

REQUEST RECEIVED BY
BY ADMINISTRATION ON 1/28/2019

CITY OF POMONA

DONATION AND FINDING OF PUBLIC BENEFIT REQUESTName of Organization: Gangs 2 Grace Youth FoundationStreet/Mailing Address: 637 W. Holt Ave., Pomona, CA 91768Daytime Phone Number: 909-417-9504Is Organization Registered as a 501(c): ☒ YES ☐ NO

Tax ID of Group or Individual receiving payment: _____

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

TOTAL FUNDING REQUESTED BY ORGANIZATION: \$7,268TOTAL FUNDING REQUESTED BY COUNCILMEMBER(S): TBDIS 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 be used? (The donation must primarily serve a public purpose, as opposed to solely benefiting an individual or private organization.)

Gang intervention for at risk 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.)

Building champions Pomona has always been a boxing capital. We are building the next generation of proudPomona champions and we need your backing. We will carry the name of Pomona all the way to the Olympics.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: 2/4/2019

Mayor/Councilmember Approval

Date: 1/28/2019

REQUEST RECEIVED BY
BY ADMINISTRATION ON 1/22/19

CITY OF POMONA

DONATION AND FINDING OF PUBLIC BENEFIT REQUEST

Name of Organization: Pomona American Little League
 Street/Mailing Address: 936 Mango Ct., Pomona, CA 91766
 Daytime Phone Number: 909-623-0031; 909-208-2534 (secretary)
 Is Organization Registered as a 501(c): ☒ YES ☐ NO
 Tax ID of Group or Individual receiving payment: 52-1288145

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

TOTAL FUNDING REQUESTED BY ORGANIZATION: TBDTOTAL 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 be 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 uniforms and baseball equipment such as balls, bats, helmets, catching gear,
 and other necessary materials for the program.

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 organization is open to boys and girls between the ages of 4-16 years of age. We have a winter and spring season to allow participants the ability to play a large part of the year.

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: 101-1302-52133-00000Council Meeting Date: 1/28/2019

Nora Garcia

Mayor/Councilmember Approval

Date: 1/28/2019

REQUEST RECEIVED BY
BY ADMINISTRATION ON 1/22/19

CITY OF POMONA

DONATION AND FINDING OF PUBLIC BENEFIT REQUESTName of Organization: Pomona Community FoundationStreet/Mailing Address: 505 S. Garey Ave., Pomona, CA 91766

Daytime Phone Number: _____

Is Organization Registered as a 501(c): ☒ YES ☐ NOTax ID of Group or Individual receiving payment: 39-2073462

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

TOTAL FUNDING REQUESTED BY ORGANIZATION: TBDTOTAL FUNDING REQUESTED BY COUNCILMEMBER(S): TBDIS 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 be used? (The donation must primarily serve a public purpose, as opposed to solely benefiting an individual or private organization.)

Musical Arts and Sports Programing

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 Community benefits from youth participation in musical, arts & sports programmingI, 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: 101-1302-52107-00000Council Meeting Date: 1/28/2019

Mayor/Councilmember Approval

Date: 1/22/2019

REQUEST RECEIVED BY
BY ADMINISTRATION ON

1/23/19

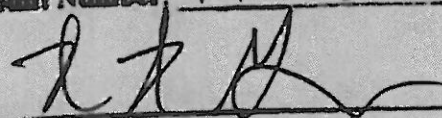
CITY OF POMONA

DONATION AND FINDING OF PUBLIC BENEFIT REQUESTName of Organization Kiwanis Park Community GroupStreet Mailing Address 954 Weber St., Pomona, CA 91768Daytime Phone Number 626-277-1093 (Rafael Navarro)Is Organization Registered as a 501(c) ☐ YES ☒ NOTax ID of Group or Individual receiving payment N/A
(Tax ID number is required prior to issuance of donation)TOTAL FUNDING REQUESTED BY ORGANIZATION: TBDTOTAL FUNDING REQUESTED BY COUNCIL MEMBER(S): TBDIS 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 sponsorship will be used to purchase trees for the park, as well as other enhancement amenities.

