TORONTO

# Declaration of Interest

| Member's Name | |
|---|---|
| Dorene Weston | |
| Meeting Date<br>May 7, 2019 | Name of Committee or Board<br>Board of Health - Toronto Urban Health Fund Review Panel |
| Item Number<br>HF3.1 | Agenda Item Title<br>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:

Project "LYFE: Leading Youth Forward to Empowerment" from YouthLink. I was the grant writer for this project.

| Declaration Date | Signature of Member |
|---|---|
| May 7/19 | DWeston |

**Clerk/Secretary Use Only:**

| Received (Date and Time) | Received by |
|---|---|
| May 7, 2019 - 11:30am | |