

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

**\* Name of Organization**

Ted Greene Little League

\* Full Address (Same as W9 Form)

**\* Contact Person**

Sonia Ballardo

\* Contact Person Phone Number

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

**\* Total Funding Requested by Organization**

\$2,500

**\* 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.**

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.)**

Ted Greene Little League as a co-ed youth baseball league incurs various operational expenses including and not limited to; league insurance policy, umpire fees, light usage fees paid to the City of Pomona, field maintenance, available equipment for all players to use as needed, events and activities to name a few. We acknowledge the need to maintain registration dues as low as possible to better support our families ability to participate in our baseball program thus the need for sponsor support

**\* 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)**

Ted Greene Little League baseball program aids in community engagement, encourages healthy lifestyles through sports, promotes civic pride, supports the City of Pomona's diversity and inclusion commitments. We provide a space where the creation of lasting memories and bonds encourage future generations to invest in their community.

I, Mayor/Councilmember Lorraine Canales, 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: 101-1302-52136-00000

Council Meeting Date: 2/24/25

Mayor/ Councilmember Approval: Lorraine Canales

Date: 2/5/25

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

**\* Name of Organization**

1 Cancer Patient

\* Full Address (Same as W9 Form)

**\* Contact Person**

Traci Asher

\* Contact Person Phone Number

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

**\* Total Funding Requested by Organization**

\$850

**\* 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, if deemed appropriate by City Council.

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

1 Cancer Patient Photographic Exhibit by Traci Asher at Sasse Museum of Art

**\* 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.)**

I made the decision to photograph and journal my life as a cancer patient over 10 years and 3 diagnoses. Photographic images from my book, "1 Cancer Patient- a unique photo journal to guide difficult cancer conversations," are curated to ease fear of the unknown often felt by cancer patients, caregivers, and loved ones. Donations will be used to print, mat, frame, and ship approximately 25 11"x14" photographs for a June 2025 exhibition at Sasse Museum of Art 300 S.Thomas St., Pomona 91766.

**\* 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)**

When we see ourselves represented in art, we can find unity and courage—even during our deepest battles. I intend to show that, despite a diagnosis, a good (though altered) life is possible. I work with Day One Pomona to help prevent tobacco use by our communities' youth. My book is available at San Antonio Regional Hospital & The Disney Family Cancer Center, as well as, mandatory reading in the Master of Arts in Counseling:Art Therapy & the PhD in Art Therapy Departments at Adler University.

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: 2/24/25

Mayor/ Councilmember Approval: Elizabeth Ontiveros-Cole

Date: 2/10/25

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

**\* Name of Organization**

Lopez Urban Farm

\* Full Address (Same as W9 Form)

**\* Contact Person**

Bianca Ustrell-Friend

\* Contact Person Phone Number

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

**\* Total Funding Requested by Organization**

\$2500

**\* 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)**

\$2500

**\* 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)**

Lopez Urban Art Fest May 24th @12pm 1034 W Mission Blvd.

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

Lopez Urban Art Fest

**\* 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.)**

Donations will be used to pay for materials and facilities needed to execute the 4th annual Lopez Urban Art Fest. This will include paying artists and workshop facilitators for their work.

**\* 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)**

Lopez Urban Art fest is a cultural and art experience that is free for all community members to attend.

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: 101-1302-52104-0000

Council Meeting Date: 2/24/25

Mayor/ Councilmember Approval: Elizabeth Ontiveros - Cole

Date: 2/10/25

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

**\* Name of Organization**

Total Restoration Ministries

\* Full Address (Same as W9 Form)

**\* Contact Person**

SANDRA WEBSTER

\* Contact Person Phone Number

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

**\* Total Funding Requested by Organization**

1,500.00

**\* 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)**

1,000.00

**\* 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)**

Yes

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

TRM Show & Shine For Shelter Car & Bike Fundraiser

**\* 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.)**

See Sponsorship Letter

**\* 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)**

Solution to homelessness in Pomona

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: 2/24/25

Mayor/ Councilmember Approval: Elizabeth Ontiveros-Cole

Date: 2/10/25

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

**\* Name of Organization**

A fatherless field

\* Full Address (Same as W9 Form)

**\* Contact Person**

Michelle Martinez

\* Contact Person Phone Number

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

**\* Total Funding Requested by Organization**

1200

**\* 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)**

Pomona Everything Free Street Fair March 29th 12-3pm 611 East Holt Ave

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

A Fatherless field Pomona Street fair

**\* 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.)**

Donations will be going towards event Port A potty , Security and Stage rentals, water, bottles, ice, food purchased from a local restaurant to feed lunch to low income families, toys and prizes for kids, advertisement printing of flyers to give out 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 help find the needs of the people in the Pomona community. We give out groceries lunches diapers backpacks, etc. We navigate people to programs and resources to help them in Pomona. We clean the city by get the homeless off the streets and get into clean and sober housing. We get the ladies into safe homes and help with human trafficking on Holt Ave. We partner with many great programs that help better our city.

I, Mayor/Councilmember Elizaberth 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: 2/24/25

Mayor/ Councilmember Approval: 

Date: 2/13/25