

**Community Monuments Fund 2025**

Recoupment Claim Form CMF/C

**CMF Project ID (as advised by Department on award):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**TO BE COMPLETED BY THE LOCAL AUTHORITY (or State-funded organisation)**

Please complete a separate Recoupment Claim Form CMF/C for each claim.

A claim may be made at any time before the deadline date of Friday **14** **November 2025.** Any grant funding unclaimed by this date **will not be payable**.

This Recoupment Form CMF/C must be submitted to the Department by email to [cmf@housing.gov.ie](mailto:cmf@housing.gov.ie) . It should be submitted In Microsoft Word Format.

A report to include photographs**/** visual proofof completed works must accompany this form.

**Proof of payment** of grant to applicant must also be included, e.g. a Remittance Advice slip, or screen shot of Agresso payment or similar financial system, clearly showing name of applicant/payee, CMF project ID/Name, amount paid and date of payment.

**1. Claim Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Local Authority Name:  (or name of State-funded organisation) |  | Dept. CMF Project ID: (as advised by Department upon award) | |
| Applicant Name: |  | | |
| Project Name: |  | | |
| Tax Reference Number together with Tax Compliance Access Number: |  | | |
| Total expenditure on project: | € | | In respect of grant aided element only |
| **CMF 2025 Grant awarded by Dept:** | € (incl VAT) | | |
| Amount paid by Local Authority (or State-funded organisation) to Applicant under CMF2025: | € (incl VAT) | | Date of payment: |
| Other Exchequer Funding allocation to Project, if applicable. Please state source. e.g. HSF, BHIS, AaM | € (incl VAT)  Source: | | |
| **CMF 2025 Recoupment sought:** | € (incl VAT) | | |
| Savings: *(if any)* | € | | |
| Employment benefits of project (no. of days employment required): |  | | |
| Training benefits of project, if applicable (no. of days training provided): |  | | |

**2a. Brief description of works completed with funding under CMF 2025**

In addition, for potential use by Department media:

* Photos of relevant monuments (before and after if applicable) (photos should be named with unique CMF Project ID)
* 150 words (max) in accessible language of the funded works, community engagement if relevant and public and conservation benefit

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**2b. If the completed works do not match those originally proposed, please provide a reason for this**

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**3. Declaration by Local Authority (or State-funded organisation)**

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| I certify that the works proposed in Application Form CMF/A and as approved/amended by the Department in its grant award, have been inspected and comply with the terms and conditions for grant payments in the Handbook CMF2025 and that the grant allocated for this project has been already paid to the applicant by the local authority. | | |
|  | **Claim prepared by\*** | **Claim verified by\*\*** |
| Name (Block Capitals): |  |  |
| Position: |  |  |
| Telephone: |  |  |
| Email Address: |  |  |
| Signature and Title: |  |  |
| Date: |  |  |
| \* Claim must be prepared by the relevant heritage professional  \*\* Claim must be verified by Chief Executive Officer or Director of Services | | |

Please return this completed **Recoupment Claim Form CMF/C** (including proof of completed works and details of payment to Applicant)to [cmf@housing.gov.ie](mailto:cmf@housing.gov.ie)

Please contact [cmf@housing.gov.ie](mailto:cmf@housing.gov.ie) if you have any queries.

**Checklist & Summary to be completed by Local Authority/State-funded Organisation**

**This Checklist to be submitted with Form CMF/C (Recoupment Claim)**

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| --- | --- |
| **Department CMF Project ID:** | (as advised to Grant recipient by the Department upon award) |
| **Applicant:** |  |

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| --- | --- | --- | --- |
|  | | | **LA to fully complete** |
| 1. | CMF 2025 Grant Allocated (incl VAT) |  | € |
| 2. | CMF 2025 Recoupment Sought (incl VAT) |  | € |
| 3. | Savings, if any |  | € |
| 4. | Other Exchequer Funding allocation, if applicable |  | € |
| 5. | Employments benefits of project (no. of days ) |  |  |
| 6. | Training benefits of project (no, of days) |  |  |
| 7. | Proof of payment included |  | Y/N |
| 8. | Sample visual proof of works included |  | Y/N |
| 9. | Invoices contain unique CMF Project ID  e.g. CMF25-2-XX003 |  | Y/N |
| 10. | Preliminary Completion Report included? (not relevant if Final report included) |  | Y/N |
| 11. | Final report included? |  | Y/N |
| 12. | Do works match those originally proposed? |  | Y/N |
| 13. | Claim prepared by relevant heritage professional |  | Y/N |
| 14. | Claim verified by Chief Executive or DOS |  | Y/N |