## **EXECUTIVE BOARD CHECKLIST**

Report title: Vehicle Replacement Programme

EIA and HIA Completed		Completed by		y (dd	Date (dd/mm/yyyy)		Comments				
EIA	A Yes No No Neil Bolton		Bolton	1	5/11/202	1 N	No EIA needed				
HIA	HIA Yes No No Neil Bolton		1	15/11/2021		No HIA necessary					
_		_					_	rd for equ Full EIA.	-	s been atta	iched. S
Officer consulted Version Number			_	Date mm/yyy	y)	Comments					
ls	the ite	m a key	decisio	on?	Yes	$\boxtimes$	No				
ls		m a Part			Yes		No				
	dicate	the date	of the	Executi	ve Boa	rd the re	port is	to be su	ıbmitted	l to:	
In		MAR	APR	MAY	JUNE	JULY	AUG	SEPT	ОСТ	NOV	DEC
In JAN	FEB										

forward plan

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Signed:	Signed:
Director HR, Legal & Corporate Services:	Director of Finance & IT:
Date:	Date:
First Portfolio	
In making this decision I confirm that I have	
considered and understood the Equalities Impact	
Assessment (EIA) associated with this item. (if	
applicable)	Ciama di
Signed:	Signed:
Executive Member:	Chief Officer:
Date:	Date:
Second Portfolio	
In making this decision I confirm that I have	
considered and understood the Equalities Impact	
Assessment (EIA) associated with this item. (if	
applicable)	Ciama di
Signed:	Signed:
<b>Executive Member:</b>	Chief Officer:
Date:	Date: