REQUEST RECEIVED BY	E 10 14 0
BY ADMINISTRATION ON	5/9/18

Name of Organization: Day One	
Street/Mailing Address: 1391 S. Main Street, Pomo	na, CA 91766
Daytime Phone Number: 909-618-8987	
Is Organization Registered as a 501(c):YES _	NO
Tax ID of Group or Individual receiving payment: 95-	4172246
Γ)	ax ID number is required prior to issuance of donation
TOTAL FUNDING REQUESTED BY ORGANIZATI	ON: \$500
TOTAL FUNDING REQUESTED BY COUNCILMEN	MBER(S): TBD
IS USE OF THE CITY SEAL BEING REQUESTED? (Limited to print on informational material related to specif	YES NO NO commercial use of City Seal Permitted.)
How will the Donation/Sponsorship used? (The donation solely benefiting an individual or private organization.)  The donation will be used to provide food to over \$1.000.	
Schools Skillz class. This program provides at-ris	sk, low-income students with a supportive
environment and tools to become successful in s	school.
What is the benefit to the City of Pomona? (An expendit the public agency that is making the expenditure.) Skillz provides students who traditionally have babetter students and citizens. Our hope for skillz i participate in the program who do off to college	d behavior records with tools to become s to improve the lives of students who
and give back.	
I, Mayor/Councilmember Tim Sandoval donation/payment be made and that a finding of public ber	, District No. 7, hereby request that the above nefit be determined by the City Council.
Account Number: 101-1302-52107-00000	Council Meeting Date: 5/21/18
7.	Date: 5/9/18
Wlavov/Councilmember Approval	



175 n. euclid ave. pasadena, ca 91101 p 626.229.9750 l 626.765.6239 www.goDayOne.org

#### board of directors

alfred clark III attorney lord bissell & brook, lip

tom coston president light bringer project

karen evans director program development 5 acres

binti harvey chief marketing and communications scripps college

darryl qualls deputy chief pasadena police department

natalie salazar executive director crime stoppers

denise sparks partner spa sante

delano yarbough community activist retired PUSD principal

lead staff

christy zamani executive director

catalina gonzalez environmental prevention director

claudia morales community prevention director

jazmine de la torre nutrition education, obesity prevention director

alisha lopez tobacco control and prevention director April 16, 2018

Dear Mayor Tim Sandoval,

Day One Pomona and partners are looking forward to hosting its 2<sup>nd</sup> annual SKILLZ Summer School.

SKILLZ is a unique summer learning experience designed to support students at risk of dropping out or failing to graduate. By completing a mix of life skills lessons and interactive workshops students gain five elective credits. In addition to improving school success, SKILLZ helps increase the students' confidence, motivation and social skills.

Of course, we cannot do this alone...

We are currently seeking partners who are able to:

Donate snacks
Help provide lunch on Friday's
Make store donation(s) towards SKILLZ
Make cash donation(s) towards SKILLZ

Your support will help provide healthy and nutritious snacks and meals for students and in return for your contribution, your information will be added to any promotional materials released.

Day One will graciously accept any donation from you. Please do not hesitate to contact me should you have any questions or comments. Thank you for your consideration, we look forward to hearing from you.

For more information, please visit www.goDayOne.org, email us at Elizabeth@godayone.org.

Thank you in advance for your support!

Sincerely,

Christy Zamani

Executive Director, Day One

Day One is a 501(c)3 nonprofit organization with a 25-year history of providing effective, high quality and culturally-sensitive public health education, intervention, and policy development. Day One builds vibrant, healthy cities by advancing public health, empowering youth and igniting change.

Tax ID number 95-4172246

Day One builds vibrant, healthy cities by advancing public health, empowering youth, and igniting change,

SKILLZ is for current 8th and 9th graders

Applications can be picked up from your School Counselor or downloaded online by going to: https://www.godayone.org/healthypomona

http://www.ncaddesgpv.org/

YOU ARE

WORTH IT!
BELIEVE US

**Collaborative Partners** 

Day One, Prototypes, NCADD, PUSD, TUPE,

equivalent to a \$1000 scholarship

For more information contact: jhughes@prototypes.org 626-532-3030

Apps Due: May 17th, 2018
Interviews: May 21st - 22nd
Orientation: May 30th, 2018
Class Starts: June 4th, 2018
Class Ends: Jule 29th, 2018

SKILLZ takes place in an environment of love. support, understanding, and high expectations You will have the opportunity to work in small groups with instructors who care about you and your success!

