* Name of Organization
Celebrating A Vision
* Full Address
* Control Dominion
* Contact Person
Sonya Adams
* 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
ürst.
N/A
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)
N/A
* Is this an event? If so, please provide the name of the event.
Our Summer helicopter flight program for foster kids
* 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 amazing experience allows the youth to learn about helicopters and airplanes, the kids actually get to fly with the pilots We encourage them to choose a career in aeronautics. The kids are always so excited for this experience. Opportunities are not offered in low income areas. Ms. Adams is a Philanthropic Powerhouse. Featured on T.V and radio, for her humanitarian work. We need your continued support Food, drink transportation is needed. Breakdown \$25.00 X 40 = 1,000 fee per child
* 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 event inspires the youth to dream BIG! We want the families to explore other places and things. I don't want the children to settle for what's just in there community My goal has always been to introduce the youth to music, museums, holistic medicine, healthier lifestyle. Culinary, Hydroponics. Cultural Arts,
I, Mayor/Councilmember Nora Garcia , District No. 3 , hereby request that the above donation/payment be made and that a finding
t, Mayor/Councilmember, District No, nereby request that the above donation/payment be made and that a finding of public benefit be determined by the City Council.
of public benefit be determined by the City Council.
Account Number: 101-1302-52103-00000
Council Meeting Date: 7/1/24
Mayor/Councilmember Approval Nota Holice
Date: 6/13/24

* Name of Organization Community Partners 4 Innovation

* Full Address
* Contact Person Yesenia Miranda Meza
* 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) N/A
* Is this an event? If so, please provide the name of the event. Pomona's Time for Sound Healing Lopez Urban Farm
* 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 will be having a monthly Sound Healing event at Lopez Urban Farm open to the community free of charge. We provide a safe space for our community. We will have a potluck vegetarian/vegan style. We will need utensils, napkins, plates, water ect. We need this funding to carry this monthly event for the next 5 months. The funds will help give a small stipend to the teachers holding the sound healing space and for the supplies mentioned above for 5 events.
* 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 event offers the residents of Pomona a free holistic alternative for mental health in way of meditation, breath work native indigenous teachings and meditation free of charge. These sound healings can run a person starting at \$45 per person we offer it free of charge with your assistance. We have had up to 84 ppl. attend our event. If you have any questions please feel free to contact organizer Yesenia Miranda Meza.
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: 7/1/24 Mayor/ Councilmember Approval: 400000 6/13/24 Date:

* Name of Organization Pomona Public Library Foundation
* Full Address
* Contact Person Bree Hsieh
* 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) Tim Sandoval
* 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. Pomona Public Library Foundation 2024 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 funds will be used for a sponsorship, purchasing a table at the gala. Funds above meal cost will go to improving the Pomona Public Library through Pomona Public Library Foundation Projects
* 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 improvements of facility and resources, such as patio improvements, conference room improvements, technology improvements, etc, will benefit all patrons of the Pomona Public Library (Door count 2023 was 51,000 people)
I, Mayor/Councilmember
Account Number:
Council Meeting Date: 7/1/24
Mayor/ Councilmember Approval: 101-1302-52107-00000
Date: 6/13/24

* Name of Organization Conceptual Art Therapy
Сопсервия Авт тиегару
* Full Address
* Contact Person
Mia Lee
* Contact Person Phone Number
(
* Tax ID of Group or Individual Receiving Payment
* Total Funding Requested by Organization
\$6,000
* 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) \$6,000
* 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 No
* Is this an event? If so, please provide the name of the event. 2nd Annual Summer Youth Art Camp
* 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 presenting an immersive summer art experience for the 2nd time. The 3-week camp will include workshops on creative writing, film-making, and photography with artist-mentors ready to serve Pomona's youth with skills, knowledge, encouragement, and hope. We have two field trips and a 4-day Youth Artist Retreat at Big Bear Lake. The cost per youth is \$700 which is all-inclusive (food, art supplies, and transportation). A donation of \$6,000 will cover the lodging for the artist retreat.
* 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)
Art therapy for youth enhances emotional expression, reduces stress, and boosts self-esteem. It provides a safe space to process trauma, fostering resilience. Socially, it
improves communication and interpersonal skills, promoting cooperation and empathy. Exit surveys from last year's art camp indicated that the youth experienced increased self-confidence, improved communication with peers, and reduced feelings of loneliness and depression.
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: 7/1/24
Mayor/ Councilmember Approval: Work Holice
Mayor/ Councilmember Approval: Nota Holline
Date: 6/17/24

* Name of Organization Partnership for A Positive Pomona (P3) / National Council on Alcoholism and Drug Dependence of East San Gabriel and Pomona Valleys, Inc.
* Full Address
* Contact Person Lilia Onate * 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) **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 Fest (PYF)
* 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 Fest is a youth-focused, alcohol-drug-free event where there will be live music, bands, local performers, art installations, video-game stations, and food. The event is entirely free for youth. The event is being held with support from the Fairplex on August 2, 2024, from 6-10 pm. The event is limited for youth ages 13-17 with parental permission. Our goal is to have 200 youth participate. Any funding received will go to support the activities at the PYF.
* 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) Our agency and coalition are focused on reducing access to substances in the Pomona community we have an office at 656 N. Park Ave Pomona CA 91768. This event benefits youth in Pomona, by offering them an opportunity to experience a music festival where they can express and enjoy themselves in a safe environment, thereby learning to have fun without substances.
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: 7/1/24 Mayor/ Councilmember Approval: Loca Loca Date: 6/13/24