

Request to Appear as a Delegation

Applicant Information

Organization Name (if applicable) Brain Injury Alliance Applicant / Contact First Name * Applicant / Contact Last Name * Alison Hagreen Mailing Address * City / Town * Province * Postal Code * Country Price George V2L 3M2 British Columbia Canada **Primary Phone Number *** Email Address *

Presentation Information

First Presenter's Name *

First Presenter's Title / Position *

Secretary, Brain Injury Alliance Board

Second Presenter's Name	Second Presenter's Title / Position
Sarah McCrea & Ryan Challen	Executive Directors, PG BIG & NBIA (Northern Brain Injury Association)
Presentation Topic *	
2015 we received our first grant, for \$1M annually we have received grants for \$1M annually, totaling	t funding for Brain Injury Societies province-wide. In for 3 years (received as a \$3M payment). Since then g \$8M but with an annual struggle to acquire those nulti-year funding contract with the province. We are
Purpose of Presentation and/or Action You Wis	sh Council to Take *
☐ Information Only	Request for a Letter of Support
Request for Funding or Financial Support	Other (please provide details)
Please list your requested Council meeting dat	te.
6/13/2022	
What is your preferred method of delivery for y	our delegation presentation? *
♠ In person	
Telephone	
Will You be Providing Supporting Documentati	ion (PowerPoint, Brochures, etc.)?*
(F) Yes	
○ No	

All presentation materials and documentation must be provided a by 12:00 p.m., two Wednesdays in advance of your intended meeting date.

What types of materials will be provided?*	
PowerPoint Presentation	 Handouts
Other (please specify)	

List Any Additional Technical Requirements

We would also be available to present on June 27. In the previous application I suggested we could be ready for the end of May however we would not be able to submit a finished PowerPoint by May 18 so this is not a possible date for us.