

**PEEL HOUSING CORPORATION**

**PEEL LIVING FINANCIAL VIABILITY AND GOVERNANCE REVIEW TASK TEAM**

**AGENDA**

**PLTT - 4/2014**

**DATE:** May 1, 2014

**TIME:** 8:30 AM – 9:30 AM

**LOCATION:** Regional Council Chamber, 5th Floor  
Regional Administrative Headquarters 10 Peel Centre Drive, Suite A  
Brampton, Ontario

**MEMBERS:** B. Crombie; E. Kolb; G. Miles; P. Mullin; P. Palleschi; J. Sanderson;  
A. Thompson; J. Tovey; R. Whitehead

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*Chaired by President P. Palleschi or Vice-President P. Mullin*

**A. DECLARATIONS OF CONFLICTS OF INTEREST**

**B. APPROVAL OF AGENDA**

**C. DELEGATIONS**

**C.1. Donald McCreesh, President, The Garnet Group Inc.,** Providing Information on the Importance of Governance Renewal

**C.2. Carolyn Kearns, Management Consultant,** Providing an Outline for the Planned Governance Review Workshop

**D. REPORTS**

**E. COMMUNICATIONS**

**F. IN CAMERA MATTERS**

**G. OTHER BUSINESS**

**H. NEXT MEETING**

Thursday, May 29, 2014  
1:00 p.m. – 3:30 p.m.  
Council Chamber, 5th floor  
Regional Administrative Headquarters  
10 Peel Centre Drive, Suite A  
Brampton, Ontario

**I. ADJOURNMENT**

**Request for Delegation**

Attention: Regional Clerk  
Regional Municipality of Peel  
10 Peel Centre Drive, Suite A  
Brampton, ON L6T 4B9  
E-mail: [council@peelregion.ca](mailto:council@peelregion.ca)  
Phone: 905-791-7800 ext. 4582  
Fax: 905-791-1693

<b>FOR OFFICE USE ONLY</b>	
Meeting Name: <b>Peel Living Financial Viability and Governance Task Team</b>	
Meeting Date YYYY/MM/DD	<b>2014/05/01</b>

Request Date: YYYY/MM/DD **2014/04/24**

Name of Individual(s)	<b>Donald McCreesh</b>		
Position/Title	<b>President</b>		
Name of Organization	<b>The Garnet Group Inc.</b>	Email	
Phone Number	Extension	Fax Number	
Name of Individual(s)			
Position/Title			
Name of Organization		Email	
Phone Number	Extension	Fax Number	
Reason(s) for delegation request (subject matter to be discussed) <b>Providing information on the importance of governance renewal.</b>			

I am submitting a formal presentation to accompany my delegation.  Yes  No

I will require the following audio-visual equipment / software for my presentation:  Document Camera / Overhead Projector  LCD Projector  PowerPoint

**\*Note:** Delegates are requested to provide 45 copies of all background material / presentations to the Clerk's Division **seven (7) business days prior** to the meeting date so that it can be included with the agenda package.

**In accordance with Procedure By-law 100-2012:**  
**• Delegates appearing before Regional Council or Committee are requested to limit their remarks to 5 minutes and 10 minutes respectively (approximately 5/10 slides).**

Once the above information is received in the Clerk's Division, you will be contacted by Legislative Services staff to confirm your placement on the appropriate agenda. Thank you.

**Notice with Respect to the Collection of Personal Information**  
(Municipal Freedom of Information and Protection of Privacy Act)

Personal information contained on this form is authorized under Section IV-4 of the Region of Peel Procedure By-law 100-2012 for the purpose of contacting individuals and/or organizations requesting an opportunity to appear as a delegation before Regional Council or a Committee of Council. The Delegation Request Form will be published in its entirety with the public agenda. The Procedure By-law is a requirement of Section 238(2) of the *Municipal Act, 2011*, as amended.

Please note that all meetings are open to the public except where permitted to be closed to the public under legislated authority. All Regional Council meetings are audio broadcast via the internet and will be video broadcast on the local cable television network where video files will be posted and available for viewing subsequent to those meetings.

Questions about collection may be directed to the Manager of Legislative Services, 10 Peel Centre Drive, Suite A, 5<sup>th</sup> floor, Brampton, ON L6T 4B9, (905) 791-7800 ext. 4462.

**Request for Delegation**

Attention: Regional Clerk  
Regional Municipality of Peel  
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Brampton, ON L6T 4B9  
E-mail: [council@peelregion.ca](mailto:council@peelregion.ca)  
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Request Date: YYYY/MM/DD **2014/04/24**

Name of Individual(s)	<b>Carolyn Kearns</b>		
Position/Title	<b>Management Consultant</b>		
Name of Organization			Email
Phone Number	Extension	Fax Number	
Name of Individual(s)			
Position/Title			
Name of Organization			Email
Phone Number	Extension	Fax Number	
Reason(s) for delegation request (subject matter to be discussed) <b>Providing an outline for the planned governance review workshop</b>			

I am submitting a formal presentation to accompany my delegation.  Yes  No

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