## 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 Projectincluding VAT and Fees: | £      |
| DFC | Y1£ |       | OtherSource (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: