

Form: Request to Speak to Committee of Council

Submitted on Monday, January 4, 2016 - 8:58am

Committee: Board of Health

Name of Individual: Jo-Ann Mattina

Name of Organization: De dwa da dehs nye>s Aboriginal Health Centre

Contact Number: 905-544-4320 ext 231

Email Address: jmattina@dahac.ca

Mailing Address:

678 Main Stree East
Hamilton, ON L8M 1K2

Reason(s) for delegation request: To update the committee on the programs and services offered by the Aboriginal Health Centre and to discuss partnership opportunities with the city of Hamilton.

Will you be requesting funds from the City? No

Will you be submitting a formal presentation? Yes