



**Application for a Delegation
to Appear Before Council**

1. Council Meeting Date Requested: _____

Regular Council Meetings take place on the fourth Wednesday of every month
(with a few exceptions).

2. Name(s) of the individual(s) applying: _____

3. Organization Name *(if applicable)*: _____

4. Organization Website *(if applicable)*: _____

5. Name(s) of the delegate(s) who will address the Council: _____

6. The delegate(s) will attend the Council Meeting:

- in person; or
- virtually.

7. What is the title you wish to see appear on the Council Meeting's Agenda for your delegation?

8. Please describe your organization and its mandate, as well as the services, programs, and/or activities it offers (*if applicable*).

9. What is the main purpose of your delegation?

- For information purposes only
- Support request
- Funding request
- Other: _____

10. Based on your selection above, please provide more details on the reason for your delegation and the nature of the business to be discussed.

11. Based on the purpose for your delegation, please explain the desired outcome and, if applicable, any actions sought from the UCPR Council.

12. Will you be preparing a PowerPoint presentation for visual support?

- Yes (*If so, please include it with your application.*)
- No

13. Will you be including reports or other documentation in support of your application?

- Yes (*If so, please include these with your application.*)
- No