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 trees will provide shade for residents to enjoy. These projects will bring neighbors together.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: 1/23/19
Mayor/Councilmember ApprovalDate: 1/22/19

REQUEST RECEIVED BY
BY ADMINISTRATION ON 1/23/19

CITY OF POMONA

DONATION AND FINDING OF PUBLIC BENEFIT REQUEST

Name of Organization St. Joseph's Catholic Church
 Street/Mailing Address 1150 W. Holt Ave., Pomona, CA 91768
 Daytime Phone Number 909-510-0091 (Odalinda Chavez)
 Is Organization Registered as a 501(c) ☒ YES ☐ NO
 Tax ID of Group or Individual receiving payment 951856334
 (Tax ID number is required prior to issuance of donation.)

TOTAL FUNDING REQUESTED BY ORGANIZATION: TBDTOTAL 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 sponsorship will defray costs of city stage and banner expenditures for the annual church Fiesta.

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 of this expenditure to the community is that it provides support of their annual fundraising event.

I, Mayor/Councilmember Rubio González, 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: 1/28/19

[Signature]
 Mayor/Councilmember Approval

Date: 1/22/19

REQUEST RECEIVED BY
BY ADMINISTRATION ON 1/17/2019

CITY OF POMONA

DONATION AND FINDING OF PUBLIC BENEFIT REQUESTName of Organization: Latino/a Educational Association of Pomona, Inc.Street/Mailing Address: P.O. Box 1074, Pomona, CA 91769Daytime Phone Number: 909-263-7642Is Organization Registered as a 501(c): ☒ YES ☐ NOTax ID of Group or Individual receiving payment: 82-3192929

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

TOTAL FUNDING REQUESTED BY ORGANIZATION: \$1,500.00TOTAL FUNDING REQUESTED BY COUNCILMEMBER(S): TBDIS 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 be used? (The donation must primarily serve a public purpose, as opposed to solely benefiting an individual or private organization.)

There are various expenses for this event, from food, to supplies, t-shirts for the
volunteers and more. This specific contribution would help offset the cost of food
for the participants. The cost is currently over \$3,000 for all 700+ participants.

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.)

Most if not all participants are residents of the city of Pomona. This would show the
Community that the city is a partner with the school district and the Latino/a Educa-
tional Association of Pomona. Showing our unity is important for Pomona's growth.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: 101-1302-52132-00000Council Meeting Date: 1/28/2019
Mayor/Councilmember ApprovalDate: 1/23/2019



Latino/a Educational Association of Pomona, Inc.

P.O. Box 1074, Pomona, California 91769

Website: LeapPomona.org – Phone: (909)263-7642

E-mail: Info@LeapPomona.org

Board Officers

President – Mr. Frank Guzman Sr.,
Vice President, Board of Education

Vice President – Dr. Marco Sanchez,
Principal, Garey High School

Treasurer – Dr. Tina Solorzano,
Asst. Principal, Garey High School

Secretary – Xochitl (Ali) Avila,
Office Manager, Village Academy

Board of Directors

Mr. Sebastian Black,
Asst. Principal on Assignment

Mrs. Christine Cruz-Arvalo,
Program Administrator

Mrs. Maria Garcia,
Staff Assistant, Pupil Services

Ms. Tatianna Gomez,
Coordinator, CWA

Mrs. Patricia Guillen,
Office Manager, Ganesha High School

Mr. Frank Guzman Jr.,
Student, University of Michigan

Mr. Juan Ortiz,
Principal, Marshall Middle School

Mrs. Maricela Rodarte,
Office Manager, Fremont Academy

Mr. Luis Rodriguez,
Principal, Park West High School

Ms. Rita Torres,
Teacher, Garey High School

Ms. Ramona Valenzuela,
Child Development Teacher

Mrs. Glenda Vazquez,
Dean of Students, Garey High School

Mr. Richard Martinez,
Superintendent of Schools,
PUSD/LEAP District Liaison

January 1, 2019

Dear Mayor & Council Members,

In 2017, a group of educators came together to develop the Latino/a Educational Association of Pomona, Inc. A non-profit organization, recognized by the IRS as a 501(c)(3) that is focused on mentoring and empowering students through educational and cultural opportunities. Our goal is to develop the mindset that is focused on success.

“Our mission is to mentor and empower Latino/Latina students through educational and cultural opportunities, while creating programs that promote academia.”

“Our vision is to promote educational opportunities for Latino/Latina student, while developing the mindset that’s focused on success for student in the Pomona Unified School District.”

We have had an opportunity to host two Latino Family Symposiums over the past couple of years and have been able to provide scholarships to PUSD graduating students this past spring. Both conferences had well over 500 attendees.

