

Form: Request to Speak to Committee of Council

==Committee Requested==

Committee: Board of Health

==Requestor Information==

Name of Individual: Sally Palmer

Name of Organization: McMaster Community Poverty Initiative

Contact Number: [REDACTED]

Email Address: [REDACTED]

Mailing Address:

Reason(s) for delegation request: Speak to the Nutritious Food Basket Report

Will you be requesting funds from the City? No

Will you be submitting a formal presentation? No