

Form: Request to Speak to Committee of Council

Submitted on Thursday, April 21, 2016 - 11:12am

==Committee Requested==

Committee: Emergency & Community Services

==Requestor Information==

Name of Individual: Nancy Silva Khan

Name of Organization:

Contact Number:

Email Address:

Mailing Address:

Reason(s) for delegation request: Concerns regarding Ontario Autism Program changes and the needs of parents and children affected by autism.

Will you be requesting funds from the City? Yes

Will you be submitting a formal presentation? No