

SECTION 1: SCHOOL DETAILS

School Name:

Project Title:

Project Reference:

SECTION 2: DESCRIPTION & LOCATION OF ADDITIONAL WORK

Please state the precise nature of the additional work. Supporting documentation is required, e.g. quotes, breakdown of costs, together with how the contingency and provisional sums have been used and what action has been taken to keep additional costs to a minimum.

SECTION 3: ADDITIONAL CONTRACT DETAILS

Revised date of project completion (mm/yyyy):

Final documentation expected (mm/yyyy):

SECTION 4: FINANCIAL LIABILITIES

4.1 FUNDING SOURCES

	Costs Approved to Date		Additional Costs Requested		Revised Total Projects Costs
A Building Work		+		=	
B VAT on Building Work		+		=	
C Professional Fees		+		=	
D VAT on Fees		+		=	
E FFF (inc. VAT)		+		=	
F Total Project Cost		+		=	

4.2 BREAKDOWN OF ADDITIONAL PROFESSIONAL FEES

	Amount	VAT	% of building cost
A Total Fees			
B Site Investigation Fee			
C Subtotal (A & B)			
D Insurance			
E Building Control			
F Planning			
G Other Fees (please detail below)			
H Total Fees			

Please specify the Other Fees

Description of Cost	Amount £

4.3 BREAKDOWN OF ADDITIONAL COSTS

	SCA (100%)	DFC (100%)	Governor NGA	LA	Total
A Building Work					
B VAT on Building Work					
C Professional Fees					
D VAT on Fees					
E FFF (inc. VAT)					
F Total Project Cost					

SECTION 4: CERTIFICATION BY CONSULTANT

I certify that the content of this form is correct and that the project will comply with all relevant statutory requirements.

Signed on behalf of the School Building Consultants:

Signature:

Name:

Date:

Name of Firm:

Position:

Email:

SECTION 5: CERTIFICATION BY GOVERNING BODY

Following confirmation from the Governing Body that they wish this project to proceed, this certification should be completed by the headteacher or a member of the governing body.

I certify that:

- There will be no subsequent application for Deferred Payments.
- The Governors authorise the payment of all invoices up to the total project cost of:
- The governors accept a total liability of:
which will be funded from:

Signed on behalf of the Governing Body

Signature:

Name:

Date:

Position:

Phone:

Email: