## **Declarations of Pecuniary Interest Form**

## **Declarations of Pecuniary Interest**

Marakina *	
Meeting * C Regional Council	
C Committee of the Whole	
Finance and Administration Committee	
C Health and Social Services Committee	
C Planning and Economic Development Committee	
C Works Committee	
C Transit Executive Committee	
Other	
Other	
Name of the Member/Applicant *	
Willie Woo	
Date of meeting *	
12/10/2024	Ĥ
Agenda Item Number *	
8.2 (a)	
A consider Many Title *	
Agenda Item Title *	
Additional Funding Requests For Hospice Facilities in the Municipality of Clarington and Town of Whitby under	
the Community Investment Grants Policy	
Report Number (if applicable)	
Report #2024-F-21	
Declaration of pecuniary interest *	
C Direct	

IndirectDeemed

Describe the nature of your interest in the matter *
I am a Board member of Marigold Hospice Care who have submitted a request for additional funding.
I acknowledge that the information being submitted is accurate to the best of my knowledge *  Yes  Member/Applicant Signature
member/Applicant Signature (7)
Willie Woo
Date of Declaration *
12/10/2024

## Thank You

Your Declaration of Pecuniary Interest Form has been submitted.

The information collected on this form is being collected in accordance with Section 5.1 of the Municipal Conflict of Interest Act.

If you have any questions with respect to this form please contact Clerks@durham.ca