Ministry:	PSSG
Month, Year:	Jan-24

CLIFF Number	Name of Minister	Subject or Title of Briefing Note	Briefing Note type	Date Started	Office, division or brancl	h Date Completed
Enter the Cliff number (if applicable)	Enter the name of the Minister the note was sent to	The description must be summarized in such a way that it does not reveal information that may or must be excepted from disclosure under Part 2 of FOIPPA. Where the entire description would be excepted, a descriptive category may be substituted (e.g., confidential legal services, confidential consulting services)	Information, Decision, Issue, etc.	Enter the date the note was sent to Minister (MMM DD, YYYY)	Enter the name of the office, division, or branch that created the note	Enter the date the note was reviewed/closed (MMM DD, YYYY)
661315 660754	DSG DSG	s. 13 Community Safety and Crime Prevention Awards Deferal	IBN IBN	Feb 5th Feb 20th	PSB CSCP	Feb 8th Feb 23rd