

City of Pomona - Donations and Finding of Public Benefit

*** Name of Organization**

TBD

*Full Address (Same as W9 Form)

***Contact Person**

Councilmember Debra Martin

*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)

\$5,000

*** 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.

Love Your Park Day at Ganesha Park

***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.)**

Funding will go toward the purchase of paint, rollers, brushes, drop cloth, trash bags and to pay for food, snacks and water for volunteers.

***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 will inspire community members to visit the park, participate in its cleaning and beautification, and foster a sense of pride. The park is a shared space for everyone, and it's crucial to maintain its cleanliness and appearance to ensure it feels safe and welcoming for all—encouraging families and friends to gather and enjoy it together.

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: 3/17/25

Mayor/ Councilmember Approval: *Debra Martin*

Date: 2/24/25

City of Pomona - Donations and Finding of Public Benefit

*** Name of Organization**

Conceptual Art Therapy

* Full Address (Same as W9 Form)

*** Contact Person**

Mia Lee

* Contact Person Phone Number

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

*** Total Funding Requested by Organization**

3,000

*** 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)**

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.)**

Funding will be used for "Say It With Your Chest" an afterschool program that empowers youth through t-shirt design and entrepreneurial training. Participants learn design skills, branding, and business basics—transforming their creativity into wearable art and small business ventures.


*** 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)**

"Say It With Your Chest" benefits the city by fostering youth creativity, promoting entrepreneurship, and building job skills. It encourages positive self-expression, reduces idle time after school, and inspires future business owners. The program strengthens the local economy by cultivating young talent and supporting community engagement.

I, Mayor/Councilmember Victor Preciado, District No. 2, hereby request that the above donation/payment be made and that a finding of public benefit be determined by the City Council.

Account Number: 101-1302-52102-000000

Council Meeting Date: 3/17/25

Mayor/ Councilmember Approval: 

Date: 3/4/25

City of Pomona - Donations and Finding of Public Benefit

*** Name of Organization**

Urbanmission Community Partners dba Community Partners 4 Innovation

* Full Address (Same as W9 Form)

*** Contact Person**

Nathan Alton

* Contact Person Phone Number

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

*** Total Funding Requested by Organization**

\$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)

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.)**

We recently built a small skateboard ramp at Lopez Urban Farm & are hoping to expand it. It has been a huge draw for people of all ages from all areas of Pomona with an average of 10-20 residents using it daily. Many are also spending time to learn about agriculture & using other amenities during their visits to skate. We have also hosted multiple Free Events with skating, live music & giveaways & are going to run Free Skate Lessons. Expansion of the ramp is key to growth in events & programs.

*** 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)**

Expanding the skate area at Lopez Urban Farm will benefit the City & most importantly the residents by giving them a larger safe space to skate in a green environment. It will allow us to do bigger Free events and host Free Skate Lessons and Camps for the youth of Pomona. Currently there is no other public half pipe in Pomona & this space provides a unique experience that brings skate, agriculture, art & music together in one space for all residents to enjoy.

I, Mayor/Councilmember Victor Preciado, District No. 2, hereby request that the above donation/payment be made and that a finding of public benefit be determined by the City Council.

Account Number: 101-1302-52102-00000

Council Meeting Date: 3/17/25

Mayor/ Councilmember Approval: 

Date: 3/4/25

City of Pomona - Donations and Finding of Public Benefit

*** Name of Organization**

Soroptimist International of Pomona/Claremont

* Full Address (Same as W9 Form)

*** Contact Person**

Gayle Claiborne

* 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.**

n/a

Total Funding Requested by Councilmember(s)

\$2,000

*** 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.**

Soroptimist Redwood Grove Clean Up

*** 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 purchase supplies to refinish the carvings in the Soroptimist Grove.

*** 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)**

Refining the park and preserving the carvings for the community to enjoy is a priority. Some of the carvings have been damaged by the elements, and this funding will go toward ensuring they are restored and protected for future generations.

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: 3/17/25

Mayor/ Councilmember Approval: *Debra Martin*

Date: 3/4/25

City of Pomona - Donations and Finding of Public Benefit

* **Name of Organization**
Latino and Latina Roundtable

* Full Address (Same as W9 Form)

* **Contact Person**
Lina Mira

* Contact Person Phone Number

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

* **Total Funding Requested by Organization**
7,000

* **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.**
none needed

Total Funding Requested by Councilmember(s)
7,000

* **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)**
City Marquee @ SW corner of Garey and Mission

* **Is this an event? If so, please provide the name of the event.**
21st Annual Cesar Chavez Breakfast on March 28th 2025


* **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 for student scholarships, to promote the development of local leadership and community engagement of a diverse group of community members. Donations go back to the community through various the creation and participation of several community events that engage people from various age groups.

* **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 gets recognition for their support and a return on investment by cross promoting various city resources and involvement of community members. The Latino and Latina Roundtable helps promote resources and also members participate in various community events throughout the City.

I, Mayor/Councilmember Victor Preciado, District No. 2, hereby request that the above donation/payment be made and that a finding of public benefit be determined by the City Council.

Account Number: 101-1302-52102-00000

Council Meeting Date: 3/17/25

Mayor/ Councilmember Approval: 

Date: 3/4/25

City of Pomona - Donations and Finding of Public Benefit

*** Name of Organization**

Optimist Club of Pomona

* Full Address (Same as W9 Form)

*** Contact Person**

M Joyce Bakersmith

* 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)**

Not Needed

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

There are two events: Tea for the Soul and My Success in Ties

*** 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.)**

1) My Success in Ties The funds will be used to purchase apparel for graduating male students who earned a scholarship by writing an assigned essay. The dress apparel is the reward for winning the scholarship. 2) Tea for the Soul Funds will be used to purchase hats, accessories, gloves and food for the event. Scholarships will be awarded to graduating female seniors who have received a letter of acceptance to institutions of higher learning.

*** 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)**

1) The funds will be used to purchase men's apparel for graduating male students who have written essays and have been selected as winners. 2) Tea for the Soul Funds will be used to purchase hats, accessories, gloves and food for the event. Scholarships will be awarded to graduating female seniors who have received a letter of acceptance to institutions of higher learning. These funds will help the Optimist Club of Pomona exemplify our pledge: "Friend of Youth."

I, Mayor/Councilmember Victor Preciado, District No. 2, hereby request that the above donation/payment be made and that a finding of public benefit be determined by the City Council.

Account Number: 101-1302-52102-00000

Council Meeting Date: 3/17/25

Mayor/ Councilmember Approval:  _____

Date: 3/4/25