

City of Pomona - Donations and Finding of Public Benefit

*** Name of Organization**

NAACP Pomona Valley Branch

* Full Address (Same as W9 Form)

*** Contact Person**

Jeanette EllisRoyston

* 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.**

Mayor or Council Member to bring the Welcome

Total Funding Requested by Councilmember(s)

\$500 each Councilmember

*** 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)**

Claremont news paper

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

6th Annual Freedom Fund

*** 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 funds are appreciated to off set branch treasure budget expresses such as advertising, promoting, purchase trophies and website mark-up and our souvenir booklet, Attorney General, Rob Bonta, Keynote Speaker, compliment City of Pomona as a diverse and Compassionate Community. We oversee our budget of \$4,000

*** 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)**

NAACP PVB celebrated 2 new Councilmembers to the city of Pomona.....Debera Martin actually a returning Council members, so excited to spotlight these 2 Pomona stakeholders.

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: 5/5/25

Mayor/ Councilmember Approval: Nora Garcia

Date: 4/22/25

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.**

For National Prevention Week: Fentanyl Awareness & Community Resource 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.)**

This would help support the event. We will be paying for the venue for Ganesha High School. We will be paying for marketing, drinks and waters, banner, flyers, and gift card incentives to engage families in the 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)**

The benefit to the city of Pomona will strengthen the safety, health and unity of Pomona. This is a public health issue. By bringing families together and providing essential tools like Narcan room check training, free groceries, and vital education on Fentanyl risks. Last year there was multiple overdoses and some students who lost their lives due to Fentanyl. We are taking proactive steps save lives, empower parents, students, protect the youth. This will build trust with the community.

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: 5/5/25

Mayor/ Councilmember Approval: Nora Garcia

Date: 4/22/25

City of Pomona - Donations and Finding of Public Benefit

*** Name of Organization**

Costanoan Rumsen Carmel Tribe

* Full Address (Same as W9 Form)

*** Contact Person**

Carla Marie munoz

* Contact Person Phone Number

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

*** Total Funding Requested by Organization**

Costanoan rumsen carmel tribe

*** 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)

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)**

Yes

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

Costanoan rumsen carmel tribe 31st annual big time

*** 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.)**

Restrooms,water,Trash

*** 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 the costanoan rumsen carmel tribe provide the community with an understanding of and sharing Indigenous culture through dance,song,and prayer and inclusion of community...and community involvement and collaboration with the city of pomona.

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: 4/24/25

Mayor/ Councilmember Approval: Nora Garcia

Date: 4/22/25

City of Pomona - Donations and Finding of Public Benefit

*** Name of Organization**

Pomona Public Library Foundation

* Full Address (Same as W9 Form)

*** Contact Person**

Bree Devones Hsieh

* 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)

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)**

2025 PPLF Mayor's Gala June 12th! www.pomonalibraryfoundation.org

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

The Pomona Public Library Foundation 2025 Mayor's Gala

*** 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 to support the Homework Club, our after school drop-in tutoring program at the Pomona Public Library, and summer cultural excursions around greater Los Angeles for hundreds of children, which help maintain learning during the summer when school is not in session. They will also be used to continue to upgrade landscaping, furnishings, technology upgrades, and the inside of the library for community use.

*** 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)**

The benefit of the Pomona Public Library Foundation's efforts is an improved library for all Pomona community members. We applied for and won and managed a grant to remodel the front of the library, we have added all new tables and chairs to the public conference room at the library, we have added new public conferencing technology, and we fund the after-school drop-in tutoring program (the Homework Club) that runs four days a week, 3:30-5:30/6pm, as well as many summer cultural excursions.

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: 5/5/25

Mayor/ Councilmember Approval: Nora Garcia

Date: 4/22/25

City of Pomona - Donations and Finding of Public Benefit

*** Name of Organization**

Nuestra Casa: Museum of History and Culture

* Full Address (Same as W9 Form)

*** Contact Person**

Cristina Carrizosa (for Board of Directors Luis Juarez, Angela Sanbrano, and Mike Suarez).

* Contact Person Phone Number

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

*** Total Funding Requested by Organization**

\$5,000.00 (five thousand dollars.)

*** 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)**

None.

*** 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.)**

Nuestra Casa Museum will be located in Pomona. It will serve Pomona residents and students, as well as other neighboring communities. The funding will allow the purchase of some office equipment, a telephone line and pay for some fund raising expenses.

*** 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)**

Pomona and the region are rich in history and culture, unfortunately the absence of a dedicated outlet deprives the community of an opportunity to showcase and celebrate its history and contributions. Pomona will benefit from positive exposure in the media, visitors from other communities and other. The museum will cater to a broad audience from school age children to seniors, fostering a deep understanding of the contributions made from Latinos in the region throughout history.

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: 5/5/25

Mayor/ Councilmember Approval: Nora Garcia

Date: 4/22/25

City of Pomona - Donations and Finding of Public Benefit

*** Name of Organization**

Kennedy Austin Foundation

* Full Address (Same as W9 Form)

*** Contact Person**

Ethel Gardner

* Contact Person Phone Number

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

*** Total Funding Requested by Organization**

\$1,5000

*** 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)

\$ 1,500,

*** 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)**

Kennedy Austin Foundation, Mental Health Bingo

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

Kennedy Austin Foundation Mental Health Bingo

*** 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.)**

Kennedy Austin and Tri City Mental has created an event for Domestic Violence Women, and Parents who loss children to have a fun evening with paying games of Bingo to allow them to laugh, sing and feel expectional for the day.

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The are all Tri City community members and residents that has been a part of the mental health communities and live and work in the tri city areas.

I, Mayor/Councilmember Debra Martin, District No. 1, hereby request that the above donation/payment be made and that a finding of public benefit be determined by the City Council.

Account Number: 101-1302-52131-00000

Council Meeting Date: 5/5/25

Mayor/ Councilmember Approval: *Debra Martin*

Date: 4/24/25