## **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":	Acquisition of Properties for the Council's Investment Portfolio		
DECISION	The Director of City Development has given approval to the Acquisition of		
DETAILS <sup>III</sup> :	Properties for the Council's Investment Portfolio as outlined in the confidential		
	appendix accompanied the report.		
TYPE OF			
DECISION:	Is the decision eligible for call-in?iv		
	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	23.2.17		
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:- The Council may not be able to complete the acquisition.		
AFFECTED			
WARDS:			
DETAILS OF	Executive Members Date consulted: Interest disclosed?ix		
CONSULTATION	and Group Leaders March/April 2017 ☐ Yes (Date of dispensation: )		
UNDERTAKEN:	of Executive Board.		

	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?   Yes   No		
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	Gary Streets	Telephone number <sup>xii</sup> :	
PERSON:		0113 378 7691	
DECISION MAKER		Date:	
/ AUTHORISED	1 · An		
SIGNATORYXIII:		10/4/17	
	(Name: Martin Farrington)	·	