

## **APPLICATION FORM A**

**SECTION ONE-TO BE COMPLETED BY APPLICANT**

**SECTION TWO-TO BE COMPLETED BY LOCAL AUTHORITY**

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**FORM A - SECTION ONE – INFORMATION**

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**PLEASE NOTE THE FOLLOWING BEFORE COMPLETING THIS FORM**

- **Form A, Sections One and Two** must be fully completed - incomplete applications will not be accepted
- **Section One must be completed by the applicant and verified as correct by the local authority**
- **Section Two must be completed by the local authority**
- Please **type** in the relevant information if possible
- If handwritten, please use **BLOCK CAPITALS** or ensure script is legible
- All date entries should be entered in the format **DD/MM/YYYY**
- If the structure is not presently in use, its last use must be stated in **Form A -Section 1b, page A4**
- If the structure is protected by any legislation other than the *Planning and Development Acts* (e.g. the *National Monuments Acts*), this must be stated in **Form A -Section 1d, page A4**
- 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 **Form A -Section 1d, page A4**
- 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 DAHRRGA should be provided in **Form A-Section 1d, page A4**
- Where Ministerial consent, under Section 14 of the *National Monuments Act 1930* (as amended), has been applied for but no decision has been made at the time of application to the SRF, state this in **Form A - Section 1d including the case reference number issued by the National Monuments Service, page A4**
- Details of how the cost of the works, other than the amount of the grant sought, is to be met must be stated in **Form A -Section 1f, page A6**. The applicant must indicate the matching amount total and the source of matching funds
- 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 **Form A -Section 1f, page A6**
- 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 **Form A -Section 1f, page A6**
- If not, 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 **Form A -Section 1f, page A6**
  - The works should follow the conservation principles set out in the Department's [Architectural Heritage Protection Guidelines for Planning Authorities \(2011\)](#) and [Advice Series](#) publications (<http://www.ahrrga.gov.ie/heritage/heritage-publications/> )

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**FORM A - SECTION ONE - TO BE COMPLETED BY OWNER/APPLICANT**


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**1a. Applicant Details (Owners)**

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

**1a. Applicant Details (if not owner)**

Name:	
Address:	
Telephone/Mobile Number:	Email:
Charity Number: <i>(if applicable)</i>	
Tax Reference Number together with Tax Compliance Access Number:	
Please indicate if the consent of the owner been obtained to apply under this scheme and attach consent to this Form.	

**FORM A - SECTION ONE – TO BE COMPLETED BY OWNER/APPLICANT****1b. Structure Details**

Name:		Address:	
Year of construction: <i>(if known)</i>			
Existing use:		Proposed use: <i>(if different)</i>	
Irish Historic House in private ownership application <sup>1</sup> ?	YES	NO	

**1c. Classification**

	Yes or No	If yes: enter registration number	
Is the structure:	(a) protected under the National Monuments Acts?	RMP:	
	(b) a protected structure?	RPS:	
	(c) in an ACA?*	Name of ACA:	
	(d) included in the NIAH?**	NIAH:	Rating:

\* ACA = Architectural Conservation Area \*\* NIAH = National Inventory of Architectural Heritage ([www.buildingsofireland.ie](http://www.buildingsofireland.ie))

**1d. 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 under the National Monuments Acts?		Date of notification:
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:
		Date received:
		Reference No:
Do any other Statutory Requirements apply?		Details:

<sup>1</sup> Please indicate YES if applying under Irish Historic Houses segment. Otherwise, please indicate NO

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**FORM A - SECTION ONE – TO BE COMPLETED BY OWNER/APPLICANT**


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**1e. Project Summary**

	Summary	
<p>In no more than 300 words, summarise the proposed works having regard to:</p> <p>(a) The significance of the structure</p> <p>(b) The urgency of the works</p> <p>(c) The efficacy of the works</p>		
Start and finish dates of proposed works?	Start:	Finish:

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**FORM A - SECTION ONE – TO BE COMPLETED BY OWNER/APPLICANT**


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**1f. Expenditure in relation to proposed works**

Estimated Costs of Works:	€ (excluding VAT)	€ (including VAT)
Estimated Professional Fees:	€ (excluding VAT)	€ (including VAT)
<b>Total grant sought:</b>	<b>€</b>	
Amount of matching funds:	€	
Source of matching funds?		
Does Section 482 determination apply to this structure?*		
Have you applied for Section 482 tax relief?		
Is VAT recoverable?		
Have you applied for other EU/Exchequer funding/Tax Reliefs?*		
Have other EU/Exchequer funding/Tax Reliefs been received/refused? **		

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

\*\* This application will be cross-checked with grant data held by other state agencies (i.e., The Heritage Council and the Department of Housing, Planning, Community and Local Government) to verify eligibility for this grant)

**FORM A - SECTION ONE – TO BE COMPLETED BY OWNER/APPLICANT****1g. Personnel employed on the project****No. 1 Conservation Professional**

<b>No. 1</b>		
Name:		Position:
Address:		
Telephone/Mobile Number:		Email:
Tax Reference Number together with Tax Compliance Access Number:		

**No. 2 Conservation Professional**

<b>No. 2</b>		
Name:		Position:
Address:		
Telephone/Mobile Number:		Email:
Tax Reference Number together with Tax Compliance Access Number:		

