

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

Report for: Mayor

Mayor and Cabinet

Mayor and Cabinet (Contracts)

Executive Director

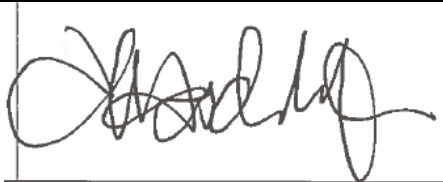
Information  Part 1  Part 2  Key Decision

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

|                             |  |                  |
|-----------------------------|--|------------------|
| <b>Date of Meeting</b>      | 24 <sup>TH</sup> April 2019  |                  |
| <b>Title of Report</b>      | Business Rates Revaluation Support Scheme & Retail Discount Scheme |                  |
| <b>Originator of Report</b> | Lorraine Richards  | <b>Ext.46047</b> |

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

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



Signed:  
Cabinet Member  
Date: 10<sup>th</sup> April 2019



Signed:  
Executive Director  
Date 9<sup>th</sup> April 2019

**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  |      |