



### Online Delegation Form

**MAYOR AND MEMBERS OF COUNCIL, I/WE ARE HERE ON BEHALF OF:**

Interior Health Authority

**TO REQUEST THAT YOU CONSIDER:**

Workshop opportunity

**THE REASONS THAT I/WE ARE REQUESTING THIS ACTION ARE:**

To share information regarding the Population health portfolio, the Healthy community development program, and extreme weather preparation

**I/WE BELIEVE THAT IN APPROVING OUR REQUEST THE COMMUNITY WILL BENEFIT BY:**

A more fulsome understanding of our role within the health authority, and how we can best support health and wellness of community

**I/WE BELIEVE THAT BY NOT APPROVING OUR REQUEST THE RESULT WILL BE:**

N/A

**IN CONCLUSION, I/WE REQUEST THAT COUNCIL FOR THE CITY OF GRAND FORKS ADOPT A RESOLUTION STATING:**

N/A

**NAME**

Melissa Cline and Dr Sue Pollock

**ORGANIZATION**

Interior Health Authority

**MAILING ADDRESS**

[Redacted]

**TELEPHONE NUMBER**

[Redacted]

**EMAIL ADDRESS**

[Redacted]

**MEETING SCHEDULE**

Committee of the Whole meetings start at 10:00am and delegations are generally scheduled at the start of the



meeting. I acknowledge the start time of the meeting.

**PRESENTATION TIME/SUPPLEMENTAL DOCUMENTS**

✓ Presentations are limited to 10 minutes plus questions. Supporting documents should be provided to City Hall (email [info@grandforks.ca](mailto:info@grandforks.ca)) the Tuesday before the meeting for inclusion in Council's agenda package. Presentation slides should be limited to 10-15 pages to fit in the allotted time.