THIS SUMMER!!!!
JUNE 4TH- JUNE 29TH
MONDAY-FRIDAY
8:00AM-1:00PM
5 ELECTIVE UNITS
20 DAYS!

REQUEST RECEIVED BY	E /2 / 4 0
BY ADMINISTRATION OF	<sub>v</sub> 5/7/18

Name of Organization: Pomona Police Department	
Street/Mailing Address: 490 W. MISSION BLVD POMONA 91766	
Daytime Phone Number: (909)620-2183	
Is Organization Registered as a 501(c):YESNO	
Tax ID of Group or Individual receiving payment: 95-6000764	
(Tax ID number is require	d prior to issuance of donation.
TOTAL FUNDING REQUESTED BY ORGANIZATION: \$1,200.00	
TOTAL FUNDING REQUESTED BY COUNCILMEMBER(S):  IS USE OF THE CITY SEAL BEING REQUESTED?  (Limited to print on informational material related to specific event. No commercial	NO use of City Seal Permitted.)
How will the Donation/Sponsorship used? (The donation must primarily serve a solely benefiting an individual or private organization.)  The Cops4Kids program requires participation in community service events to be eligible for gradu	
food drive and distribution of 130 boxes of food distributed to members of our community, assisting God's Pa	ntry in providing food to 400 families
within our community, City of Pomona park and school clean ups, and the placing of flags on Veteran'	s grave sites at Pomona Cemetery.
The donations will be provided to our top 12 cadets as a reward for their hard work and the	ir dedication to our community.
What is the benefit to the City of Pomona? (An expenditure of public funds must the public agency that is making the expenditure.)  The Cops4Kids program instills in youth of our community the importance of caring.	
community. Teaching this important value to children at a young age is a great benefit to the	e City of Pomona. The program
requires the children to become actively involved within the community but it has also	promoted parent participation.
Many of the parents have volunteered their time to giving back to the community to set a pos	sitive example for thier children.
I, Mayor/Councilmember Cristina Carrizosa , District No. 3 donation/payment be made and that a finding of public benefit be determined by the	
Account Number: 101-1302-52103-00000 Council Meeting I	Date: 5/21/18
Cristina N. Carrizosa  Mayor/Councilmember Approval	30/18
Mayor/Councilmember Approval	

REQUEST RECEIVED BY	
BY ADMINISTRATION ON	5/9/18

Name of Organization: Kingdom of God Revelation Ministries (KOGRM)
Street/Mailing Address: PO Box 2123 Pomona, CA 91769
Daytime Phone Number: 909-263-1276
Is Organization Registered as a 501(c): YES NO
Tax ID of Group or Individual receiving payment: 46-2174100
(Tax ID number is required prior to issuance of donation.)
TOTAL FUNDING REQUESTED BY ORGANIZATION: \$1,250
TOTAL FUNDING REQUESTED BY COUNCILMEMBER(S): TBD
IS USE OF THE CITY SEAL BEING REQUESTED? YES NO (Limited to print on informational material related to specific event. No commercial use of City Seal Permitted.)
How will the Donation/Sponsorship used? (The donation must primarily serve a public purpose, as opposed to solely benefiting an individual or private organization.)  The funds will be used as part of the coverage of expenses in KOGRM's hosting with support
of the DoubleTree by Hilton, the 38th Annual Pomona Mayor's Prayer Breakfast on May 24,
2018.
What is the benefit to the City of Pomona? (An expenditure of public funds must be for the primary benefit of the public agency that is making the expenditure.)  This annual event brings together our diverse community to be uplifted, inspired and to be
united in working together to "Move Forward" in support of our community. Words will be
shared by two keynote speakers and our Mayor to encourage, inspire, and spark change
to our Pomona 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: 5/21/18
Date: 5/9/18
Mayor/Councilmember Approval

