

## Flintshire County Council Licensed Deficit Application and Recovery Plan

School Name

\_\_\_\_\_

What level of deficit are you applying for:-

<u>2016/2017</u>	<u>2017/2018</u>	<u>2018/2019</u>	<u>2019/2020</u>	<u>2020/2021</u>
<u>£</u>	<u>£</u>	<u>£</u>	<u>£</u>	<u>£</u>
£0,000	£0,000	£0,000	£0,000	£0,000

There is an expectation that schools will recover deficit budgets within 3 years and in exceptional circumstances 5 years. Please document the reasons in the box below if the deficit application exceeds 3 years. Please note that where a school applies for a deficit recovery plan in excess of 3 years further authorisation is required from the Chief Education Officer and Chief Finance Officer.

**Reason for Deficit**

*Please include in this section the reasons for the deficit budget and the circumstances leading up to the current position*

**Recovery Plan**

***Please include in this section a detailed narration of the recovery plan including the action to be taken and detailed timescales which link in with your agreed projections as approved by your governing body. (Please attach a copy of the minutes from your finance sub-committee as evidence of approval)***

<b><i>Action</i></b>	<b><i>Target Date</i></b>	<b><i>Value of Saving £</i></b>

**Additional Information to support your request for an agreed deficit.**

**Please attach your detailed budget plan using the deficit recovery plan excel spreadsheet.**

**School**

**Signed** \_\_\_\_\_ **Headteacher** **Date** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Chair of the Governing Body** **Date** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Chair of the Finance Committee** **Date** \_\_\_\_\_

**Authority**

**Signed** \_\_\_\_\_ **Chief Education Officer** **Date** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Finance Manager (Education)** **Date** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Chief Finance Officer** **Date** \_\_\_\_\_