

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 REVISED ALLOCATIONS**

Name of School:		Local Authority:	
Address:			
Post Code:		Telephone Number:	
Headteacher:		Approved Project Number:	

Reason for additional costs:

Funding Stream	DFC Y1	DFC Y2	LCVAP Y1	LCVAP Y2	Other Y1	Other Y2
Approved Costs						
Additional Costs						
Revised Total						

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.

FOR OFFICE USE ONLY	
Received:	Approved by Building Office:
Responded:	Approved by Finance Office:

COMMENTS