REQUEST	RECEIVED BY	4140440
BY ADMIN	ISTRATION OF	√ 4/19/18

Name of Organization: Celebrating a Vision
Street/Mailing Address: PO Box 415, Pomona, CA 91769
Daytime Phone Number: (909) 896-9041
Is Organization Registered as a 501(c):YESNO
Tax ID of Group or Individual receiving payment: 82-2550378
(Tax ID number is required prior to issuance of donation.
TOTAL FUNDING REQUESTED BY ORGANIZATION: TBD
TOTAL FUNDING REQUESTED BY COUNCILMEMBER(S): TBD
IS USE OF THE CITY SEAL BEING REQUESTED? YESNO (Limited to print on informational material related to specific event. No commercial use of City Seal Permitted.)
How will the Donation/Sponsorship used? (The donation must primarily serve a public purpose, as opposed to solely benefiting an individual or private organization.)  This donation will be used to support the random acts of kindness that this organization does
for cancer survivors.
What is the benefit to the City of Pomona? (An expenditure of public funds must be for the primary benefit of the public agency that is making the expenditure.)
The benefit to the City is the increased individual resident morale for those who are selected
to receive the random acts of kindness.
I, Mayor/Councilmember Rubio Gonzalez , 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: 101-1302-5101-0000 Council Meeting Date: 5/7/18
Jul 4. Honzily Date: 4/19/18
Mayor/Councilmember Approval

REQUEST	RECEIVED	$\mathbf{BY}$	4104140
RV ADMIN	ISTRATION	JON	4/24/18

Name of Organization: NA
Street/Mailing Address: NA
Daytime Phone Number: (909) 833-1560
Is Organization Registered as a 501(c):YESNO
Tax ID of Group or Individual receiving payment:  NA  (Tax ID number is required prior to issuance of donation.)
TOTAL FUNDING REQUESTED BY ORGANIZATION: TBD
TOTAL FUNDING REQUESTED BY COUNCILMEMBER(S): TBD
IS USE OF THE CITY SEAL BEING REQUESTED? YES NO (Limited to print on informational material related to specific event. No commercial use of City Seal Permitted.)
How will the Donation/Sponsorship used? (The donation must primarily serve a public purpose, as opposed to solely benefiting an individual or private organization.)  Donations will be used to support the 1st Annual Children's Festival on May 19, 2018.
What is the benefit to the City of Pomona? (An expenditure of public funds must be for the primary benefit of the public agency that is making the expenditure.)  This is a free community event, put on by the community for the community. Activities will
include community sports sign ups, learning experiences, and much more. Tours of
City Hall and the Library will be available as well.
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: 5/7/18
Mayor/Councilmember Approval  Date: 4/24/18

Councilmember making Request: Tim Sandoval
Name of Group/Organization or Individual: Pomona Breakfast Optimist Club
Address: PO Box 2605, Pomona CA 91769
Telephone Number: (626) 806-5501
Tax ID of Group/Organization or Individual receiving payment: 23-700887  (Tax ID number required prior to issuance of donation.)
Registered 501(c)(3): □YES ≡NO
TOTAL FUNDING REQUESTED BY ORGANIZATION: TBD
TOTAL FUNDING REQUESTED BY COUNCILMEMBER: TBD
(Any additional funding by Councilmembers must be made within 30 days of the City Council making the finding of public benefit.)
How will the Donation/Sponsorship used? (The donation must primarily serve a public purpose, as opposed to solely benefiting an individual or private organization.)
Proceeds support PBOC programs such as Suits for Success, Students of the Month,
Essay and Oratorical Contest, Campaign Against Childhood Cancer, The Village Academy
Soccer Team, Respect for Public Safety Awards, Youth Volunteer of the Year Award,
Annual Christmas Shopping Spree.
What is the benefit to the City of Pomona? (An expenditure of public funds must be for the primary benefit of the public agency that is making the expenditure.)
This program benefits the needy youth in the Pomona community.
Request Received by Administration Offices on (attach request if available): 4/3/18
I, Mayor/Councilmember Tim Sandoval , District No. 7 , hereby requests that the above
donation/payment be made and that a finding of public benefit be determined by the City Council.
Mayor/Councilmember

