



Pilot World Heritage Strategic Investment Fund

Recoupment Claim (Form C)



TO BE COMPLETED BY THE LOCAL AUTHORITY

Please complete a separate Recoupment Claim Form 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 C must be submitted to the Department by email to worldheritage@housing.gov.ie . It should be submitted In Microsoft Word Format.

A report to include photographs/ 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/payee, CMF project ID/Name, amount paid and date of payment.

1. Claim Details

Local Authority Name:	WHSIF Reference 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
WHSIF 2025 Grant awarded by Dept:	€ (incl VAT)		
Amount paid by Local Authority to Applicant under WHSIF 2025:	€ VAT)	(incl	Date of payment:
Other Exchequer Funding allocation to Project, if applicable.	€ Source:	(incl VAT)	
WHSIF 2025 Recoupment sought:	€ (incl VAT)		
Savings: (if any)	€		
Employment benefits of project (no. of days employment required):			

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

In addition, for potential use by Department media:

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

this		
I certify that the works in its grant award, have	e been inspected and comply with the t IF2025 and that the grant allocated for	approved/amended by the Department erms and conditions for grant payments
,	Claim prepared by*	Claim verified by**
Name (Block Capitals):		
Position:		
Telephone:		
Email Address:		
Signature and Title:		
Date:		
* Claim must be prepar	red by the relevant heritage profession	al
** Claim must be verifie	ed by Chief Executive Officer or Director	or of Services

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

Please return this completed **Recoupment Claim Form C** (including proof of completed works and details of payment to Applicant) to worldheritage@housing.gov.ie.

Please contact worldheritage@housing.gov.ie. if you have any queries.

Checklist & Summary to be completed by Local Authority

This Checklist to be submitted with Form WHSIF C (Recoupment Claim)

Department WHSIF Reference ID:	(as advised to Grant recipient by the Department upon award)
Applicant:	

		LA to fully complete
1.	WHSIF 2025 Grant Allocated (incl VAT)	€
2.	WHSIF 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.	Proof of payment included	Y/N
7.	Sample visual proof of works included	Y/N
8.	Invoices contain unique WSHIF Reference ID	Y/N
9.	Preliminary Completion Report included? (not relevant if Final report included)	Y/N
10.	Final report included?	Y/N
11.	Do works match those originally proposed?	Y/N
12.	Claim prepared by relevant heritage professional	Y/N
13.	Claim verified by Chief Executive or DOS	Y/N

