

REQUEST RECEIVED BY
BY ADMINISTRATION ON 6/11/18

CITY OF POMONA

DONATION AND FINDING OF PUBLIC BENEFIT REQUEST

Name of Organization: Richard D. Davis Foundation for the Developmentally Disabled, Inc.

Street/Mailing Address: 75 Rancho Camino Drive, Pomona, CA 91766

Daytime Phone Number: 909-706-3575

Is Organization Registered as a 501(c): ☒ YES ☐ NO

Tax ID of Group or Individual receiving payment: Federal Tax ID # 93-0977399
(Tax ID number is required prior to issuance of donation.)

TOTAL FUNDING REQUESTED BY ORGANIZATION: TBD

TOTAL FUNDING REQUESTED BY COUNCILMEMBER(S): _____

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.)

This will be used as raffle prizes during the 4th Annual Back to School Readiness Festival on July 28th in the city of Pomona. The event is an outreach effort for low income families who have one or more child in the home with a developmentally disabled. The children invited to this event will receive a free breakfast, backpack filled with school supplies, entertainment, ice cream and a whole bunch more. Invitation only 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.)

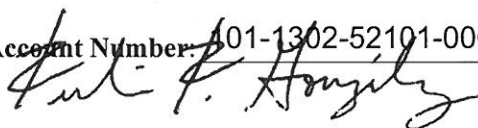
These items would go directly to families that are being served by the San Gabriel/Pomona Regional Center that are invited to attend this event. Our case managers will identify and invite low income families with school age children.

This event is a community outreach effort to provide them with assistance in a dignified and respectful manner where children don't feel like they are getting a handout. This event allows for families to spend the day together with other families in similar situations.

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: 101-1302-52101-00000

Council Meeting Date: 7/2/18



Date: 6/12/18

Mayor/Councilmember Approval _____

REQUEST RECEIVED BY
BY ADMINISTRATION ON 6/14/18

CITY OF POMONA

DONATION AND FINDING OF PUBLIC BENEFIT REQUEST

Name of Organization: Claremont Symphony Orchestra

Street/Mailing Address: PO Box 698, Claremont, CA 91711

Daytime Phone Number: (909) 596-5979

Is Organization Registered as a 501(c): ☒ YES ☐ NO

Tax ID of Group or Individual receiving payment: 95-6102159

(Tax ID number is required prior to issuance of donation.)

TOTAL FUNDING REQUESTED BY ORGANIZATION: \$787.50

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.)

PROMOTION OF EVENT ON ELECTRONIC READERBOARD: ☐ YES ☒ NO

How will the Donation/Sponsorship used? (The donation must primarily serve a public purpose, as opposed to solely benefiting an individual or private organization.)

Since 2013, the CSO has performed each summer in Ganesha Park. We produce a
concert for families and senior citizens and provide a musical instrument "petting
zoo" for children. This year's theme is "Favorites from Broadway and Hollywood.
We request reimbursement for using the park.

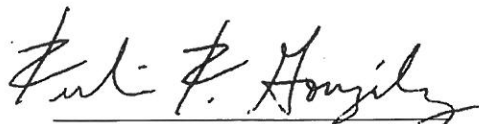
What is the benefit to the City of Pomona? (An expenditure of public funds must be for the primary benefit of the public agency that is making the expenditure.)

The goal is to provide a free park concert and draw 400-500 people from Pomona
and other communities to the Selby Bandshell and Ganesha Park.

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: 101-1302-52101-00000

Council Meeting Date: 7/2/18


Mayor/Councilmember Approval

Date: 6/15/18

REQUEST RECEIVED BY
BY ADMINISTRATION ON 6/18/18

CITY OF POMONA

DONATION AND FINDING OF PUBLIC BENEFIT REQUEST

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): ☒ YES ☐ NO
 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: \$1,000TOTAL 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.)

PROMOTION OF EVENT ON ELECTRONIC READERBOARD: ☐ YES ☒ NO

How will the Donation/Sponsorship used? (The donation must primarily serve a public purpose, as opposed to solely benefiting an individual or private organization.)

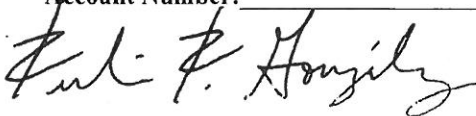
The donation will be used to provide random acts of kindness for cancer survivors.

We need funding for wigs, groceries, gift certificates, etc.

