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| Description: cid:image005.png@01CD1335.FF78BE70 | **Approval updated 01/04/2018** |
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| --- | --- |
| **Voluntary Aided School Building Projects: Application for approval** | |
| **Notes:** | * Where tick boxes appear, please tick those that apply. * Please complete all sections of the form, including **original signatures.** |

**Section 1: School details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Section 2: Project title**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  | | --- | | Please state project title **(maximum 60 characters)** (for example, refurbishment of head-teacher’s office, admin area and toilets). |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | | --- | --- | --- | --- | | Please select the primary purpose of the project (please use drop down menu)  **Choose an item.**  **Please give a brief description of the works and location of the project. If you are also using Healthy Pupils Capital funding towards the project please give details below:**   |  | | --- | |  |   Will the project include work to playing fields, or buildings on playing fields related to their use? | | | |  | Yes Please comment |  | |  | | |  | No | |

**Section 3: Project type**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please tick the box that applies:  This form relates to project cost at:  Approval to proceed to Tender Approval to start work (tender stage) Change of approved tender costs   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | |

**Section 4: Statutory procedures**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  | | --- | | Are Statutory Proposals required for this project? |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | Yes Date of publication |  |  |  |  | Formal evidence of SOC (School Organisation Committee) approval letter must be submitted with this form or the project cannot be progressed. | |  | | | | | | | Date of approval | |  |  |  |  | |  | No | | | | |  |  | | --- | | Is planning permission necessary |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | Yes Date planning permission given | |  |  |  |  |  | |  | | | | | | |  | |  | No If not obtained please give reasons (continue on separate sheet if necessary) | | | | | | | |  | |  | | | | | | |

**Section 5: Proceeds of Sale and Site issues**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Proceeds of Sale**  Will the project release school premises?   |  |  |  | | --- | --- | --- | |  | Yes Please give details  Including current ownership and No and estimated value. |  | |  | |  |   **Sites**  Is a new or additional site required?   |  |  |  | | --- | --- | --- | |  | Yes Who is to provide? |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Has an SB1 form been completed and submitted? |  | Yes |  | No |  |  |  | | --- | --- | |  | No |   If the Local Authority is to provide the site, are there existing buildings which the governors are to purchase?   |  |  | | --- | --- | |  | Yes (Please give details on separate sheet) |  |  |  | | --- | --- | |  | No | |

**Section 6: Tender details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Tender date |  |  |  | Tender expiry |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Date work due to start on site |  |  |  | Contract period |  |  |  | Weeks/months |   Was tender obtained by competition following the code of procedure for single stage selective tendering?   |  |  |  | | --- | --- | --- | |  | Yes | Please give details | |  |  | |  | No |  |  |  |  |  | | --- | --- | --- | --- | |  | **Contractor** |  | **Tender £** | | Three lowest tenders |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Are there any modifications to the tender? |  | Yes |  | No |     **£**   |  |  | | --- | --- | | **A** Agreed tender after modifications (should match items **0** in Section 11.) |  |  |  |  | | --- | --- | | **B** Separate contracts/supplies (loose furniture/fixtures/fittings should not form part of the agreed tender at **A** above). |  | |  | |  |  |  |  | | --- | --- | | **C** Total building costs (**A + B**) |  |  |  |  | | --- | --- | | **D** Provisional sums |  | |  |  | | **E** Contingencies/dayworks |  | |  |  | | **F** Contract guarantee bond |  | |  |  | | **G** Preliminaries |  | |

**Section 7: Financial Liabilities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Please show all figures in 100% terms (include the 10% governors contribution in the LCVAP and Healthy Pupils Capital Fund columns\*\*, please do not show it as a separate amount within the Governors Non-Aided column)**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **1**  **LCVAP**  **£** | |  | **2**  **Healthy Pupils Capital Fund**  **£** | | |  | | **3**  **Non-Aided Funding**  **/DFC**  **£** |  | | **4**  **LA**  **£** | | |  | **5**  **Total Project Costs**  **(1 to 4)**  **£** | | | **A** Building work |  | |  |  | | |  | |  |  | |  | | |  |  | | |  | | | | | | | | | | | | | | | | | | | **B** Fluctuations |  | |  |  | | |  | |  |  | |  | | |  |  | | |  | | | | | | | | | | | | | | | | | | | **C** Sub-total (**A + B**) |  | |  |  | | |  | |  |  | |  | | |  |  | | |  | | | | | | | | | | | | | | | | | | | **D** VAT on **C** \* |  | |  |  | | |  | |  |  | |  | | |  |  | | |  | | | | | | | | | | | | | | | | | | | **E** Professional fees |  | |  |  | | |  | |  |  | |  | | |  |  | | |  | | | | | | | | | | | | | | | | | | | **F** VAT on Professional fees |  | |  |  | | |  | |  |  | |  | | |  |  | | |  | | | | | | | | | | | | | | | | | | | **G** Furniture, fixtures and fittings (including VAT) |  | |  |  | | |  | |  |  | |  | | |  |  | | |  |  | | |  |  | |  | | |  | |  |  | | |  | |  | | | | | | | | | | | | | | | | | | | **H** TOTAL (**C to G**) |  | |  |  | | |  | |  |  | |  | | |  |  | |   **Please show all figures in 100% terms (include the 10% governors contribution in the LCVAP/Healthy Pupils Capital fund columns, please do not show it as a separate amount within the Non-Aided column)**  \***VAT should always be charged at 20% and shown at section D above, if no VAT is shown or is less than 20% please give details below:**   |  | | --- | |  |  |  | | --- | | \*\* **The Healthy Pupil Capital Fund can either be a standalone project, providing it is over £2,000, or incorporated into an LCVAP project, but it must be shown under column 2 above.** | |  |   **DFC Direct will be shown as ‘Non-Aided’ on VASIS** |

