


	Ward Councillor Cllr A Lowe Cllr J McKenna Cllr A Smart	Date consulted: All 15 July 2016	Interest disclosed? <input type="checkbox"/> Yes (Date of dispensation:) <input checked="" type="checkbox"/> No
	Others ^x (please specify:) Not applicable	Date consulted:	Interest disclosed? <input type="checkbox"/> Yes (Date of dispensation:) <input checked="" type="checkbox"/> No
CAPITAL INJECTION APPROVAL REQUIRED:	Injection approval required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, you must complete the Approval box below)		
CAPITAL INJECTION APPROVAL	(Name:) (Title:)	Capital Scheme Number: XXXXX / XXX / XXX Not applicable Date:	
CONTRACT DETAILS (PROCUREMENT DECISIONS ONLY)	Contract Reference Number Not applicable	Contract Title Not applicable	
		Supplier Not applicable	
IMPLEMENTATION (KEY DECISIONS ONLY)	Officer accountable for implementation Timescales for implementation ^{xi}		
CONTACT PERSON:	Ruth Rutter	Telephone number ^{xii} : 0113 39 50679	
DECISION MAKER / AUTHORISED SIGNATORY ^{xiii} :	 (Name: Tom Bridges)	Date: 9/8/11	