

**Notes to Applicants**

1. The associated Rules for Participation can be downloaded from the Council’s or Malta Enterprises’ website.
2. This application form template is to be used **ONLY** for proposals submitted under:
* Temporary Framework for State aid measures to support the economy in the current COVID-19 outbreak
* Non-State Aid National Rules for Participation for Public Entities and Research and Dissemination Organisations that do not carry out an economic activity within the meaning of Article 107 TFEU
1. The Application Form and any attached documents will be treated as confidential throughout and after the project appraisal process.
2. Only Application Forms which are complete and that include all relevant supporting documents will be evaluated. All responses must be clearly explained and substantiated.
3. The complete Application Form is to be submitted to the *Malta Council for Science and Technology* (MCST) via email on ri.mcst@gov.mt.
4. Use this form by entering text in the field provided and ticking checkboxes where applicable. Images may be referred to in the main text and inserted after the fields for the relevant section. Any additional data can be placed in an appendix at the end of the proposal and referenced accordingly. Do not change the format of this application form. Please delete the guidelines in italics before submitting your proposal.
5. Within this template*, partner* refers to the Maltese participating organisations or eligible undertakings. If the applicant is a lone Maltese beneficiary, any reference to additional partners is not applicable.
6. Deadline for submissionis 30th November 2020.Any submissions received after this date and time will be rejected.
	* + 1. **Project and Applicant Details**
7. **General Overview Details**

**Full Project Title**

*The project title should not exceed 200 characters in length.*

**Acronym**

**Start Date**

Click or tap to enter a date.

**Project Duration (in months)**

**Does the project involve cross-border collaboration with research organisations or other undertakings as per National Rules?**

Choose an item.

*If yes, elaborate.*

**Abstract**

*The abstract should not exceed 300 words. This abstract may be published by the Malta Council for Science and Technology and/or Malta Enterprise should the application be successful.*

1. **Lead Partner Details:**

*‘Partner’ refers to the Maltese participating organisations or eligible undertakings. If the applicant is a lone Maltese beneficiary, any reference to additional partners is not applicable.*

**Entity name**

**Entity type**

Choose an item.

**Name of Department/Institute/Centre** (if applicable)

**Date established** (if applicable)

**VAT number** (if applicable)

**Registration/Identification number** (if applicable)

**Business Activity** (please state NACE code): (if applicable)

A list of NACE Codes may be accessed by [clicking here](https://nso.gov.mt/metadata/classificationdetails.aspx?id=NACE%20Rev.%202).

**More information on the entity:**

* Brief history, when established, number of employees
* Field of activity and core competencies
* Research capacity & track record in related activities
* Other relevant information

**Name of Project Contact and Designation**

**Contact Email**

**Contact Phone Number**

**Funding route chosen**

Only one option can be chosen. Selecting more than one option will render the application ineligible.

More information is provided in the National Rules and the Council can also be contacted for further clarifications.

Choose an item.

If you have opted for Non-State Aid National Rules for Participation for Public Entities and Research and Dissemination Organisations that do not carry out an economic activity within the meaning of Article 107 TFEU a justification must be provided in lune with Appendix 2 or 3 of this application).

**Type of research carried out**

Choose an item.

**Eligible Aid Intensity**

Choose an item.

*Please provide a justification for the Research Type chosen above based on the definitions provided in the National Rules.*

1. **Partner details**

*This section is only required if applying as a consortium. Kindly add another partner section if applying with more than 1 partner.)*

**Partner 1** (if applicable, add as many partner sections as required)

**Entity Name**

**Entity type**

Choose an item.

**Name of Department/Institute/Centre** (if applicable)

**Date established** (if applicable)

**VAT number** (if applicable)

**Registration/Identification number** (if applicable)

**Business Activity** (please state NACE code): (if applicable)

A list of NACE Codes may be accessed by [clicking here](https://nso.gov.mt/metadata/classificationdetails.aspx?id=NACE%20Rev.%202).

**More information on the entity:**

* Brief history, when established, number of employees
* Field of activity and core competencies
* Research capacity & track record in related activities
* Other relevant information

**Name of Project Contact and Designation**

**Contact Email**

**Contact Phone Number**

**Funding route chosen (if applicable)**

Only one option can be chosen. Selecting more than one option will render the application ineligible.

