

OPEN DELEGATION REQUEST

PLEASE PRINT

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| SUBJECT: Food Security Community Program at Risk - Urban Pantry Program through Canadian Mental Health Association | | |
| REFERENCE COMMITTEE: Finance and Corporate Services Committee | | |
| PREFERRED DATE: June 21, 2022 | ALTERNATE DATE: | |
| NAME: Lynne Raimondi | | |
| EMAIL ADDRESS: | | |
| STREET ADDRESS: | | |
| <i>City</i> | <i>Postal Code</i> | |
| Barrie | | |
| PHONE: | HOME: | BUSINESS: |
| FAX NO.: | E-MAIL ADDRESS: | |
| NAME OF GROUP OR PERSON(S) BEING REPRESENTED (if applicable), INCLUDING THE PERSON(S) WHO WILL BE SPEAKING AND/OR PRESENT AT THE MEETING: Lynne Raimondi on behalf of Canadian Mental Health Association, Simcoe County Branch | | |
| BRIEF STATEMENT OF PURPOSE OF THE OPEN DELEGATION: | | |
| To request emergency funding from the Community Benefit Reserve to assist with a gap in funding for the Canadian Mental Health Association's Urban Pantry Program. | | |
| This program provides food security and food access programming to individuals and families in the community. | | |
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