Chief Office	er Confirmation of Report Submission			
Cabinet Member Confirmation of Briefing				
Report for:	Mayor			
	Mayor and Cabinet	X		
	Mayor and Cabinet (Contracts)			
	<u>Ex</u> ecutiv <u>e D</u> irector			
Information	\square Part 1 \square Part 2 \square Key Decision			

Date of Meeting	14 th February 2018		
Title of Report	Neighbourhood Community Development		
	Partnerships (NCDP) Public Health Fundin	g	
Originator of Report	Frances Fuller, Public Health Strategist	Ext.47543	

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

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

Executive Member

Signed:

Date: 5th February 2018

Signed:

Director/Head of Service Date 2nd February 2018

Control Record by Committee Support

Common Record by Commission Coppen		
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		