



100 John West Way
Aurora, Ontario
L4G 6J1
(905) 727-3123
aurora.ca

Delegation Request

This request and any written submissions or background information for consideration by either Council or Committees of Council is being submitted to Legislative Services.

Council or Committee (Choose One) *

Committee of the Whole

Council or Committee Meeting Date * ?

2024-11-5



Subject *

Aurora Black Community Presentation

Full Name of Spokesperson and Name of Group or Person(s) being Represented (if applicable) *

Phiona Durrant, Aurora Black Community Association

Brief Summary of Issue or Purpose of Delegation *

As a partner with the Town of Aurora, we are here to present our request for official funding to support and strengthen our collaborative efforts. This funding will enable us to continue delivering impactful programs and initiatives that benefit the community and align with the town's values and goals.

Have you been in contact with a Town staff or Council member regarding your matter of interest? *

Yes

No

Full name of the Town staff or Council member with whom you spoke

The Mayor

Date you spoke with Town staff or a Council member

2024-10-2



I acknowledge that the Procedure By-law permits five (5) minutes for Delegations. *

Agree