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: 101-1302-52101-00000Council Meeting Date: 7/2/18


Mayor/Councilmember Approval

Date: 6/19/18

REQUEST RECEIVED BY
BY ADMINISTRATION ON 5/29/18

CITY OF POMONA

DONATION AND FINDING OF PUBLIC BENEFIT REQUEST

Name of Organization: TBD

Street/Mailing Address: _____

Daytime Phone Number: _____

Is Organization Registered as a 501(c): ☐ YES ☒ NO

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.)

Funds will be used to purchase toys for the 2018 District 3 Holiday Toy Drive.

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 toy drive supports under-privileged children and youth during the 2018 Holiday Season.

I, Mayor/Councilmember Cristina Carrizosa, 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: 6/18/18

Cristina N. Carrizosa
Mayor/Councilmember Approval

Date: 5/29/18

REQUEST RECEIVED BY
BY ADMINISTRATION ON 5/23/18

CITY OF POMONA

DONATION AND FINDING OF PUBLIC BENEFIT REQUEST

Name of Organization: American Legion Post 30 Pomona

Street/Mailing Address: 239 E. Holt Ave., Pomona, CA 91767

Daytime Phone Number: (909) 973-0463

Is Organization Registered as a 501(c): ☒ YES ☐ NO

Tax ID of Group or Individual receiving payment: 95-1159443

(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.)

This donation will be used to help defray costs incurred from the various community events
that Pomona veterans participate in.

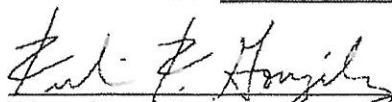
What is the benefit to the City of Pomona? (An expenditure of public funds must be for the primary benefit of the public agency that is making the expenditure.)

The benefit to the City is having actual war veteran representing Pomona at these various
community events. Post 30 helps all veterans who need any type of support.

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: 101-1302-52101-00000

Council Meeting Date: 6/18/18



Mayor/Councilmember Approval

Date: 5/23/18

REQUEST RECEIVED BY
BY ADMINISTRATION ON 5/30/18

CITY OF POMONA

DONATION AND FINDING OF PUBLIC BENEFIT REQUEST

Name of Organization: U.S.A. Fit Force Taekwondo, Inc.

Street/Mailing Address: 1460 E. Holt Ave. Rm.15, C/O Suite 14, Pomona CA 91767

Daytime Phone Number: (909) 979-7473

Is Organization Registered as a 501(c): ☒ YES ☐ NO

Tax ID of Group or Individual receiving payment: 27-3092667

(Tax ID number is required prior to issuance of donation.)

TOTAL FUNDING REQUESTED BY ORGANIZATION: 450.00

TOTAL FUNDING REQUESTED BY COUNCILMEMBER(S): _____

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.)

Our event will offer encouragement of children to lead healthy, active lives, by performing interactive family friendly exercises, play with hula hoops, jump ropes, jump on trampolines, we'll have a ring toss and bean bag toss, potato sack races, body bumpers, over sized boxing gloves, a torch relay race and other family friendly games including a Dunk Tank.

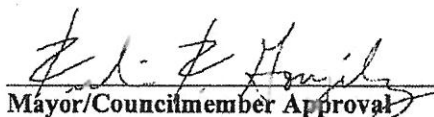
What is the benefit to the City of Pomona? (An expenditure of public funds must be for the primary benefit of the public agency that is making the expenditure.)

Our programs assists children's preparation for the future with, increased discipline and weight control through aerobic physical activity which is a fun and challenging way that increases muscle and bone strength. Many children have cultural-related health and behavioral risks including: obesity, diabetes, hypertension, cardiovascular disease, depression, alcohol and drug usage tendencies, TKD benefits our athlete's & families by aiding them in their preparation for the future with physical activity and self discipline.

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: 101-1302-52101-00000

Council Meeting Date: 6/18/18


Mayor/Councilmember Approval

Date: 5/30/18

REQUEST RECEIVED BY
BY ADMINISTRATION ON 6/6/18

CITY OF POMONA

DONATION AND FINDING OF PUBLIC BENEFIT REQUEST

Name of Organization: TBD

Street/Mailing Address: _____

Daytime Phone Number: _____

Is Organization Registered as a 501(c): ☐ YES ☒ NO

Tax ID of Group or Individual receiving payment: TBD
(Tax ID number is required prior to issuance of donation.)

TOTAL FUNDING REQUESTED BY ORGANIZATION: not to exceed \$2,000

TOTAL FUNDING REQUESTED BY COUNCILMEMBER(S): not to exceed \$2,000

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.)