Councilmember making Request: Cristina Carrizosa
Name of Group/Organization or Individual: Marielena Ayala / Las Senoras Workforce Center
Address: 2001 Garey Ave, Space F-4, Pomona, CA 91766
Telephone Number: (951) 452 4114
Tax ID of Group/Organization or Individual receiving payment: NA  (Tax ID number required prior to issuance of donation.)
Registered 501(c)(3): □YES ■NO
TOTAL FUNDING REQUESTED BY ORGANIZATION: TBD
TOTAL FUNDING REQUESTED BY COUNCILMEMBER: TBD
(Any additional funding by Councilmembers must be made within 30 days of the City Council making the finding of public benefit.)
How will the Donation/Sponsorship used? (The donation must primarily serve a public purpose, as opposed to solely benefiting an individual or private organization.)
Donations will go toward purchasing equipment (laptop and small copier) to support the
organization's programming.
What is the benefit to the City of Pomona? (An expenditure of public funds must be for the primary benefit of the public agency that is making the expenditure.)
Las Senoras Workforce Center's mission is to provide positive learning where women
are empowered and challenged to discover their skills to compete with the workforce;
the organization is committed to support them and guide them in their endeavors.
Request Received by Administration Offices on (attach request if available): 3/26/18
I, Mayor/Councilmember Cristina Carrizosa , District No. 3 , hereby requests that the above
donation/payment be made and that a finding of public benefit be determined by the City Council.
Cristina N. Carrigosa
Mayor/Councilmember

Councilmember making Request:	Elizabeth Ontiveros-Cole
Name of Group/Organization or In	
Address: NA	
Telephone Number: NA	
Tax ID of Group/Organization or I	ndividual receiving payment: NA (Tax ID number required prior to issuance of donation.)
Registered 501(c)(3): □YES	■NO
TOTAL FUNDING REQUESTED	BY ORGANIZATION: TBD
TOTAL FUNDING REQUESTED	BY COUNCILMEMBER: TBD
(Any additional funding by Councilm of public benefit.)	nembers must be made within 30 days of the City Council making the finding
How will the Donation/Sponsorship solely benefiting an individual or private the solely benefiting an individual or private the solely benefiting an individual or private the solely benefit to be so	o used? (The donation must primarily serve a public purpose, as opposed to vate organization.)
Donations from the City Counc	cil will go toward covering costs of the City's stage for the
"Love of Cars" event in June 2	018.
the public agency that is making the	
	ered approach to the creation of public spaces and
	ecial and help build community. It involves
	king questions of the people who live, work and
play in our neighborhoods, to	uncover possibility.
Request Received by Administration	Offices on (attach request if available): 3/30/18
I, Mayor/Councilmember Elizabet	h Ontiveros-Cole District No. 4, hereby requests that the above
donation/payment be made and that Elizabeth Ontweros-	a finding of public benefit be determined by the City Council.
Mayor/Councilmember	The state of the s

Councilmember making Request: Tim Sandoval
Name of Group/Organization or Individual: Pomona Valley Memorial Park/Cemetery
Address: 502 E. Franklin Ave., Pomona, CA 91766
Telephone Number: (909) 622-2029
Tax ID of Group/Organization or Individual receiving payment: 95-1114885  (Tax ID number required prior to issuance of donation.)
Registered 501(c)(3): ■YES □NO
TOTAL FUNDING REQUESTED BY ORGANIZATION: \$875
TOTAL FUNDING REQUESTED BY COUNCILMEMBER: TBD
(Any additional funding by Councilmembers must be made within 30 days of the City Council making the finding of public benefit.)
How will the Donation/Sponsorship used? (The donation must primarily serve a public purpose, as opposed to solely benefiting an individual or private organization.)
Donations will be used to cover the City mobile stage and bleachers for the 132nd Annual
Memorial Day Celebration.
What is the benefit to the City of Pomona? (An expenditure of public funds must be for the primary benefit of the public agency that is making the expenditure.)
This event will honor all men and women who served our country and paid their price of
sacrifice.
Request Received by Administration Offices on (attach request if available): 4/12/18
I, Mayor/Councilmember Tim Sandoval, District No. 7, hereby requests that the above
donation/payment be made and that a finding of public benefit be determined by the City Council.
7. la
Mayor/Councilmember