More information is provided in the National Rules and the Council can also be contacted for further clarifications.

Choose an item.

If you have opted for Non-State Aid National Rules for Participation for Public Entities and Research and Dissemination Organisations that do not carry out an economic activity within the meaning of Article 107 TFEU a justification must be provided in lune with Appendix 2 or 3 of this application).

**Type of research carried out**

Choose an item.

**Eligible Aid Intensity**

Choose an item.

*Please provide a justification for the Research Type chosen above based on the definitions provided in the National Rules.*

**2. Proposal Articulation**

*When completing the various sub-sections under Section 2, please provide sufficient detail to enable a thorough articulation of your proposal ideas which are to be evaluated as indicated in the National Rules.*

***Project Outline and Excellence***

* 1. **Describe the outline of your project proposal.**

* 1. **How does the project intend to provide innovative and/or improved approaches to address the challenges being taken up by the programme with respect to the current Covid-19 situation?**

* 1. **Does the project intend to provide innovative and/or improved approaches with regards to future waves/future infectious disease prevention, control and containment?**

* 1. **What are the specific project objectives?**

*Describe the specific objectives for the project, which should be clear, measurable, realistic and achievable within the duration of the project. Objectives should be consistent with the expected exploitation and impact of the project.*

***Project Impact***

* 1. **Describe the potential impact of the proposed technology, product or service in addressing the challenges of the proposal and in delivering outcomes that will contribute towards a knowledge-based economy, with an effect nationally and/or beyond.**

* 1. **Distinguish your proposed innovation from other available solutions that have been published or are on the market. How is the proposed idea better and/or significantly different to other alternatives?**

* 1. **Describe any identified project key risks and possible mitigation and risk management routes.**

***Project Implementation***

* 1. **Explain how the project possesses enough expertise to realise the solutions being proposed.**

* 1. **Have ethical, regulatory and/or standards requirements been addressed or identified for resolution during the project?**

If yes, please elaborate. If no, please justify.

*For any ethics committee clearances or similar, proof of application or clearance being sought is to be submitted where applicable. For such projects, proof of formal approval needs to be submitted to the Council prior to issuing of the Grant Agreement.*

Choose an item.

* 1. **Have key stakeholders been identified where these are key to the implementation of the outcomes of the project?**

If yes, please elaborate. If no, please justify.

* 1. **Does the proposal include a knowledge-protection strategy, including specific considerations and measures to safe-guard IPR?**

If yes, please elaborate. If no, please justify.

Choose an item.

***Project Plan***

*This section should include a list of deliverables and activities (tasks) that each participant is responsible for, the start date, end date and duration of the task. There is one mandatory work package: Project Management and will be work package 1.*

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| --- | --- | --- | --- |
| **Work Package Description for** **<Lead partner’s Organisation>**      | **Start Date** | **End Date** | **Duration** |
| ***Overall Project*** | Month       | Month       | Month       |
| **Work package number** 1**Work package title** Project Management**Work Package leader** *(enter name of individual)*     **Other personnel working on the project and their roles**     **Work package Objectives**      **Work package Milestones**      **Tasks pertaining to this Work Package and assignment to personnel** *(provide a brief explanation on each activity – max. 50 words per activity)*     **Deliverables pertaining to this Work Package** *(insert the number of the deliverable, ex. D1)*      | Month 1 | Month       | Months      |
| **Work package number**      **Work package title**      **Work Package leader** *(enter name of individual)*     **Other personnel working on the project and their roles**     **Work package Objectives**      **Work package Milestones**      **Tasks pertaining to this Work Package and assignment to personnel** *(provide a brief explanation on each activity – max. 50 words per activity)*     **Deliverables pertaining to this Work Package** *(insert the number of the deliverable, ex. D1)*      | Month       | Month       | Month       |
| **Work package number****Work package title** **Work Package leader** *(enter name of individual)***Other personnel working on the project and their roles****Work package Objectives** **Work package Milestones** **Tasks pertaining to this Work Package and assignment to personnel (provide a brief explanation on each activity – max. 50 words per activity)****Deliverables pertaining to this Work Package (insert the number of the deliverable, ex. D1)** | Month       | Month       | Month       |
| **Work package number****Work package title** **Work Package leader** *(enter name of individual)***Other personnel working on the project and their roles****Work package Objectives** **Work package Milestones** **Tasks pertaining to this Work Package and assignment to personnel (provide a brief explanation on each activity – max. 50 words per activity)****Deliverables pertaining to this Work Package (insert the number of the deliverable, ex. D1)** | Month       | Month       | Month       |
| **Work package number****Work package title** **Work Package leader** *(enter name of individual)***Other personnel working on the project and their roles****Work package Objectives** **Work package Milestones** **Tasks pertaining to this Work Package and assignment to personnel (provide a brief explanation on each activity – max. 50 words per activity)****Deliverables pertaining to this Work Package (insert the number of the deliverable, ex. D1)** | Month       | Month       | Month       |

