

Cathedral Centre
3 Ford Street
Salford M3 6DP

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**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:		Numbers on Roll:	
Headteacher:		Telephone Number:	

Nature of Work					

Name of Consultant:					
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Finance: Cashflow					
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Estimated Cost of Project including VAT and Fees:	£				
	Y1 £	Y2 £		Y1 £	Y2 £
DFC			Other (Please explain the source of 'Other' funding, where appropriate in the box above)		

Are pooled funds being requested?	YES		NO	
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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: