## Application to the DIOCESAN TRUSTEES from The Chairman of Governors for Approval to Capital Expenditure

|  |  |  |  |
| --- | --- | --- | --- |
| Name of School: |  | Local Authority: |  |
| Address: |  |  |  |
| Post Code: |  |
| Headteacher: |  | Telephone Number: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Nature of Work | | | | | | | |
|  | | | | | | | |
| Condition |  | Suitability |  | Sufficiency |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Consultant: | |  | | | | | |
| Finance: How is the Project to be funded (Gross Cost)? | | | | | | | |
| Estimated Cost of Project  including VAT and Fees: | | | £ | | | | |
| DFC | | | | LCVAP | | Other  Source (e.g. School Budget, Basic Need) | |
| Y1 £ | Y2 £ | | | Y1 £ | Y2 £ | Y1 £ | Y2 £ |
|  |  | | |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Chairman’s Signature: |  | Date: |  |
| Headteacher’s Signature: |  | Date: |  |

This form is to ensure you have the Trustees’ agreement to proceed. You will receive notification of this within 7 days.

PLEASE RETURN TO: Diocese of Salford at the above address.

### FOR OFFICE USE ONLY Approved by Building Office:

### Received: Approved by Finance Office:

**Responded:**

PROJECT NO:

### COMMENTS