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| **Work Package Description for** **<Partner one’s Organisation>**      | **Start Date** | **End Date** | **Duration** |
| ***Overall Project*** | Month       | Month       | Month       |
| **Work package number**      **Work package title**     **Work Package leader** *(enter name of individual)*     **Other personnel working on the project and their roles**     **Work package Objectives**      **Work package Milestones**     **Tasks pertaining to this Work Package and assignment to personnel** *(provide a brief explanation on each activity – max. 50 words per activity)*     **Deliverables pertaining to this Work Package** *(insert the number of the deliverable, ex. D1)*      | Month       | Month       | Months      |
| **Work package number**      **Work Package leader** *(enter name of individual)*     **Work package title**      **Other personnel working on the project and their roles**     **Work package Objectives** *(max 100 words)*     **Work package Milestones** *(max 100 words)*     **Tasks pertaining to this Work Package and assignment to personnel** *(provide a brief explanation on each activity – max. 50 words per activity)*     **Deliverables pertaining to this Work Package** *(insert the number of the deliverable, ex. D1)*      | Month       | Month       | Month       |
| **Work package number****Work package title** **Work Package leader** *(enter name of individual)***Other personnel working on the project and their roles****Work package Objectives** **Work package Milestones** **Tasks pertaining to this Work Package and assignment to personnel (provide a brief explanation on each activity – max. 50 words per activity)****Deliverables pertaining to this Work Package (insert the number of the deliverable, ex. D1)** | Month       | Month       | Month       |
| **Work package number****Work package title** **Work Package leader** *(enter name of individual)***Other personnel working on the project and their roles****Work package Objectives** **Work package Milestones** **Tasks pertaining to this Work Package and assignment to personnel (provide a brief explanation on each activity – max. 50 words per activity)****Deliverables pertaining to this Work Package (insert the number of the deliverable, ex. D1)** | Month       | Month       | Month       |
| **Work package number****Work package title** **Work Package leader** *(enter name of individual)***Other personnel working on the project and their roles****Work package Objectives** **Work package Milestones** **Tasks pertaining to this Work Package and assignment to personnel (provide a brief explanation on each activity – max. 50 words per activity)****Deliverables pertaining to this Work Package (insert the number of the deliverable, ex. D1)** | Month       | Month       | Month       |

**3. Gantt Chart**

*The project Gantt chart should include a list of the work packages, deliverables and related activities on the left and a suitable time scale along the top. Each deliverable and/or activity should be represented by a bar. The position and length of the bars should reflect start dates, duration and end dates. The dates when all reports should be submitted should also be noted.*

*Alternatively, a Gantt chart can be annexed to the application form.*

**4. Project Personnel**

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| **Lead Partner** | ***Organisation Name***       |
| *List the key personnel working on the project. Insert only profile details that are relevant to the project content.*

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| ***Name and Surname*** | ***Role within the Eligible Undertaking/Organisation*** | ***Role on the Project (refer also to Work Packages and Tasks)*** |
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| ***CV and payslips of the Individuals working on the Project are to be submitted as Annexes.***  |

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| **Partner 1** | ***Organisation Name***      |
| *List the key personnel working on the project. Insert only profile details that are relevant to the project content.*

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| ***Name and Surname*** | ***Role within the Eligible Undertaking/Organisation*** | ***Role on the Project (refer also to Work Packages and Tasks)*** |
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| ***CV and payslips of the Individuals working on the Project are to be submitted as Annexes.***  |

