

**Chief Officer Confirmation of Report Submission
Cabinet Member Confirmation of Briefing**

Report for: Mayor

Mayor and Cabinet

Mayor and Cabinet (Contracts)

Executive Director

Information Part 1 Part 2 Key Decision

| |
|-------------------------------------|
| <input type="checkbox"/> |
| <input checked="" type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |


Date of Meeting 14 January 2015

Title of Report Bakerloo Line Extension Consultation

Originator of Report Simon Moss Ext 42269

At the time of submission for the Agenda, I confirm that the report has:

| Category | Yes | No |
|----------------------------------------------------------|-------------------------------------|-------------------------------------|
| Financial Comments from Exec Director for Resources | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Legal Comments from the Head of Law | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Crime & Disorder Implications | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Environmental Implications | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Equality Implications/Impact Assessment (as appropriate) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Confirmed Adherence to Budget & Policy Framework | <input type="checkbox"/> | <input type="checkbox"/> |
| Risk Assessment Comments (as appropriate) | <input type="checkbox"/> | <input type="checkbox"/> |
| Reason for Urgency (as appropriate) | <input type="checkbox"/> | <input type="checkbox"/> |

Signed:  Executive Member

Date: _____

Signed:  Director/Head of Service

Date 19/12/14

Control Record by Committee Support

| Action | Date |
|---------------------------------------------------------------------------|------|
| Listed on Schedule of Business/Forward Plan (if appropriate) | |
| Draft Report Cleared at Agenda Planning Meeting (not delegated decisions) | |
| Submitted Report from CO Received by Committee Support | |
| Scheduled Date for Call-in (if appropriate) | |
| To be Referred to Full Council | |