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 :	Director of Communities & Environment		
OLID IEOT"			
SUBJECT":	Waiver of CPRs 8.1 and 8.2 for the support and modification of the Leedswatch		
	Alarm Receiving Centre software platform		
DECISION	The Director of Communities and Environment approved the waiver of Contract		
DETAILSiii:	Procedure Rule 8.1 and 8.2 (intermediate value procurements) and enter into a contract for a period of up to three years to purchase support services and		
	modifications/enhancements from Monitor Computer Systems Ltd		
TYPE OF	☐ Key Decision (Executive)		
DECISION:	Is the decision eligible for call-in?i ✓ Yes ☐ No		
	Is the decision exempt from call-in? ^v Yes No		
	Significant Operational Decision (Council or Executive ^{vi} – not subject to call-		
	in)		
	Administrative Decision (Council or Executive ^{vii} – 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	n/a		
WARDS:			
DETAILS OF	Executive Member Date consulted: Interest disclosed?ix		
CONSULTATION	☐ Yes (Date of dispensation:)		
UNDERTAKEN:	□ No		

	Ward Councillor Date consulted:	Interest disclosed?	
		Yes (Date of dispensation:)	
		☐ No	
	Others ^x (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 ^{xi}		
CONTACT		Telephone numberxii:	
PERSON:	Martin Clark	0113 37 88097	
DECISION MAKER		Date: 16/04/18	
/ AUTHORISED			
SIGNATORYXIII:	Nay.		
	James Rogers, Director of		
	Communities & Environment		
	Communices & Limitorinent		