**5. Budget Summary**

*Kindly add as many Partner rows as required.*

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| **Organisation Name** | **Organisation Type** | **Total Project Cost****€** | **Applicable Aid Intensity requested** | **Amount of Public Funding Requested per organisation****€** |
| **Lead Partner:**       | Choose an item. |       | Choose an item. |       |
| **Partner 1:**       | Choose an item. |       | Choose an item. |       |
| **Total Grant Requested (€)**  |       |  |       |

*Please refer to the National Rules for Participation for the programme, published on the Council’s and Malta Enterprise’s website.*

*Funding intensity is subject to the conditions as defined in the National Rules for Participation published on the Council or Malta Enterprise’s website. The values in the “Total Eligible Costs” column would only equal those in the “Requested Funding” column if the funding intensity is 100%. In all other cases, the “Requested Funding” figures need to be reduced accordingly to the funding requested from the Council and Malta Enterprise and as eligible in accordance with the funding intensities described in the applicable regulations. No in-kind contributions should be included here.*

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| **Lead Partner Name**      | **Eligible Direct Costs €** | **Eligible Indirect Costs €** | **Total Eligible****Costs €** | **Requested Funding €** |
| Personnel  |  |  |  |  |
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| Specialised Equipment & research consumables      |       |       |       |       |
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| Other Operating Expenses       |       |       |       |       |
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| **Partner 1 Name**      | **Eligible Direct Costs €** | **Eligible Indirect Costs €** | **Total Eligible****Costs €** | **Requested Funding €** |
| Personnel  |  |  |  |  |
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| Specialised Equipment & research consumables      |       |       |       |       |
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| Other Operating Expenses       |       |       |       |       |
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| **Total** |       |       |       |       |

**Summary of Stage Budget per partner for projects with a duration over 12 months**

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| **Stage** | **Start Month** | **End Month** | **Requested****Funding €** |
| Stage 1  |       |       |       |
| Stage 2  |       |       |       |
| **Total** |       |

*Retention: As described in the Rules for Participation, a retention consisting of a minimum of 20% of the project grant shall be withheld by the Council and only released upon successful completion of the project.*

**6. Declarations**

* 1. **Personal Data Protection**

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| A. | Contact email address of the Data Protection Officer: doyle.abela@gov.mt  |
| B. | The legal basis and purpose of processing:The personal data collected by the Malta Council for Science and Technology (hereinafter ‘the Council) and Malta Enterprise (hereinafter ‘the Corporation) via this written application for the aid and its subsequent processing by the Council to evaluate data subject’s request for aid under the Scheme is in line with:1. The relevant National Rules for Participation;
2. Temporary Framework for State aid measures to support the economy in the current COVID-19 outbreak
3. Data Protection Act, Chapter 440 of the Laws of Malta and Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation).

The legitimate basis to process personal data submitted by the data subject by virtue of his/her written application for aid is Regulation 6 (1)(b) of the General Data Protection Regulation (“GDPR”), as ‘*processing is necessary in order to take steps at the request of the data subject prior to entering into a contract*’. |
| C. | Data retention period:The data collected by the Council and Corporation as submitted by the data subject via this written application for aid will be retained for a period of ten (10) years from the last aid granted to the Undertaking represented by the data subject in relation to this written application for aid, in line with the Scheme National Rules for Participation and Article 12 of the General Block Exemption Regulations. |
| D. | 1. Pursuant to the Regulation, you have the right to access the personal data, rectify inaccurate personal data, request to erase personal data and request the Council and/or the Corporation to restrict the processing of personal data.

To exercise such rights, you are to submit a written request to the Data Protection Officer via the contact e-mail address.Any erasing and/or rectification of personal data and/or restriction of processing as referred to above may:* 1. Render one or more cost items or the Undertaking ineligible for assistance under the Scheme or render void the Grant Agreement issued in favour of the Undertaking for assistance under the Scheme in relation to this written application for aid;
	2. Lead the Council and/or the Corporation to enforce a recovery of aid granted to the Undertaking as part of this written application for aid.
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| E. | Sharing of data where strictly necessary and required by law:For the purpose of processing this written application for aid in line with the Scheme National Rules for Participation, the General Block Exemption Regulations, the Council shall share the data provided via this application with other Government Entities, subject that such processing satisfies at least one of the grounds listed under Regulation of the GDPR. |
| F. | For the purpose of monitoring of aid in line with Articles 11 and 12 of the General Block Exemption Regulations or where legally required, any data provided as part of this written application for aid may be shared with the European Commission.   |
| G. | For any individual aid awarded in excess of €500,000 as part of this written application for aid, the details of the Beneficiary, the awarded aid and the project details shall be published as provided for in Article 9 of the General Block Exemption Regulation. |
| H. | If you feel that your data protection rights have been infringed, you have the right to lodge a complaint with the Information and Data Protection Commissioner.  |
| I. | Authorisation to engage with the Council and/or the Corporation on matters related to this application.I the undersigned, as legal representative of the Applicant Undertaking, authorise the following Legal Bodies and/or Natural Persons to act on my behalf with the Council with respect to matters related to this written application for aid and any subsequent documentation exchanged between the two parties in relation to the same written application for aid.