#### **CITY OF POMONA - COMMUNITY SERVICES**

### INVOICE

Name of Event: Memorial Day Celebration-Pomona Cemetery

Contact: Janet Roy, General Manager

Date: Monday, May 28, 2018 Time: 8:00 a.m. - 11:00 a.m.

Location: Pomona Valley Memorial Park - Pomona Cemetery

Remit Payment to: City of Pomona P.O. Box 660 Pomona, CA 91769 Tel. (909) 620-2321 Fax (909) 624-8752

Staff	Qty	Rate	Unit	Units	Total
Full-Time Custodian	1	\$ 22.50	hour	2	\$ 45.00
Mobile Stage Delivery	1	\$ 280.00	rental	1	\$ 280.00
			-	Total Labor:	\$ 325.00

\*In the event a full-time employee incurs overtime hours for special events, actual time and one-half wages (1.5) will be billed to the applicant.

Equipment		Cost	Unit	Qty	Total
Mobile Stage - Refundable Deposit*	\$	1,000.00	rental	1	\$ 1,000.00
Mobile Stage - First 3 Hours	\$	400.00	first 3 hours	1	\$ 400.00
Bleachers	\$	100.00	set	1	\$ 100.00
Chairs	\$	1.00	chair	50	\$ 50.00
	*		Total	Equipment:	\$ 1,550.00

Total Event Cost: \$ 1,875.00

<sup>\*</sup>Refundable Deposit must be paid by applicant

Councilmember making Request: Rubio Gonzalez
Name of Group/Organization or Individual: Pomona Community Foundation
Address: 1351 S. Main Street, Pomona, CA 91766
Telephone Number: (909) 618-5745
Tax ID of Group/Organization or Individual receiving payment: 39-2073462  (Tax ID number required prior to issuance of donation.)
Registered 501(c)(3): ■YES □NO
TOTAL FUNDING REQUESTED BY ORGANIZATION: \$3,500
TOTAL FUNDING REQUESTED BY COUNCILMEMBER: TBD
(Any additional funding by Councilmembers must be made within 30 days of the City Council making the finding of public benefit.)
How will the Donation/Sponsorship used? (The donation must primarily serve a public purpose, as opposed to solely benefiting an individual or private organization.)
Donations will be used to feed Pomona Beautification Day volunteers after the event.
What is the benefit to the City of Pomona? (An expenditure of public funds must be for the primary benefit of the public agency that is making the expenditure.)
Providing food to Pomona Beautification Day volunteers is a thank you for helping to
beautify the City. This time will also allow for residents and community members to
connect with each other as one community.
Request Received by Administration Offices on (attach request if available): 4/10/18
I, Mayor/Councilmember Rubio Gonzalez , District No. 1 , hereby requests that the above
donation/payment be made and that a finding of public benefit be determined by the City Council.
Mayor/Councilmember

Councilmember making Request:	Cristina Carrizosa
	ndividual: Community Services Division
Address: 499 E. Arrow Highway	
Telephone Number: 909-620-232	29
Tax ID of Group/Organization or l	
Registered 501(c)(3): □YES	■NO
TOTAL FUNDING REQUESTED	BY ORGANIZATION: \$5,000.00
	BY COUNCILMEMBER: \$300.00
	nembers must be made within 30 days of the City Council making the finding
How will the Donation/Sponsorshi solely benefiting an individual or pri	p used? (The donation must primarily serve a public purpose, as opposed to vate organization.)
The donation will be used for r	movie licensing fees and purchases of video and sound
equipment, and related access	sories and expenses.
What is the benefit to the City of I the public agency that is making the	<b>Pomona?</b> (An expenditure of public funds must be for the primary benefit of expenditure.)
The benefit to the City of Pom	ona is to provide the community with free, fun, positive and
pleasurable outdoor movie ex	periences.
A	
Request Received by Administration	n Offices on (attach request if available): 4/11/18
	Carrizosa , District No. 3 , hereby requests that the above
	a finding of public benefit be determined by the City Council.
Cristina N. Carrigosa Mayor/Councilmember	
Mayor/Councilmember	



