

## City of Pomona - Donations and Finding of Public Benefit

**\* Name of Organization**

Kennedy Austin Foundation

**\* Full Address**

P.Box 1031  
Ca Pomona 91767

**\* Phone**

(714) 471-2300

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

205601495

**\* Total Funding Requested by Organization**

1,000

**Total Funding Requested by Councilmember(s)**

1,000

**\* 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)**

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**\* Is this an event? If so, please provide anticipated attendance, and flyer or promotional material.**

50 or more families

**\* 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.)**

to purchase, Turkeys, Ham's and bikes, and Toys for our community

**\* 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)**

These Annual Events benefit our community

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: \_\_\_\_\_