



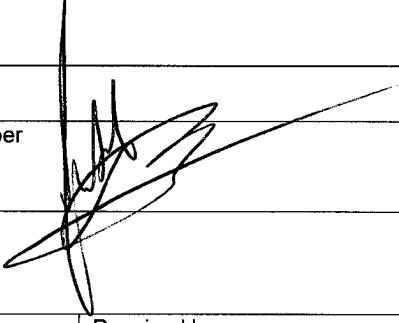
## Declaration of Interest

|                                 |                                                                                        |
|---------------------------------|----------------------------------------------------------------------------------------|
| Member's Name<br>Ciro Bisignano |                                                                                        |
| Meeting Date<br>2019-04-05      | Name of Committee or Board<br>Board of Health - Toronto Urban Health Fund Review Panel |
| Item Number<br>HF 2.1           | Agenda Item Title<br>Review of 2019 Applications                                       |

I declare a direct or indirect pecuniary interest in the agenda item noted above in accordance with section 5 of the Municipal Conflict of Interest Act.

The nature of my interest is as follows:

Synergy of Care  
i am employed at the Committee for Accessible AIDS Treatment

|                                |                                                                                                             |
|--------------------------------|-------------------------------------------------------------------------------------------------------------|
| Declaration Date<br>05/04/2019 | Signature of Member<br> |
|--------------------------------|-------------------------------------------------------------------------------------------------------------|

Clerk/Secretary Use Only:

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|---------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Received (Date and Time)<br>April 5, 2019 2:41 pm | Received by<br> |
|---------------------------------------------------|----------------------------------------------------------------------------------------------------|