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

## for Approval TO revised allocations

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

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

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

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| --- | --- | --- | --- |
| 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: