

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

**\* Name of Organization**

Healed Women Heal

\* Full Address (Same as W9 Form)

**\* Contact Person**

Tracy Evanson

\* 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)**

Mayor Tim

**\* 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.**

A teen inspired program

**\* 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.)**

We are launching two programs for teens. Love shouldn't hurt for teens. And love shouldn't hurt me either for individuals with developmental disabilities.


**\* 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)**

Healthy teens, healthy families, healthy community.

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: 11/18/24

Mayor/ Councilmember Approval: 

Date: 10/30/24

# City of Pomona - Donations and Finding of Public Benefit

**\* Name of Organization**

Total Restoration Ministries / RestoreHer Place

\* 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**

2000.00

**\* 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)**

NO

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

TRM 25TH ANNUAL HOLIDAY DAY COMMUNITY 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.)**

TRM 25TH ANNUAL HOLIDAY COMMUNITY OUTREACH will serve low income families of Pomona during the holiday season during Thanksgiving & Christmas with much needed support with toys, holiday food boxes, raffle of bikes, and more.


**\* 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)**

TRM 25TH ANNUAL HOLIDAY COMMUNITY OUTREACH will serve many low income families of Pomona during the holiday season Thanksgiving & Christmas with much needed support.

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.

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Council Meeting Date: 11/18/24

Mayor/ Councilmember Approval: 

Date: 10/30/24

# City of Pomona - Donations and Finding of Public Benefit

**\* Name of Organization**

Cosmic Labyrinth

\* Full Address (Same as W9 Form)

**\* Contact Person**

Indy Singh

\* 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)**

Yes please

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

Labyrinth Fiesta/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.)**

+ Purchase tools to build the large labyrinth of Lopez Urba Farms + Provide healthy food and nourishments to community members that join to build the labyrinth + Provide stipends to facilitators and community educators that provide experiences throughout the day + Providing community with resources to be healthier, more civically engaged, and support local ecology and improve climate conditions

**\* 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)**

+ Increase trust between different cultural communities in Pomona + Increase safety in the community and decrease violence + Improve mental health by creating an interfaith meditation space + Improve physical health by promoting walking (through the labyrinth) and being outside in nature + Create a celebration connecting community to ecological and climate positive behaviors + Provide and connect the Pomona community to more educators and cultural practitioners of health and wellbeing

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.

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Council Meeting Date: 11/18/24

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Date: 10/30/24

# City of Pomona - Donations and Finding of Public Benefit

**\* Name of Organization**

Valley Indoor Swap Meet

\* Full Address (Same as W9 Form)

**\* Contact Person**

Adali Valdivia

\* Contact Person Phone Number

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

**\* Total Funding Requested by Organization**

\$750

**\* 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.**

Valley Indoor Swap Meet annual toy giveaway and we expect about 2,000 children.

**\* 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 donation provided will be used to purchase the toys that will be given out at our even that will take place at the Valley Indoor Swap Meet in Pomona. Any contribution will be helpful.

**\* 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 Valley Indoor Swap Meet is proud to be able to help the Pomona community for the past 15 years by spreading joy through our FREE toy giveaway for the children. This year, we're excited to make the event even more special with visits from Mrs. Claus and Santa, who will be greeting the kids and taking photos with them. The event will take place on Monday, December 23rd, from 10 AM to 3 PM. Thank you for continuous support.

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: 11/18/24

Mayor/ Councilmember Approval: 

Date: 10/30/24

# City of Pomona - Donations and Finding of Public Benefit

**\* Name of Organization**

Sumner Danbury PFA

\* Full Address (Same as W9 Form)

**\* Contact Person**

PFA President

\* Contact Person Phone Number

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

**\* Total Funding Requested by Organization**

\$15,000

**\* 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.**

n/a

**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.)**

For the purchase of books for students. Many students are from lower income families and do not have access to good quality books.

**\* 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)**

Students receiving books to read and learn from provides them a lifelong experience and helps students feel empowered and teaches them the love of reading.

