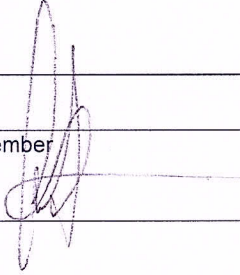


Member's Name Ciro Bisignano	
Meeting Date May 7, 2019	Name of Committee or Board Board of Health - Toronto Urban Health Fund Review Panel
Item Number HF3.1	Agenda Item Title Review of Appeals to the 2019 Toronto Urban Health Fund Grants

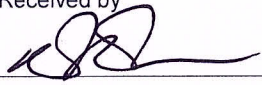
I declare a direct or indirect pecuniary interest in the agenda item noted above in accordance with section 5 of the Municipal Conflict of Interest Act.

The nature of my interest is as follows:

Ciro is Employed at Community for Accessible
ALDI Treatment - For Project Synergy of
Care

Declaration Date 2019-05-7	Signature of Member 
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Clerk/Secretary Use Only:

Received (Date and Time) May 7, 2019 - 11:27am	Received by 
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