We will continue to press forward with our family symposium, ensuring our families receive information regarding college access, career readiness, financial aid resources, immigration and more. Our next symposium is scheduled for Saturday, January 26, 2019 at the PUSD District Conference Center. We hope you will consider joining us for this amazing event.

We embrace the concept that it takes a village to raise a child! We are the village, you are the village and together we can impact the lives in our community, one student or family at a time. We are reaching out to you and imploring you to support our work. You can do this through sponsorship of specific events, grants, scholarships or you may choose to become an annual operating sponsor. Whether you choose to give \$500 or \$50,000, be assured that we always acknowledge our sponsors via social media, our website and at our events.

I (we) hope that you will consider contributing to our organization. Together, we will make an impact on the lives of our youth and in our Pomona community.

Thank you for your consideration. If you have any questions, please feel free to reach out to me so we can schedule a time to discuss how we can work together.

Respectfully Yours,

Frank Guzman
President & Founder,
Latino/a Educational Association of Pomona, Inc.

REQUEST RECEIVED BY
BY ADMINISTRATION ON 1/10/19

CITY OF POMONA

DONATION AND FINDING OF PUBLIC BENEFIT REQUEST

Name of Organization: Pomona Economic Opportunity Center
 Street/Mailing Address: 1682 W Mission Blvd
 Daytime Phone Number: 909-397-4215
 Is Organization Registered as a 501(c): ☒ YES ☐ NO
 Tax ID of Group or Individual receiving payment: 95-4657497

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

TOTAL FUNDING REQUESTED BY ORGANIZATION: \$511.00TOTAL 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 be used? (The donation must primarily serve a public purpose, as opposed to solely benefiting an individual or private organization.)

Funds will be used to hold an event at Washington Park Community Center and will cover the deposit,
 the staffing, rental, insurance, and the custodial fee.

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.)

Pomona tenants will be informed about their rights and responsibilities.

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: 101-1302-52133-00000Council Meeting Date: 1/7/2019

Nora Garcia

Mayor/Councilmember Approval

Date: 1/7/2019

REQUEST RECEIVED BY
BY ADMINISTRATION ON

1/7/19

CITY OF POMONA

DONATION AND FINDING OF PUBLIC BENEFIT REQUESTName of Organization: Marshall Middle SchoolStreet/Mailing Address: 1921 Arroyo Ave. Pomona, CA 91768Daytime Phone Number: 909-575-9375 (Rubio's Cell)Is Organization Registered as a 501(c): ☐ YES ☐ NO

Tax ID of Group or Individual receiving payment: _____

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

TOTAL FUNDING REQUESTED BY ORGANIZATION: TBDTOTAL FUNDING REQUESTED BY COUNCILMEMBER(S): TBDIS USE OF THE CITY SEAL BEING REQUESTED? ☐ YES ☒ NO

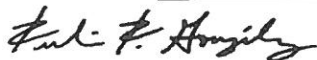
(Limited to print on informational material related to specific event. No commercial use of City Seal Permitted.)

PROMOTION OF EVENT ON ELECTRONIC READERBOARD: ☐ YES ☒ NO

How will the Donation/Sponsorship be 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 annual Dr. King march and cultural festival on campus taking
place on 1/17/19

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 is that it recognizes our City's diversity by having local students participate in remembrance of a
civil rights hero.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: 1/7/2019

Mayor/Councilmember Approval

Date: 1/2/2019

REQUEST RECEIVED BY
BY ADMINISTRATION ON 1/8/19

CITY OF POMONA

DONATION AND FINDING OF PUBLIC BENEFIT REQUESTName of Organization: District 6 - Robert Torres (Senior Health Fair)

Street/Mailing Address: _____

Daytime Phone Number: 909-620-2376Is Organization Registered as a 501(c): ☐ YES ☐ NO

Tax ID of Group or Individual receiving payment: _____

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

TOTAL FUNDING REQUESTED BY ORGANIZATION: TBDTOTAL FUNDING REQUESTED BY COUNCILMEMBER(S): TBDIS 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 be used? (The donation must primarily serve a public purpose, as opposed to solely benefiting an individual or private organization.)

Funds will be used for lunch for the volunteers

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.)

Free Senior Health Fair for Pomona residents

I, Mayor/Councilmember Robert Torres, 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: 101-1302-52106-00000Council Meeting Date: 1/7/2019

Mayor/Councilmember Approval

Date: 1/7/2019