

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 CAPITAL EXPENDITURE**

Name of School:		Local Authority:	
Address:			
Post Code:		Numbers on Roll:	
Headteacher:		Telephone Number:	

Nature of Work			
Condition	<input type="checkbox"/>	Suitability	<input type="checkbox"/>
	<input type="checkbox"/>	Sufficiency	<input type="checkbox"/>
Please tick appropriate box			

Name of Consultant:					
Finance: How is the Project to be funded (Gross Cost)?					
Estimated Cost of Project including VAT and Fees: £					
	Y1 £	Y2 £		Y1 £	Y2 £
DFC			Non-Aided/Other (Please explain the source of 'Other' funding, where appropriate in the box above)		
LCVAP			TCF		

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: Diocese of Salford at the above address.

FOR OFFICE USE ONLY	Approved by Building Office:
Received:	Approved by Finance Office:
Responded:	PROJECT NO:
COMMENTS	
<small>\\Property Schools\Schools Building - Template Forms\Form B - Approval to Capital Expenditure 2009.doc</small>	