## **Delegated Decision Notification**

This form is used both to give notice of an officer's intention to make a Key decision and to record any delegated decision which has been taken. The decision set out on this form therefore reflects the decision that it is intended will be made, or that has been made. Although set out in the past tense a decision for which notice is being given may be subject to amendment or withdrawal.

LEAD DIRECTOR <sup>i</sup> :	Director of City Development		
SUBJECT":	Response to Deputation by Friends of Kirkgate Market		
DECISION	The Chief Economic Development Officer has noted the content of the report in		
DETAILS":	consultation with the Executive Member for Transport and the Economy.		
TYPE OF	☐ Key Decision (Executive)		
DECISION:	Is the decision eligible for call-in? <sup>i∨</sup> ☐ Yes ☐ No		
	Is the decision exempt from call-in? <sup>v</sup> Yes  No		
	Significant Operational Decision (Council or Executive <sup>vi</sup> – not subject to call-		
	in)		
	Administrative Decision (Council or Executive <sup>vii</sup> – not subject to publication		
	or call-in)		
NOTICEVIII / CALL-	Date the decision was published in the List of Forthcoming Key Decisions:		
IN (KEY			
DECISIONS	If not on the List of Forthcoming Key Decisions for at least 28 clear days, the		
ONLY):	reason why it would be impracticable to delay the decision:-		
	If exempt from call-in, the reason why call-in would prejudice the interests of the		
	Council or the public:-		
AFFECTED	City and Hunslet		
WARDS:			
DETAILS OF	Executive Member Date consulted: Interest disclosed? Interest disclosed?		
CONSULTATION	1.10.14		
UNDERTAKEN:	□ No		

	Ward Councillor Date consulted:	Interest disclosed?
		Yes (Date of dispensation: )
		☐ No
	Others <sup>x</sup> (please Date consulted:	Interest disclosed?
	specify: )	Yes (Date of dispensation: )
		☐ No
CAPITAL		
INJECTION	Injection approval required?	
APPROVAL	(If yes, you must complete the Approval box below)	
REQUIRED:		
CAPITAL		Capital Scheme Number:
INJECTION		XXXXX / XXX / XXX
APPROVAL	(Name: )	
	(Title: )	Date:
CONTRACT	Contract Reference Number	Contract Title
DETAILS		
(PROCUREMENT		
DECISIONS ONLY)		
		Supplier
IMPLEMENTATION	Officer accountable for implementation	
(KEY DECISIONS	·	
ONLY)	Timescales for implementation <sup>xi</sup>	
,	•	
CONTACT		Telephone number <sup>xii</sup> :
PERSON:		
DECISION MAKER		Date:
/ AUTHORISED		
SIGNATORYXIII:		20/10/14
	(Name: Tom Bridges )	