


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 ⁱ :	The Chief Executive
SUBJECT ⁱⁱ :	Kirklees Improvement Partnership
DECISION DETAILS ⁱⁱⁱ :	<p>The Chief Executive approved the Partnership Agreement as set out at Annex 1 of the attached report.</p> <p>The Chief Executive approved receipt of funding as set out in the Grant Offer Letter at Annex 2 of the attached report.</p>
TYPE OF DECISION:	<input checked="" type="checkbox"/> Key Decision (Executive) Is the decision eligible for call-in? ^{iv} <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is the decision exempt from call-in? ^v <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Significant Operational Decision (Council or Executive ^{vi} – not subject to call-in) <input type="checkbox"/> Administrative Decision (Council or Executive ^{vii} – not subject to publication or call-in)
NOTICE ^{viii} / CALL-IN (KEY DECISIONS ONLY):	<p>Date the decision was published in the List of Forthcoming Key Decisions: 11/1/18</p> <p>If not on the List of Forthcoming Key Decisions for at least 28 clear days, the reason why it would be impracticable to delay the decision:-</p> <p>If exempt from call-in, the reason why call-in would prejudice the interests of the Council or the public:-</p>
AFFECTED WARDS:	
DETAILS OF CONSULTATION UNDERTAKEN:	Executive Member Date consulted: Interest disclosed? ^{ix} <input type="checkbox"/> Yes (Date of dispensation:) <input type="checkbox"/> No

	Ward Councillor	Date consulted:	Interest disclosed? <input type="checkbox"/> Yes (Date of dispensation:) <input type="checkbox"/> No
	Others* (please specify:)	Date consulted:	Interest disclosed? <input type="checkbox"/> Yes (Date of dispensation:) <input 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	Date:
CONTRACT DETAILS (PROCUREMENT DECISIONS ONLY)	Contract Reference Number	Contract Title	
		Supplier	
IMPLEMENTATION (KEY DECISIONS ONLY)	Officer accountable for implementation The Director of Children & Families Timescales for implementation ^{xi} February 2018		
CONTACT PERSON:	Steve Walker	Telephone number ^{xii} : 0113 37 83628	
DECISION MAKER / AUTHORISED SIGNATORY ^{xiii} :	 (Name: Tom Riordan)	Date: 26-2-18	