approval	Date:	Amount	;
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Councilmember Approval

### FINDING OF PUBLIC BENEFIT MADE BY CITY COUNCIL AT COUNCIL MEETING DATE OF: 12/4/17 - Right Choice Ministries Additional contributions by Council members: Ful & Hongily Date: \_\_\_\_\_ Amount: \$100 **Councilmember Approval** Cristina N. Carrizosa Councilmember Approval Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Slighter Ontiveros-Col Date: \_\_\_\_\_ Amount: \$75 Councilmember Approval Date: Amount: Councilmember Approval Date: Amount: **Councilmember Approval**

Councilmember Approval

Date: \_\_\_\_\_ Amount: \_\_\_\_\_