ATTACHMENT 3



Dear Ms. Bartolomeo, Mr. Coles, and the Council Office to Hon. Mayor Bevilacqua,

My name Jess Silver. I am the Founder and Executive Director of Flex for Access Inc., a Registered Non-Profit Organization for Cerebral Palsy, adaptive fitness, and sport promotion awareness and using fitness and sport as a means of management of CP and other physical disabilities and injuries. The organization has a local, National and Global impact on creating opportunities for adaptive fitness and sport education and actionable opportunity in the mainstream. (www.flexforaccess.ca)

In addition to being the Non-Profit Organization's Founder and Executive Director, I am also an individual who has Cerebral Palsy myself, medical writer, adaptive athlete, and I use my lived experience to inspire, educate others and create newfound understandings of the condition. I would like to request that October 6, 2022, which is World CP Day, be proclaimed World CP Day and have Vaughan City Hall be lit up Green which is the colour of awareness and growth of education for Cerebral Palsy.

I would like for Vaughan City Hall, to be lit up Green in support of Cerebral Palsy to educate and empower others to develop new ways of understanding CP not as limiting, but to understand that every individual encounters adversity and needs to be given opportunities to feel part of the larger society, empowered and to develop strength.

I would appreciate it if my request be taken into consideration as more awareness must be allocated to CP which affects 70 million individuals and counting, globally.

Thank you very much,

Best Regards,

Jess Silver



FLAG RAISING & PROCLAMATION REQUEST FORM

I am requesting the following (please select all the	hat apply):		
Flag Raising (Complete Parts 1-3, Parts 5 & 6, Annex A, Annex B)			
Proclamation (Complete Parts 1-4)			
PART 1: ORGANIZATION DETAILS			
ORGANIZATION NAME			
FLEX FOR ACCESS			
ORGANIZATION TYPE NON-PROFIT OF	anization		
Public Institution			
PART 2: REQUESTER DETAILS			
LAST NAME OR SINGLE NAME	FIRST NAME		
SILVER	JESSICA		
STREET ADDRESS		APT/UNIT NUMBER	
CITY/TOWN	PROVINCE	POSTAL CODE	
	ON		
EMAIL ADDRESS	TELEPHONE NUMBER		
flexforaccessagmail.com			
PART 3: ALTERNATE CONTACT DETAILS			
LAST NAME OR SINGLE NAME	FIRST NAME		
BELMONTE	Maurizio		
STREET ADDRESS		APT/UNIT NUMBER	
CITY/TOWN	PROVINCE	POSTAL CODE	
	ON		
EMAIL ADDRESS	TELEPHONE NUMBER		

PART 4: PROCLAMATION REQUEST DETAILS		
CAUSE/EVENT/COMMEMORATION TO BE PRO	OCLAIMED (Written as you want it to be Declared by	
World Cerebral Palsy (CP Awareness Day) Oct 6th		
Ø DAY O) WEEK O MONTH	
PART 5: FLAG RAISING DETAILS		
CAUSE/EVENT/COMMEMORATION TO BE REC	OGNIZED	
FLAG TO BE RAISED (Please attach an image of	f the flag to this form)	
ANTHEM OR MUSIC TO BE PLAYED (If required)		
MILL THERE BE A BUBLIO SHELL		
WILL THERE BE A PUBLIC EVENT AT CITY HALL FOLLOWING THE FLAG RAISING CEREMONY?		
YES - To book an appropriate space ceremony, please contact Recreation RecCSD@vaughan.ca.	te at City Hall and required equipment following the on Services by telephone at (905) 832-8500 or by email at	
O NO		
PART 6: PUBLIC CEREMONY DETAIL	_S	
The City of Vaughan endeavors to accommoda GUARANTEED. To assist in scheduling your patternate dates for booking.	ate the requestor's preferred date, however it is NOT public ceremony, we ask you to designate up to 3	
PREFERRED CEREMONY DATE	ALTERNATE CEREMONY DATE 1	
ALTERNATE CEREMONY DATE 2	ALTERNATE CEREMONY DATE 3	
TIME OF DAY PREFERENCE		
AM (09:00 a.m. – 12:00 p.m.)	PM (12:00 p.m. – 4:00 p.m.)	