Form: Request to Speak to Committee of Council Submitted on Thursday, March 28, 2019 - 5:55 pm

==Committee Requested== Committee: Board of Health

==Requestor Information==

Name of Individual: Krista D'Aoust

## Name of Organization:

N2N - Hamilton Community Food Centre

**Contact Number:** 905-574-1334 x 205

Email Address: <a href="mailto:kdaoust@n2ncentre.com">kdaoust@n2ncentre.com</a>

## **Mailing Address:**

10-310 Limeridge Road West Hamilton, ON L9C 2V2

## Reason(s) for delegation request:

April 15th meeting - We would like to report on N2N's Hamilton Community Food Centre's activities and community impact as a result of Board of Health 2018 funding. We would love to share some stories and present some beautiful photos that demonstrate the amazing work that is happening. We anticipate that our presentation will be 10 minutes long, if possible. Thank you.

Will you be requesting funds from the City? No

Will you be submitting a formal presentation? Yes