1 crepe myrtle at 550 Lincoln Avenue

1 California laurel at 1793 Claremont Place

1 California laurel at 875 James Place

Replacement of dead trees in District Four

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 planting of new trees will help keep our neighborhoods clean, safe, and beautiful

for all Pomona families and visitors to enjoy.

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: 6/18/18



Mayor/Councilmember Approval

Date: 6/6/18

REQUEST RECEIVED BY
BY ADMINISTRATION ON 6/18/18 (dais)

CITY OF POMONA

DONATION AND FINDING OF PUBLIC BENEFIT REQUEST

Name of Organization: City of Pomona, Community Services Division

Street/Mailing Address: 505 S. Garey Ave., Pomona, CA 91767

Daytime Phone Number: (909) 620-2321

Is Organization Registered as a 501(c): ☐ YES ☒ NO

Tax ID of Group or Individual receiving payment: n/a

(Tax ID number is required prior to issuance of donation.)

TOTAL FUNDING REQUESTED BY ORGANIZATION: \$1,000

TOTAL FUNDING REQUESTED BY COUNCILMEMBER(S): \$1,000

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.)

PROMOTION OF EVENT ON ELECTRONIC READERBOARD: ☐ YES ☒ NO

How will the Donation/Sponsorship used? (The donation must primarily serve a public purpose, as opposed to solely benefiting an individual or private organization.)

Money will be used to support the Washington Park Senior Center.

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.)

Senior citizen programming

I, Mayor/Councilmember Cristina Carrizosa, 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: 6/18/18

Cristina N. Carrizosa
Mayor/Councilmember Approval

Date: 6/18/18

REQUEST RECEIVED BY
BY ADMINISTRATION ON 5/23/18 cepo

CITY OF POMONA

DONATION AND FINDING OF PUBLIC BENEFIT REQUEST

Name of Organization: Pomona Public Library Foundation

Street/Mailing Address: 101 W. Mission Blvd., Suite 110-219, Pomona, CA 91766

Daytime Phone Number: 909 576-5795

Is Organization Registered as a 501(c): ☒ YES ☐ NO

Tax ID of Group or Individual receiving payment: EIN: 20-0991292

(Tax ID number is required prior to issuance of donation.)

TOTAL FUNDING REQUESTED BY ORGANIZATION: \$2,500.00

TOTAL FUNDING REQUESTED BY COUNCILMEMBER(S): _____

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.)

Mayor's Gala of the Pomona Public Library Foundation. Funds are for use by the foundation for
its activities in support of the Pomona Public Library including Homework Club, Summer
Excursions, Improvements to the library, and other library programs and improvements.

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.)

All funds are use in support of the Pomona Public Library.

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: 6/4/18



Mayor/Councilmember Approval

Date: 5/23/18

101 W. Mission Blvd.
Suite 110-219
Pomona, CA 91766
(909) 576-4295
ID #: 20-0991292

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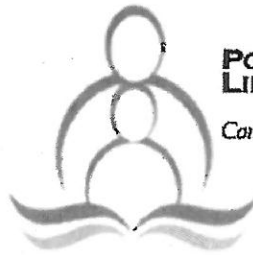
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**POMONA PUBLIC
LIBRARY FOUNDATION**

*Contributing Life-Long Learning
To Our Community*

Dear Mayor Sandoval and City Council

The Pomona Public Library Foundation is holding its first annual Mayor's Gala to benefit the Pomona Public Library Foundation and its commitment to providing services, programs, and improvements for the Pomona Public Library. We are a 501 (c)(3) non-profit organization created to help support the activities of the Pomona Public Library.

The Mayor's Gala will provide the Foundation with the much needed funding to continue its works. This includes the operation of the Homework Club which provides young library patrons with tutors to assist them with their homework and our summer excursion program. Now in its third year, last year we sent young library patrons and their families on 8 field trips to: Cal Poly, including the Arabian Horse stables; Fairplex where they visited the farm and the NHRA Museum; dA Center for the Arts with a lunch at O'Donovan's Restaurant; A trip, via MetroLink to the music center in downtown LA; they participated in the Jr. Ranger's program at Grand Park in downtown LA; attended a concert at the Hollywood Bowl; visited La Casa Primera and the Barbara Greenwood Kindergarden; visited the Alf Museum of Palentology.

In addition, the Foundation has purchased furniture for the library atriiums, computer monitors and signage for the teen center, and other materials for the benefit of Pomona's library patrons.

We hope that you will consider becoming a sponsor at the \$2,500 level. This will entitle you to a table of 8 for the Gala as well as a ½ page ad in the program book and name listing on the event web site.

