

**Form: Request to Speak to Committee of Council**

Submitted on Wednesday, April 3, 2019 - 4:17 pm

==Committee Requested==

**Committee:** Board of Health

==Requestor Information==

**Name of Individual:** Danielle Boissoneau

**Name of Organization:** Neighbour to Neighbour

**Contact Number:** 9055741334 ext 303

**Email Address:** [dboissoneau@n2ncentre.com](mailto:dboissoneau@n2ncentre.com)

**Mailing Address:** 310 Limeridge Road West, Suite 10

**Reason(s) for delegation request:**

To present stats and stories related to N2N Hamilton Community Food Centre programs

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

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