|  |  |
| --- | --- |
| Date |  |
|  |  |
| Request Number |  |
|  |  |
| Amount of request |  |
|  |  |
| Requester e.g. Brae/Hill |  |
|  |  |
| What percentage of girls will this benefit |  |
|  |  |
| Brief description of request |  |
|  |  |
| Regular or one off payment |  |
|  |  |
| What % stake of total cost is being requested and who is providing the remainder |  |
|  |  |
| Project summary and timescales (to include full description of what proposed funds will be used for) |  |
|  |  |
| Benefit to the School/girls |  |
|  |  |
| Projected life of proposal once implemented |  |
|  |  |
| When will (first) payment be required |  |
|  |  |
| How many quotes are being obtained to support application? (please attach where they are available) |  |
|  |  |
| Recommended supplier and why |  |
| Additional Info e.g. Photo’s Brochures |  |
|  |  |
| What risks have been identified and mitigating factors e.g. Health & Safety, Operational & Reputational risk |  |

**I confirm that I have fully assessed this request & the risks associated and it has my full support:**

………………………….. ………………………………………………..

|  |
| --- |
| Name: |
| Position: |
| Date: |

|  |
| --- |
| Name: |
| Position:  |
| Date:  |

|  |
| --- |
| **FOR FRIENDS OF ROWAN USE ONLY:** |
|  | **TICK** | **DATE** | **SIGNATURE** |
| **Chairman Sign Off** |  |  |  |
| **Treasurer Sign off** |  |  |  |
| **Members Vote Obtained & Evidenced** |  |  |  |
|  |  |  |  |