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: 11/18/24

Mayor/ Councilmember Approval:  \_\_\_\_\_

Date: 10/30/24

# City of Pomona - Donations and Finding of Public Benefit

\* **Name of Organization**  
FOX COMMUNITY CULTURE FUND

\* Full Address (Same as W9 Form)

\* **Contact Person**  
ALEJANDRA TESSIER

\* Contact Person Phone Number

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

\* **Total Funding Requested by Organization**  
7,500.00

\* **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)**  
\*\*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)**  
ENTRE MAGIA Y MUERTE

\* **Is this an event? If so, please provide the name of the event.**  
YES. ENTRE MAGIA Y MUERTE

\* **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.)**  
ENTERTAINMENT, PRODUCTION AND STAFF

\* **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)**  
FREE FAMILY EVENT FOCUSING ON A LATIN TRADITION OF HOW LATINO CULTURE REMEMBERS LOVED ONES.

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: 11/18/24

Mayor/ Councilmember Approval: 

Date: 10/30/24

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

**\* Name of Organization**

ST. Madeleine Catholic Church

**\* Full Address**

**\* Phone**

(909) 629-9495

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

**\* Total Funding Requested by Organization**

\$864 - pay for two police escorts

**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)**

ok

**\* Is this an event? If so, please provide anticipated attendance, and flyer or promotional material.**

Yes, Our Lady of Guadalupe Procession

**\* 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.)**

Help pay for two police escorts

**\* 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 and parish to unite and help our youth with growth and faith.

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: 11/18/24

Mayor/ Councilmember Approval: 

Date: 10/30/24

# 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**

\$400

**\* 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)**

Miracle On Holt St Toy Giveaway Community Candle lighting

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

Miracle on Holt St.

**\* 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.)**

Toys for lower income families of pomona

**\* 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)**

Help lower income families, help us to find the needs of the people at the event to repair 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: 11/18/24

Mayor/ Councilmember Approval: 

Date: 10/30/24



# City of Pomona - Donations and Finding of Public Benefit

\* **Name of Organization**  
Kennedy Austin Foundation

\* Full Address (Same as W9 Form)

\* **Contact Person**  
Ethel Mae Gardner

\* Contact Person Phone Number

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

\* **Total Funding Requested by Organization**  
\$ 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)**  
N/A

\* **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.**  
Annual Toy and Thanksgiving Giveaway!

\* **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 donation will help in serving our public communities dealing with homelessness, mental health, etc. in the city of Pomona, families in much need of support, in almost every way possible.

\* **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)**  
Each year KAF will host 2 annual holiday events Thanksgiving Giveaway and annual Toy Giveaway for community in need, this will be our 16th year, your help and assistance is greatly needed in this time of great disparity in families,

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: 11/18/24

Mayor/ Councilmember Approval: 

Date: 10/31/24

# City of Pomona - Donations and Finding of Public Benefit

**\* Name of Organization**

Biker Kidz Foundation

\* Full Address (Same as W9 Form)

**\* Contact Person**

Katrina Whitney

\* Contact Person Phone Number

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

**\* Total Funding Requested by Organization**

1,000

**\* 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.**

Yes, rental of venue and insurance for the city event

**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)**

Biker Kidz Festival Free Kids Event

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

Biker Kidz 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.)**

This will be used to pay the location fee at the Derby Room Pomona and the insurance needed for the 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)**

This helps to keep the event free for the residents and community.

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: 11/18/24

Mayor/ Councilmember Approval:  \_\_\_\_\_

Date: 11/5/24

# 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: 11/18/24

Mayor/ Councilmember Approval: 

Date: 10/30/24

# City of Pomona - Donations and Finding of Public Benefit

**\* Name of Organization**

Tradición Dance Company

\* Full Address (Same as W9 Form)

**\* 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)**

N/A

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

Tradición Navideña

**\* 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.)**

Donation will be used to purchase costumes and props for our Christmas production. This allows students to minimize or remove expenses of participating in the show. The donations will also support in event planning 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)**

The city of Pomona will be supporting its residents who participate in sharing the traditional Christmas celebrations of Mexico through Folklorico dances. This also helps promote the cultural diversity in 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: 11/18/24

Mayor/ Councilmember Approval: 

Date: 11/4/24

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

**\* Name of Organization**

Cesar Avelar and Magaly Valdez

\* Full Address (Same as W9 Form)

**\* Contact Person**

Andrea Rico

\* Contact Person Phone Number

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

**\* Total Funding Requested by Organization**

\$1,000

**\* 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)**

\$1,000

**\* 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)**

No

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

State of Early Childhood Summit

**\* 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 funding will be used to pay an honorarium in the amount of \$500 to each speaker at the Summit.

**\* 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)**

n/a

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: 11/18/24

Mayor/ Councilmember Approval:  \_\_\_\_\_

Date: 11/5/24