

City of Pomona - Donations and Finding of Public Benefit

*** Name of Organization**

Latino and Latina Roundtable

*** Full Address**

1460 E. Holt Avenue #144
144
Pomona CA 91767

*** Phone**

(909) 480-6267

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

454458833

*** Total Funding Requested by Organization**

\$14,000

Total Funding Requested by Councilmember(s)

SKIPPED

*** 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)**

The City can promote this program as well.

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

Workshop attendance anticipated @ 30-50 people per workshop.

*** 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.)**

This donation will fund a series of 10 workshops for people interested in becoming entrepreneurs. During COVID-19 many people got laid off, and some of those individuals are having a harder time finding work. The emprendedores program will be open to Pomona residents. The goal is to support, mentor, and guide people through the process and assist in navigating starting a small business. For many people this will be a new start after COVID and create a community of entrepreneurship in Pomona.

*** 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)**

The benefit is supporting Pomona residents get back on their feet after COVID. This program is also tailored to be culturally relevant and accessible to Spanish speakers as well. The city would benefit from individuals setting up small businesses in Pomona and also provide a needed service. People are in need of hope and support post COVID. For example, people who are older are seeing longer periods of unemployment. This will support a diverse group of people that will complete the workshops.

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: _____