

Form: Request to Speak to Committee of Council

Submitted on Friday, February 24, 2017 - 10:27am

==Committee Requested==

Committee: Audit, Finance & Administration

==Requestor Information==

Name of Individual: Lisa Jeffs, Manager

Name of Organization: Youth Wellness Centre, St Joseph's
Healthcare Hamilton

Contact Number: (905) 522-1155 x 36238, [REDACTED]
[REDACTED]

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Reason(s) for delegation request: To demonstrate and encourage support for the Transgender and Gender Non Conforming Protocol by speaking to the experience of the trans youth we support at the Youth Wellness Centre.

Will you be requesting funds from the City? Yes

Will you be submitting a formal presentation? Yes