**No. 3 Contractor(s)/Tradesperson(s) if known**

<b>No. 3</b>		
Name:		Position:
Address:		
Telephone/Mobile Number:		Email:
Tax Reference Number together with Tax Compliance Access Number:		
Satisfactory level of subcontractor tax compliance demonstrated: <i>(if applicable)*</i>	Yes:	No:

\*see [www.revenue.ie](http://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 ONE-TO BE COMPLETED BY OWNER/APPLICANT/LOCAL AUTHORITY

### 1h. Declaration by Owner/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 by a local authority under this scheme does not imply a warranty on the part of the authority or the Minister for Arts, Heritage, Regional, Rural and Gaeltacht Affairs 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 structure concerned or its fitness for use.
5. I understand that the local authority or the Department of Arts, Heritage, Regional, Rural and Gaeltacht Affairs 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:

### 1i. Checklist for Owners/Applicants/Local authorities (Insert Yes or No accordingly)

The following must be included in all applications to local authorities	Owner Yes/No	Local authority Yes/No
Form A -Section One completed by applicant		
Form A – Section Two completed by local authority	NA	
Site location map with location of works clearly marked in red		
Proof of Tax Compliance submitted to local authority <i>(If applicable)</i>		
Written consent of property owner for proposed works (if applicable)		
Method statement attached <i>(not more than 10 A4 pages)</i>		
Verified by local authority <i>(who must sign hereunder)</i>	NA	

Local authority signature:\*

Date:

Position:\*

\* **Section One** must be verified as correct by the local authority Architectural Conservation Officer or equivalent

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**FORM A - SECTION TWO – TO BE COMPLETED BY THE LOCAL AUTHORITY**


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**2a. Local Authority Details**

<b>2a. Local Authority Details</b>	
Local Authority Name:	
Contact and address:	
Telephone/Mobile Number:	Email:
No. of applications received:	No. of applications forwarded to the Department:

**2b. Appraisal**

	Summary
<p>Briefly summarise why the local authority considers that this project qualifies for this scheme having regard to:</p> <ol style="list-style-type: none"> <li>1. The significance of the structure</li> <li>2. The urgency of the works</li> <li>3. The relevance and standard of the Method Statement</li> <li>4. What you consider the efficacy of the proposed works.</li> </ol>	

**FORM A - SECTION TWO – TO BE COMPLETED BY THE LOCAL AUTHORITY**

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**IMPORTANT**

**FORM A** with supplementary material must be returned to the Department by 4.00 p.m. on **14 March 2017**. **A separate email is required for each project – Do not include multiple projects in the same email.** Please do not submit incomplete applications or fragments of applications as these may be deemed ineligible.

- Ensure you submit **ONE** copy of **Form A** for each project that you wish to submit to the Department
- Form A and relevant supplementary material for each project must be submitted together in a single email to [SRF@ahg.gov.ie](mailto:SRF@ahg.gov.ie) in either Word or pdf format. The size of the email should not exceed 15MB.
- Each project must be submitted by the local authority in a separate email to the Department
- The email subject description should be entitled 'SRF 2017' and include the project name and the name of the local authority
- Applications in hard-copy **OR IN ANY OTHER FORMAT** will not be accepted by the Department **EXCEPT BY PRIOR AGREEMENT**

For further information required regarding this scheme, please contact **Built Heritage and Architectural Policy** tel. 01 888 2428 or email [SRF@ahg.gov.ie](mailto:SRF@ahg.gov.ie)

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

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**RECOUPMENT CLAIM FORM B**

**TO BE COMPLETED BY THE LOCAL AUTHORITY**

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


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**IMPORTANT**

Please complete a **separate** Form B for each claim. A claim may be made at any time before the deadline date of **Friday 27 October 2017**. Any grant funding unclaimed by this date will be **forfeit**.

Form B must be submitted to the Department by email to SRF@ahg.gov.ie. **Visual proof** of completed works must accompany this form, e.g. photographs or videos.

**Proof of payment** of grant to applicant must also accompany this form, e.g. Agresso payment or similar financial system.

**3a. Claim Details**

Local Authority Name:	SRF Ref No.
Tax Reference Number together with Tax Compliance Access Number:	
Total expenditure on project:	€ <i>In respect of grant aided element only</i>
Amount paid by local authority to applicant:	€ Date of payment:
Grant allocated by Dept:	€
Employment benefits of project (no. of days employment required)	
Matching Expenditure:	€ = % of overall expenditure
<b>Recoupment sought:</b>	<b>€</b>
Savings : <i>(if any)</i>	€

**3b. Brief description of completed works**

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


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3c. If the completed works do not match those originally proposed, please provide a reason for this

**3d. Declaration by Local Authority**

I certify that the works outlined in Form B 3b have been inspected and comply with the terms and conditions for grant payments under Circular SRF/2017 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:		
Date:		

\* Claim must be prepared by the Architectural Conservation Officer or equivalent

\*\* Claim must be verified by Chief Executive Officer or Director of Services

Please return completed **Form B (INCLUDING VISUAL PROOF OF WORKS AND PROOF OF PAYMENT TO APPLICANT)** to [SRF@ahg.gov.ie](mailto:SRF@ahg.gov.ie) Please contact tel. 01 888 2428 or [SRF@ahg.gov.ie](mailto:SRF@ahg.gov.ie) if you have any queries.

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