### Community Services Division 499 East Arrow Highway Pomona, CA 91767

April 11, 2018

City of Pomona City Council 505 South Garey Avenue Pomona, CA 91766

RE: Letter of Request for Finding of Public Benefit

Members of the City Council,

Community Services and Day One wish to thank City Council for the opportunity to submit a Finding of Public Benefit to request \$5,000 to support our annual Movies in the Park summer series. Our goal is to provide FREF, family-friendly events that involve the entire community to promote positive and safe activities in our parks.

Movies in the Park has gained significant popularity, recognition, and attendance since its first year. Beginning with only three (3) movies, we are now hosting seven (7) movies, including a dive in movie. We are seeking support for movie licensing fees, professional video and sound equipment, and related accessories to provide the community with a pleasurable outdoor movie experience. For this reason, high quality equipment that is simple to operate, easy to transport and safe-guard are important for a smooth and efficient process of set-up, presentation and tear-down.

Thank you for your time and attention, and we look forward to partnering with City Council on the Movies in the Park summer event.

Sincerely,

Mike Osoff

Community Services Manager

Councilmember making Request:	Elizabeth Ontiveros-Cole
	dividual: St. Madeleine Catholic Church
Address: 931 E. Kingsley Ace., F	
Telephone Number: 909-629-949	5
	ndividual receiving payment: 95-3447373  (Tax ID number required prior to issuance of donation.)
Registered 501(c)(3): ■YES	□NO
TOTAL FUNDING REQUESTED	BY ORGANIZATION: Coverage of banners/stage
TOTAL FUNDING REQUESTED	BY COUNCILMEMBER: TBD
(Any additional funding by Councilmof public benefit.)	embers must be made within 30 days of the City Council making the finding
How will the Donation/Sponsorship solely benefiting an individual or priv	used? (The donation must primarily serve a public purpose, as opposed to ate organization.)
We will be using the donation to	o cover the expenses for the use of the City stage. They will
also be used to cover the prom	oting costs of hanging four banners from the railroad crossing
to promote a community event	help at St. Madeleine Catholic Church.
What is the benefit to the City of Pothe public agency that is making the e	omona? (An expenditure of public funds must be for the primary benefit of expenditure.)
This event will provide an oppo	rtunity for the local residents to gather as a community. This
is a non-denominational event	provided for all to participate. It will introduce foods and
activities from different cultures	to our community. All are invited to participate and all are
welcome. This is a family friend	dly event for the whole community.
	Offices on (attach request if available): 4/12/18  Ontiveros-Cole , District No. 4 , hereby requests that the above
	finding of public benefit be determined by the City Council.
Mayor/Councilmember	August Maria August Aug

Councilmember making Request: Rubio Gonzalez
Name of Group/Organization or Individual: Kite Festival Committee
Address: NA
Telephone Number: (909) 575-9375
Tax ID of Group/Organization or Individual receiving payment: NA (Tax ID number required prior to issuance of donation.)
Registered 501(c)(3): □YES ■NO
TOTAL FUNDING REQUESTED BY ORGANIZATION: TBD
TOTAL FUNDING REQUESTED BY COUNCILMEMBER: TBD
(Any additional funding by Councilmembers must be made within 30 days of the City Council making the finding of public benefit.)
How will the Donation/Sponsorship used? (The donation must primarily serve a public purpose, as opposed to solely benefiting an individual or private organization.)
This donation is for the purpose of purchasing supplies needed for the annual Pomona
Kite Festival.
What is the benefit to the City of Pomona? (An expenditure of public funds must be for the primary benefit of the public agency that is making the expenditure.)
The event increases the quality of life for the children of Pomona, promotes the use of
City parks, and further develops the agenda of public participation in art activities.
Request Received by Administration Offices on (attach request if available): 4/12/18
I, Mayor/Councilmember Rubio Gonzalez , District No. 1 , hereby requests that the above donation payment be faade and that a finding of public benefit be determined by the City Council.
Mayor/Councilmember

