

Clear Form

Print Form

This form is being requested to be addressed in:

<input type="checkbox"/> City Council: (specify)	<input type="checkbox"/> 3:00 p.m.	<input type="checkbox"/> 6:00 p.m.
<input type="checkbox"/> Committee Meeting: (specify)	<input type="checkbox"/> Community Services	<input type="checkbox"/> Corporate Services
	<input type="checkbox"/> Protective & Social Services	<input type="checkbox"/> Infrastructure & Economic Development
Date of Appearance	Monday March 22, 2021	

*To view the meeting schedule calendar online, please visit our [Agenda, Meetings, Minutes page](#).

Contact Information

Name	Maskwa Medical Centre Canada Inc.		
Address		City	Grande Prairie
Province	Alberta	Postal Code	
Phone		Email	

Topic of Discussion

Please describe in 3 sentences or less:

Support for creation of business plan for Mayo Clinic model of patient centered diagnostics here in GP. The initiative needs both moral and monetary support to get to next steps with Gov't of Alberta and AHS.

What change would you like to see as a result of this meeting?

We would like to see a letter of support and contribution to the cost to create the business plan.

Please attach any supporting documents/photos upon submitting your completed form.

For Office Use Only

<input type="checkbox"/> Added to Agenda	<input type="checkbox"/> Referred to:
Other departments required to be in attendance?	
Notification to Director of Service Area?	<input type="checkbox"/> Yes <input type="checkbox"/> No In Camera? <input type="checkbox"/> Yes <input type="checkbox"/> No