**Section 7: Financial Liabilities (continued)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **VA Grant - spend profile**  **Can you confirm that where funding is not being allocated over more than one financial year, the project will be finalised within the financial year of approval:**  **Yes No**  LCVAP is a one year programme and we expect all projects to be completed by 31st March 2019.  However, in some cases retention amounts may slip into the following financial year.  In these cases we will allow commitments into 2019-20, but only up to a maximum of 2.5%.  The HPCF is also a one year programme and we expect all funding to be spent by 31st March 2019, we will not currently consider allowing HPCF commitments in 2019-20.  **Indicate below the expected spend profile of governors’ aided** **expenditure** (give the month the claim is expected to be paid, not the month the work is carried out). Please split the funding profile between LCVAP and the Healthy Pupils Capital Funding (**HPCF**) if applicable.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **LCVAP HPCF** | | | | | | | | |  | **2018-19** |  | **2019-20** |  | **2018-19** |  | **2019-20** | |  |  |  |  |  |  |  |  | | **April** |  |  |  |  |  |  |  | | **May** |  |  |  |  |  |  |  | | **June** |  |  |  |  |  |  |  | | **July** |  |  |  |  |  |  |  | | **August** |  |  |  |  |  |  |  | | **September** |  |  |  |  |  |  |  | | **October** |  |  |  |  |  |  |  | | **November** |  |  |  |  |  |  |  | | **December** |  |  |  |  |  |  |  | | **January** |  |  |  |  |  |  |  | | **February** |  |  |  |  |  |  |  | | **March** |  |  |  |  |  |  |  |   **Total phasing of governor’s aided expenditure in each financial year:**  (The Total boxes must agree with H, columns 1 and 2 on page 4)    **2018-19 2019-20 Total**   |  |  |  | | --- | --- | --- | |  |  |  |   **LCVAP(£)**     |  |  |  | | --- | --- | --- | |  |  |  |   **HPCF(£)** |

**Section 8: Certification**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **The governing body is reminded of their responsibility to appoint, where appropriate, a consultant who holds Professional Indemnity Insurance. If the governing body do not appoint a consultant, they (or their authorised representatives (diocese) must also sign the governing body’s consultant declaration at A below.**  **I/We certify that this form is correct and that the project will comply with all relevant statutory requirements including those listed below:**   * Education (School Premises) regulations 1999; * The Workplace (Health, Safety and Welfare) Regulations 1992; * The Construction (Design and Management) Regulations 1994; * Building Regulations 2000 (SI 2000/2531) as amended; * Disability Discrimination Act 1995 Parts 3 and 4: as amended by The Special Educational Needs and Disability Act 2001; * Diocesan Board of Education Measures 1991 (Church of England Schools only). * Where the cost of work exceeds the current OJEU threshold we confirm we have followed the EU procurement rules. * Where the cost of services exceeds the current OJEU threshold we confirm we have followed the EU procurement rules. * That professional fees do not exceed 15% of the governors aided building work costs.   **A. Consultant or Chair of governing body** (where a consultant has not been appointed)   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Name (CAPITALS please) |  | Signed |  | Date | | | |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Position |  | Telephone Number |  | Fax Number | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | | Name of firm |  | Email address | |  |  |  |   Does the above named consultant require access to the VASIS window for this project (ie Project Manager)?   |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No |   **B. School governing body** (or trustee/diocese authorised to act on their behalf)   * We have agreed the project with the Local Authority including their financial liability.  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | A completed copy of this form was forwarded to | | | | |  | (Name of LA recipient) | | on |  |  |  | (date) |  |  * The trustees, and the diocese where appropriate, have been consulted about planned building work. * The work is necessary and forms part of the school buildings. * The premises are not due to be replaced, made surplus, abandoned or closed.   **Continued overleaf - please sign the certification on page 7, we require both signatures before we can process the form.** |

**Section 8: Certification (continued)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Name (CAPITALS please) |  | Signed |  | Date | | | |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Position |  | Telephone Number |  | Fax Number | |  |  |  |  |  |  |  |  | | --- | --- | |  | Please forward a copy of the correspondence to the Diocese. |   Project contact for correspondence  Name (CAPITALS please) Address   |  |  |  | | --- | --- | --- | |  |  |  | | Telephone Number |  | |  |  | | Email Address |  | |  |  |  | |

**Section 9: Payment Details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Please pay the total amount of LCVAP/HPCF as stated in Section 7 into the following account:**  **Only school governors’ or diocesan account details should be entered (please tick which account the claim is to be paid into)**  **School Account Diocese Account** | | | | | | | | | | | | | | | | | | | | | **Sort code**  **ode** |  |  |  |  |  |  | **Bank account number** | | |  |  |  |  |  |  |  |  | | | Name of account | | | | | | | | |  | Address of bank | | | | | | | | | |  | | | | | | | | |  |  | | | | | | | | | |  | | | | | | | | |  | | Name of bank | | | | | | | | |  | |  | | | | | | | | |  | |  | | | | | | | | |  | Postcode | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- |
|  | **Please email this form to:**  [Approvals.VA@education.gov.uk](mailto:Approvals.VA@education.gsi.gov.uk) (please ensure that the form is signed before emailing it to us)  Alternatively you can send the form to:  VA Capital Team, Education Funding Agency,  Bishopsgate House, Level 1  Feethams, Darlington  DL1 5QE |  |