Thank you,

John Clifford, *president, Pomona Public Library Foundation*

Pomona Public Library Foundation is a 501(c)3 Non-profit organization under the US Internal Revenue code. Donations are tax deductible to the fullest extent of the law, please consult your tax advisor. Additional information can be obtained at: <https://www.guidestar.org/profile/20-0991292>

REQUEST RECEIVED BY
BY ADMINISTRATION ON 5/30/18

CITY OF POMONA

DONATION AND FINDING OF PUBLIC BENEFIT REQUEST

Name of Organization: City of Pomona, Community Services

Street/Mailing Address: 499 E. Arrow Highway, Pomona, CA 91767

Daytime Phone Number: (909) 620-2301

Is Organization Registered as a 501(c): ☐ YES ☒ NO

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.)

Funds will be used to cover custodial fees of Westmont Community Center to host CERT

Trainings on June 16th, 23rd, and 30th.

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 City of Pomona will co-sponsor these Community Emergency Response Team Trainings.

These trainings will educate the Pomona community about disaster preparedness for the hazards that may impact our City and trains them in basic disaster response skills, such as fire safety, light search and rescue, team organization, and disaster medical operations.

I, Mayor/Councilmember Ginna Escobar, District No. 5, hereby request that the above donation/payment be made and that a finding of public benefit be determined by the City Council.

Account Number: 101-1302-52105-00000

Council Meeting Date: 6/4/18

Mayor/Councilmember Approval

Date: 06/04/18

REQUEST RECEIVED BY
BY ADMINISTRATION ON 5/30/18

CITY OF POMONA

DONATION AND FINDING OF PUBLIC BENEFIT REQUEST

Name of Organization: Just Us 4 Youth

Street/Mailing Address: 436 W. 4th Street, #210, Pomona, CA 91766

Daytime Phone Number: (909) 964-7798

Is Organization Registered as a 501(c): ☒ YES ☐ NO

Tax ID of Group or Individual receiving payment: 47-4114351

(Tax ID number is required prior to issuance of donation.)

TOTAL FUNDING REQUESTED BY ORGANIZATION: \$800

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 sponsorship would go toward t-shirts for participating youth.

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.)

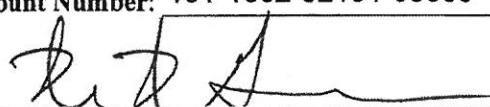
Just Us 4 Youth, in collaboration with Purpose Church, will be offering a free Summer

Basketball Camp for Pomona youth, both boys and girls, grades 2-10. The youth will be coached by experienced coaches.

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: 101-1302-52101-00000

Council Meeting Date: 6/4/18


Mayor/Councilmember Approval

Date: 6/04/18

TO BE COMPLETED BY CITY STAFF

**FINDING OF PUBLIC BENEFIT MADE BY CITY COUNCIL AT THE
COUNCIL MEETING DATE OF:**

5/21/18 - Pomona PD

Additional contributions by Council members:

_____ **Date:** _____ **Amount:** _____
D-1 Councilmember Approval

_____ **Date:** _____ **Amount:** _____
D-2 Councilmember Approval

Cristina N. Carrizosa **Date:** 5/23/18 **Amount:** \$150
D-3 Councilmember Approval

Elizabeth Ontiveros-Cole **Date:** 5/24/18 **Amount:** \$150
D-4 Councilmember Approval

_____ **Date:** _____ **Amount:** _____
D-5 Councilmember Approval

_____ **Date:** _____ **Amount:** _____
D-6 Councilmember Approval

Tim **Date:** 5/23/18 **Amount:** \$200
Mayor's Approval

TO BE COMPLETED BY CITY STAFF

**FINDING OF PUBLIC BENEFIT MADE BY CITY COUNCIL AT THE
COUNCIL MEETING DATE OF:**

5/21/18 - Mayor's Prayer Breakfast

Additional contributions by Council members:

_____ Date: _____ Amount: _____

D-1 Councilmember Approval

_____ Date: _____ Amount: _____

D-2 Councilmember Approval

Cristina N. Carrizosa Date: 6/13/18 Amount: \$200

D-3 Councilmember Approval

_____ Date: _____ Amount: _____

D-4 Councilmember Approval

_____ Date: _____ Amount: _____

D-5 Councilmember Approval

_____ Date: _____ Amount: _____

D-6 Councilmember Approval

_____ Date: _____ Amount: _____

Mayor's Approval