

Member's Name <i>Jordana Ravet</i>	
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:

<i>I declare a conflict of interest with</i>
<i>Kennedy House Youth Services.</i>

Declaration Date <i>May 7th 2019</i>	Signature of Member <i>Jordana Ravet</i>
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Clerk/Secretary Use Only:

Received (Date and Time) <i>May 7, 2019 - 11:30 am</i>	Received by <i>[Signature]</i>
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