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

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

|  |
| --- |
| Nature of Work |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Consultant: |  | | | | | |
| Finance: Cashflow | | | | | | |
| Estimated Cost of Project  including VAT and Fees: | | £ | | | | |
| DFC | | Y1£ |  | Other  Source (e.g. School Budget, LA Funding etc.): | Y1 £ |  |
| Y2 £ |  | Y2 £ |  |
| TOTAL |  | TOTAL |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are pooled funds being requested? | Yes |  | No |  |

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

This form is to ensure you have the agreement of the Diocesan Trustees 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: