

**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"/> |
| X                        |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| X                        |

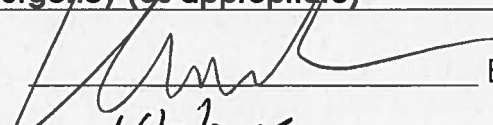
|                 |                             |
|-----------------|-----------------------------|
| Date of Meeting | 25 <sup>th</sup> March 2015 |
|-----------------|-----------------------------|

|                 |                      |
|-----------------|----------------------|
| Title of Report | Local Support Scheme |
|-----------------|----------------------|

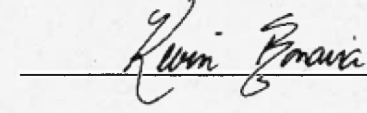
|                      |                 |               |
|----------------------|-----------------|---------------|
| Originator of Report | Ralph Wilkinson | Ext.<br>46040 |
|----------------------|-----------------|---------------|

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

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

Signed:  Executive Member

Date: 16/3/2015

Signed:  Director/Head of Service

Date: \_\_\_\_\_

**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  |      |