

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