

**FORM CMF-C**

**RECOUPMENT CLAIM**

**TO BE COMPLETED BY THE LOCAL AUTHORITY**

**FORM CMF-C – RECOUPMENT CLAIM TO BE COMPLETED BY LOCAL AUTHORITY**

Please complete a **separate** Form CMF-C for each claim. A claim may be made at any time before the deadline date of **Tuesday 10th November.** Any grant funding unclaimed by this date **will not be payable**.

Form CMF-C must be submitted to the Department by email to [nationalmonuments@chg.gov.ie](mailto:nationalmonuments@chg.gov.ie) . A brief final report to include **visual proof** of 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, amount paid and date of payment.

1. Claim Details

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| Local Authority Name: |  | **Dept**. CMF Ref No. |
| Applicant Name; |  | |
| Project Name; |  | |
| Local Authority Tax Reference Number together with Tax Compliance Access Number: |  | |
| Total expenditure on project: | € | ***In respect of grant aided element only*** |
| Amount paid by local authority to applicant: | € | Date of payment: |
| Grant allocated by Dept: | € | |
| Other Exchequer Funding allocation, if applicable. Please state source. |  | |
| **Recoupment sought:** | **€** | |
| 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 completed works**

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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**

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| I certify that the works outlined in Application Form CMF-A have been inspected and comply with the terms and conditions for grant payments In Explanatory Memorandum CMF 2020 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 Heritage officer or equivalent  \*\* Claim must be verified by Chief Executive Officer or Director of Services | | |

Please return completed **Form CMF-C (INCLUDING VISUAL RECORD OF WORKS AND DETAILS OF PAYMENT TO APPLICANT)** to [nationalmonuments@chg.gov.ie](mailto:nationalmonuments@chg.gov.ie) Please contact [nationalmonuments@chg.gov.ie](mailto:nationalmonuments@chg.gov.ie) if you have any queries.

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| **For official use only:** |