

**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** **Y**

Date of Meeting	25 March 2020	
Title of Report	Neighbourhood Community Development Partnerships (NCDP) Public Health Funding	
Originator of Report	Director of Public Health	Ext: 43927

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

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

Signed: *Chris Best*
 Cabinet Member for Adult Social Care and Health
 Date: 10/03/20

Signed: *Thomson*
 Executive Director for Community Services
 Date: 10/03/20

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	