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| **LCVAP Carry-Forward Request Form** |



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| **Name of Diocese**  |  |
| **Carry Forward Amount** |  |

1. Please explain how the Diocese plan to use the carry forward amount to address condition need across your estate.

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| **School** | **Description of Project (max 100 words)** | **When will the work take place during the next financial year?** | **Explain if the Diocese Accounting Officer is comfortable the money will be spent in the next financial year** |
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1. Please explain why it is not possible to spend the allocation in this financial year? (Max 250 words)

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1. Can you please explain any processes/ steps the Diocese has implemented to ensure that funding paid in future years is utilised within the time period it is provided for? (Max 250 words)

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| **Name:** |  |
| **Email Address:** |  |
| **Phone Number** |  |
| **Date:** |  |
| **Accounting Officer Signature:** |  |

This form needs to be completed by the Accounting Officer and submitted to Nabila Shaheen; Nabila.Shaheen@education.gsi.gov.uk. Your request will be assessed and we will aim to get back to you as soon as possible.