**Schedule of Public Health Funding Offer(s)**

**Name of Organisation:**

**Address:**

**Please indicate if your pharmacy will offer any of the following services from 1st October 2015 by signing alongside the relevant services:**

**Service/Project Name 15/16 Tariff Signature**

**Delivery of Stop Smoking Service including supply of NRT See attached service spec**

Please review this schedule and sign and return to me **as soon as possible** at the address below to confirm your acceptance of this offer: Rachel Baillie

Assistant Director Commissioning & Procurement

Wellbeing, Care & Learning

Room 120

Civic Centre

Newcastle upon Tyne

NE1 8QH

**Name:**

**Position:**

**Organisation:**

**Signature:**

**Date:**