



Rialtas na hÉireann
Government of Ireland

Community Monuments Fund 2023

Application Form CMF/A

Stream 1	<input type="checkbox"/>
Stream 2	<input type="checkbox"/>
Stream 3	<input type="checkbox"/>

Tick as relevant

Please Note:

- For private applicants or community groups who are owners/custodians of archaeological monuments, **Application Form CMF/A** must be completed and submitted to the Local Authority **on a date specified by the LA, which should be no later than 1 February 2023**.
- **Application Form CMF/A** must be completed fully and returned by the Local Authority (or State-funded organisation) to cmf@housing.gov.ie by close of business on **Tuesday 14 February 2023**. Incomplete applications will not be considered.
- Applications for funding under the CMF should be made to the relevant Local Authority (apart from State-funded organisations which are to be made directly). Details of the schemes and how to apply are available on all local authority websites and the Department's website.
- Applications will be accepted by email only. EMAIL should be titled: 'CMF2023 [insert Local Authority Name (or name of State-funded organisation)], Stream [1, 2, 3 insert], Project/Monument name'.
- An acknowledgement email will issue from the Department. If you do not receive an acknowledgment please contact cmf@housing.gov.ie
- Please **type** relevant information in this Application Form if possible. If it does have to be handwritten, please use **BLOCK CAPITALS** or ensure script is legible.
- All date entries should be entered in the format **DD/MM/YYYY**
- Where planning permission has been applied for but no decision has been made, or where the decision is under appeal, state this and the date of application or appeal in **Section 2b**.
- Where notification is required under Section 12 (3) of the **National Monuments (Amendment) Act 1994** (Recorded Monuments) or under Section 5 (8) of the **Amendment Act 1987** (Register of Historic Monuments) details of the date on which the notification was sent to the Department should be provided in **Section 2b**.
- Where Ministerial consent, under Section 14 of the **National Monuments Act 1930** (as amended), has been obtained, include the Consent number. Where Ministerial consent has been applied for but no decision has been made at the time of application to the CMF, state this in **Section 2b**, including the case reference number issued by the National Monuments Service.

- An indication of whether the project is to include a training element should be given in **Section 4**.
- The applicant must also indicate any grants, subsidies or assistance from statutory bodies, or sponsorship or assistance from a non-statutory source, received or being sought in **Section 4a**.
- The applicant must also indicate if they have received a determination under Section 482 of the **Taxes Consolidation Act 1997** (formerly Section 19 of the **Finance Act 1982**) in **Section 4b**.
- The applicant must indicate if they are in the process of applying for tax relief under Section 482 of the **Taxes Consolidation Act 1997** (formerly Section 19 of the **Finance Act 1982**) in **Section 4b**.
- Relevant works should follow the conservation principles set out in the Department's **Architectural Heritage Protection Guidelines for Planning Authorities (2011)** and **Advice Series** publications
<https://www.buildingsofireland.ie/resources/>
- Works at, in relation to, or in proximity to, monuments and places protected under the terms of the National Monuments Acts 1930 to 2014 must have full regard to the general principles for the protection and management of the archaeological heritage as set out in the policy document **Framework and Principles for the Protection of the Archaeological Heritage** (Government of Ireland, 1999) and full regard to all relevant policy and guidelines publications by the National Monuments Service

Section One

1. Local Authority Details (or details of State-funded organisation)

Local Authority Name: (or State-funded organisation)			
Contact and address:			
Telephone/Mobile Number:		Email:	

1a. Monument Owner's Details

Owner's Name:			
Address:			
Telephone/Mobile Number:		Email:	
Charity Number: (if applicable)			
Tax Reference Number with Tax Compliance Access Number:			

1b. Applicant Details (if not the owner)

Name:			
Address:			
Telephone/Mobile Number:		Email:	
Charity Number: (if applicable)			
Tax Reference Number with Tax Compliance Access Number:			
Consent of the owner is required under this scheme Please indicate consent is attached to this Form.			Delete as appropriate: Yes/No

Section Two

2a. Monument Details

Is the monument on the RMP or SMR? Yes/No	Insert SMR/RMP No.:
Type of Monument:	Townland/County:

2b. Statutory Notifications

	Yes or No	If yes: enter date applied /received
Do the proposed works require or have they been granted planning permission?		Date applied:
		Planning status:
		Planning Ref. No:
Do the proposed works require notification to the Minister in accordance with Section 12(3) of the National Monuments (Amendment) Act 1994?		Date of notification (if already notified):
Do the proposed works require Ministerial consent or have they received consent under Section 14 of the National Monuments Act 1930 (as amended)?		Date applied (if already applied):
		Date received (if already granted)
		Reference No:
Do any other Statutory Requirements apply?		Details:

Section Three

3. Project Summary

Summary

- (a) Please indicate whether Stream, 1, 2 or 3 and provide a short, concise description (no more than 50 words) of the type of works to be specifically funded under CMF2023 below, including any training element, if proposed:

Stream (1/2/3):

Description:

<p>(b) In no more than 300 words, summarise the proposed works having regard to:</p> <ul style="list-style-type: none"> i. Significance of the archaeological monument ii. Efficacy of the grant in achieving the aims of the Community Monuments Fund iii. Quality of the methodology and technical merit of the proposed project iv. Broader public or community benefit of the project 		
<p>Estimated start and finish dates of proposed works?</p>	<p>Start:</p>	<p>Finish:</p>

Section Four

4a. Expenditure in Relation to Proposed Project

Estimated Costs of Project	€ (excl. VAT)	€ (incl.VAT)
If a training element is proposed, please provide estimated cost of training provision	€ (excl. VAT)	€ (incl.VAT)
Estimated Professional Fees: (broken down per individual professions involved)	€ (excl. VAT)	€ (incl.VAT)
Total CMF2023 grant sought:	€	(incl. VAT)
Did this project/site receive any funding under CMF in previous years? Yes/No + Details	€	(incl. VAT)

4b. Other Grants and Reliefs

Does Section 482 determination apply to this monument?*	Yes/No
Is VAT recoverable?	Yes/No
Has any other EU, Exchequer funding, or Tax Reliefs been applied for or received in respect of this project?	Yes/No € Details
Have any other grants been applied for?	Yes/No € Details

*Section 482 of the Taxes Consolidation Act 1997 (formerly Section 19 of the Finance Act 1982)

Section Five

5. Personnel Employed/Proposed for the Project

Archaeological Consultant

Name:		Position/qualification:	
Address:			
Telephone/Mobile Number:		Email:	
Tax Reference Number together with Tax Compliance Access Number:			
Satisfactory level of subcontractor tax compliance demonstrated: (if applicable)*	Yes:	No:	

Conservation Professional (for any Proposal Involving Conservation Works)

Name:		Position/qualification:	
Address:			
Telephone/Mobile Number:		Email:	
Tax Reference Number together with Tax Compliance Access Number:			

Contractor(s)/Tradesperson(s) (for any Proposal Involving Conservation Works/Physical Interventions)

Name:		Position/qualification:	
Address:			
Telephone/Mobile Number:		Email:	
Tax Reference Number together with Tax Compliance Access Number:			
Satisfactory level of subcontractor tax compliance demonstrated: (if applicable)*	Yes:	No:	

*see www.revenue.ie for further details on tax clearance procedures for contractors/subcontractors

If necessary, please use separate page to complete this section

Form A - Section Six

6. Declaration by the Applicant

I, the Applicant, certify that:

1. I understand and fulfil all the terms and conditions of the grant scheme
2. The information provided in the application form and supporting documents is correct and I will notify the relevant local authority if there is any change in that information
3. My tax affairs are in order
4. I understand that payment of a grant under this scheme does not imply a warranty on the part of the authority or the Minister for Housing, Local Government and Heritage in relation to the suitability or safety of the works concerned or the state of repair or condition of all or any part of the monument concerned or its fitness for use, or any other access infrastructure
5. I understand that the local authority or the Department of Housing, Local Government and Heritage may make any enquiries that it considers necessary to establish my eligibility for a grant, and that the local authority's and the Minister's decisions are final.

Applicant's Signature: _____ Date: _____

Checklist & Summary

To be completed by Local Authority/State-funded Organisation

Checklist: Have you Included /Carried Out the Following?	Yes/No
Appraisal Form CMF/A - completed and signed by applicant	
Appraisal Form CMF/B - completed and signed by Local Authority/State-funded organisation (if applicable)	
Site location map with location of works clearly marked in red	
Ownership checked on Property Registration website?	
Written consent of owner (if Applicant is not the owner)	
Method Statement	
Conflict of Interest Form	

Summary: Please Fully Complete All Sections	
Name of Applicant:	
Name of Owner (if different from applicant) :	
SMR or RMP Reference Number:	
Name of proposed project:	
Amount of grant sought under CMF2023	€ (incl VAT)
Is planning permission, Notification or Ministerial Consent in place (if needed)?	Delete as Appropriate Yes/No/NA
Conservation Professional engaged (if relevant)	Delete as Appropriate Yes/No/NA
Professional Archaeologist engaged:	Yes/No
Local Authority/State Organisation contact: (Name and Position)	

Data Capture- Please Tick Relevant Sub-Category(ies) to Application	
Sub-category	
COVID-19 measures	
Access	
Interpretation	
Conservation	
Climate adaptation	
Training	

Signed: _____ Date: _____

Position: _____

Application Form should be submitted in Microsoft Word form

gov.ie/housing

