

**Form: Request to Speak to Committee of Council**  
**Submitted on Friday, September 2, 2016 – 2:23 pm**

**==Committee Requested==**

**Committee:** Emergency & Community Services

**==Requestor Information==**

**Name of Individual:** Steve Leighfield

**Name of Organization:** St. Matthew's House

**Contact Number:** . . . . .

**Email Address:** . . . . .

**Mailing Address:** . . . . .

**Reason(s) for delegation request:** Child Care System  
Special Needs Resourcing Award (CES6034)

**Will you be requesting funds from the City?** No

**Will you be submitting a formal presentation?** Yes