**DFC1**

**July 21**

**ESSEX COUNTY COUNCIL**

**DEVOLVED FORMULA CAPITAL GRANT (DFCG)**

 **NOTIFICATION OF PROPOSED EXPENDITURE**

**Notes:**

1. Please refer to the **Checklist for School Building Projects** prior to completing this form.
2. Please ensure this form is completed and signed by the Headteacher/Principal.
3. Please complete all sections.
4. Please allow a minimum of two months for approval to be granted, longer will be required for complex schemes or periods of peak demand, for example, during the summer term.
5. Please submit a scanned signed copy of the completed form in .pdf via email to: infrastructure.delivery@essex.gov.uk
6. **\*** Please delete as appropriate

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| **SCHOOL:** .....................................................................................................................................**ADDRESS:** ................................................................................................................................... ....................................................................................................................................................... |
| **Department for Education** **School No:** ....................**Cost Code**:…………….**SCHOOL STATUS:** Community\*/Voluntary Controlled\*/Foundation\* |
| **Project Description:**Please provide details of the scope of the Project.For the purchase of ICT equipment, provide make, model and item cost for each item***.***  |
| **School Finance Information** |
| Bank Account Number: |
| Sort code: |
| BACS notification email: |

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| **Project Cost Information** |
| DFC Grant to be transferred:£ |
| DFC Grant already held at school£ |
| Other£ |
| TOTAL£ |
| Project Start Date |
| Project Completion Date |
| **Headteacher’s Declaration** |
| **Foundation Schools only**: I can confirm that the Landlord/Trust has provided Landlord Consent for the project/works. (Please provide evidence as part of the DFC1 submission)Please ticko |
| I have read the **Checklist for School Building Projects** and have taken and/or will take note of its contents in relation to this project. Please tick🞏 |
| Name:  |
| Signed:  |
| Date: |
| **Contact for Project queries** |
| Please confirm details of who will act as the schools main contact throughout the project. |
| Name:  |
| Position: |
| Telephone no |
| Email address: |