Councilmember making Request: Rubio Gonzalez
Name of Group/Organization or Individual: District One Beautification Day Committee
Address: NA
Telephone Number: (909) 575-9375
Tax ID of Group/Organization or Individual receiving payment: NA  (Tax ID number required prior to issuance of donation.)
Registered 501(e)(3): □YES ■NO
TOTAL FUNDING REQUESTED BY ORGANIZATION: TBD
TOTAL FUNDING REQUESTED BY COUNCILMEMBER: TBD
(Any additional funding by Councilmembers must be made within 30 days of the City Council making the finding of public benefit.)
How will the Donation/Sponsorship used? (The donation must primarily serve a public purpose, as opposed to solely benefiting an individual or private organization.)
This donation will go toward reimbursing all purchases made for Pomona Beautification Day
2018.
What is the benefit to the City of Pomona? (An expenditure of public funds must be for the primary benefit of the public agency that is making the expenditure.)
The projects achieved on PBD 2018 help improve the quality of life for our City's residents
by enhancing local schools and parks.
Request Received by Administration Offices on (attach request if available): 4/12/18
I, Mayor/Councilmember Rubio Gonzalez , District No. 1, hereby requests that the above
donation/payment be made and that a finding of public benefit be determined by the City Council.
Mayor/Councilmember

Councilmember making Request: Rubio Gonzalez
Name of Group/Organization or Individual: Gangs 2 Grace Youth Foundation
Address: 637 W. Holt Ave.
Telephone Number: (909) 417-9504
Tax ID of Group/Organization or Individual receiving payment: 81-2766801  (Tax ID number required prior to issuance of donation.)
Registered 501(c)(3): ■YES □NO
TOTAL FUNDING REQUESTED BY ORGANIZATION: TBD
TOTAL FUNDING REQUESTED BY COUNCILMEMBER: TBD
(Any additional funding by Councilmembers must be made within 30 days of the City Council making the finding of public benefit.)
How will the Donation/Sponsorship used? (The donation must primarily serve a public purpose, as opposed to solely benefiting an individual or private organization.)
This donation will go toward supporting the "Gettin Down in P-Town" boxing event on
April 21st.
What is the benefit to the City of Pomona? (An expenditure of public funds must be for the primary benefit of the public agency that is making the expenditure.)
Their mission and goal is empowering Pomona youth to stand up and fight, not only in the
ring but in life; fight for change, fight for good.
Request Received by Administration Offices on (attach request if available): 4/12/18
I, Mayor/Councilmember Rubio Gonzalez , District No. 1 , hereby requests that the above
donation payment be made and that a finding of public benefit be determined by the City Council.
Mayor/Councilmember

# REQUEST RECEIVED BY BY ADMINISTRATION ON 4/23/18 Of the

## **CITY OF POMONA**

Name of Organization: Garey HS Music Boosters
Street/Mailing Address: 321 W. Lexington Ave., Pomona, Ca 91766
Daytime Phone Number: 909.706.9161
Is Organization Registered as a 501(c):YESNO
Tax ID of Group or Individual receiving payment: 46-3631957
(Tax ID number is required prior to issuance of donation.)
TOTAL FUNDING REQUESTED BY ORGANIZATION:
TOTAL FUNDING REQUESTED BY COUNCILMEMBER(S):
IS USE OF THE CITY SEAL BEING REQUESTED? YESNO (Limited to print on informational material related to specific event. No commercial use of City Seal Permitted.)
How will the Donation/Sponsorship used? (The donation must primarily serve a public purpose, as opposed to solely benefiting an individual or private organization.)
What is the benefit to the City of Pomona? (An expenditure of public funds must be for the primary benefit of the public agency that is making the expenditure.)
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: 4/23/18 (dais)
Date: 4/23/18
Mayor/Councilmember Approval