Form: Request to Speak to Committee of Council

Wednesday, September 16, 2015

**Committee:** Board of Health

Name of Sub-Committee:

Name of Individual: Nick Saul

Name of Organization: Community Food Centres Canada

**Contact Number:** 416-531-8826 x222

Email Address: <u>bronwyn@cfccanada.ca</u>

Mailing Address: 80 Ward St., suite 100, Toronto ON, M6H 4A6

**Reason(s) for delegation request:** To provide background and show support for report 'Neighbour to Neighbour Community Food Centre BOH15030' at the Monday, September 21 meeting.

Will you be requesting funds from the City? No

Will you be submitting a formal presentation? Yes