## Application to the DIOCESAN TRUSTEES From The Chairman of Governors

## for Approval TO revised allocations

|  |  |  |  |
| --- | --- | --- | --- |
| Name of School: |  | Local Authority: |  |
| Address: |  |  | |
| Postcode: |  |
| Headteacher: |  | Approved Project Number: |  |

|  |
| --- |
| Reason for additional costs: |
|  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Funding Stream | DFC Y1 £ | DFC Y2 £ | LCVAP Y1 £ | LCVAP Y2 £ | Other Y1 £ | Other Y2 £ | TOTAL |
| Approved Costs |  |  |  |  |  |  |  |
| Additional Costs |  |  |  |  |  |  |  |
| Revised Total |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Consultant Signature: |  | Date: |  |
| 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: The Diocese of Salford at the above address.

### COMMENTS

### FOR OFFICE USE ONLY

### Received: Approved by Building Office:

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**Responded:** Approved by Finance Office: