

REQUEST RECEIVED BY  
BY ADMINISTRATION ON \_\_\_\_\_

CITY OF POMONA

**DONATION AND FINDING OF PUBLIC BENEFIT REQUEST**

Name of Organization: \_\_\_\_\_

Street/Mailing Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

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: \_\_\_\_\_

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.)

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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_, District No. \_\_\_\_\_, hereby request that the above donation/payment be made and that a finding of public benefit be determined by the City Council.

Account Number: \_\_\_\_\_

Council Meeting Date: \_\_\_\_\_

\_\_\_\_\_  
Mayor/Councilmember Approval

Date: \_\_\_\_\_

**TO BE COMPLETED BY CITY STAFF**

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

\_\_\_\_\_

**Additional contributions by Council members:**

\_\_\_\_\_ **Date:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**D-1 Councilmember Approval**

\_\_\_\_\_ **Date:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**D-2 Councilmember Approval**

\_\_\_\_\_ **Date:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**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**