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| **Name of Legal Entity** | **Name and Surname of Natural Person granted authorisation(1)** | **E-mail address of party granted authorisation(2)** |
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Note 1: Leave empty if authorisation is intended to any natural person engaged with the Legal Entity. Otherwise specify the name and surname of the person(s) working for the Legal Entity to whom the authorisation is intended.Note 2: Written communication with the Legal Entity and/or Natural Person granted authorisation via email will only be accepted via the email address specified in the table above. The Undersigned should be copied (via the email address specified in this application) in any communication between the Council and/or the Corporation and the Person granted authorisation as per above table.  |
| J. |

|  |  |
| --- | --- |
| **Name and Surname of person giving authorisation:** |       |
| **E-mail address of person giving authorisation:** |       |
| **Signature of person giving authorisation:** |       |
| **Designation:** |  |
| **Date:** | Click here to enter a date. |
| *The person giving authorisation should correspond to the data subject of personal data contained in this application as well as represent the Applicant Undertaking as its legal representative.* |
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* 1. **Cumulation of Aid**

Aid may be cumulated in line with the cumulation rules set out in Commission Regulation (EU) No 651/2014 of 17 June 2014 declaring certain categories of aid compatible with the internal market in application of Articles 107 and 108 of the Treaty (the General Block Exemption Regulation), provided that the rules on cumulation of the said Regulations are respected.

Furthermore, aid granted under the different Sections of the Temporary Framework may be cumulated with each other, with the exception of aid granted for the same eligible costs under Sections 3.6, 3.7 and 3.8 of the Temporary Framework.

Relevant information (as required in Annex III of the General Block Exemption Regulation) on each individual aid granted will be published on the comprehensive State aid website or Commission’s IT tool within twelve (12) months from the moment of granting.

|  |
| --- |
| **Declaration** |

|  |  |
| --- | --- |
| **I confirm that:**The information given on this form is accurate to the best of my knowledge. I understand that if it is later established that the information is misrepresented, the application or funded project may be ineligible or terminated respectively.  | I agree [ ]  |
| I have read and I accept the terms and conditions stipulated within the Application Form and the Rules for Participation and confirm that I agree with the eventual publication of personal data and project proposal content information of successful applicants, including name of entity, project contacts, title of proposal and abstract. | I agree [ ]  |
| I have never been found guilty by any competent Court in Malta or elsewhere of any crime[[1]](#footnote-1) and that I have never been adjudged bankrupt or insolvent by, or filed an application for insolvency before, any competent Court in Malta or elsewhere. | I agree [ ]  |
| I have never been disqualified[[2]](#footnote-2) or excluded from participation in any Public Tender either by the Government of Malta or by the European Union or by any public entity in Malta. | I agree [ ]  |
| I have never been disqualified[[3]](#footnote-3) or excluded from participation in any Public and/or European Union funding scheme. | I agree [ ]  |
| I hereby authorise the Council and/or the Corporation to exchange essential information related to the project with other funding agencies, both local and overseas, for any necessary checks | I agree [ ]  |
| **Signature & Stamp of Lead Partner Legal Representative:** | **Date**Click or tap to enter a date. |
| **Signature & Stamp of other Partners Legal Representatives (if applicable):** | **Date**Click or tap to enter a date. |

**7. Checklist of Attachments**

The following is the list of items mentioned elsewhere in this form or in the Rules for Participation that are required as part of this submission. It is the responsibility of the Project Coordinator to ensure that all the information that applies to this application form is enclosed. Please submit the attachments as separate documents.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| * The application form in MS Word (.docx) format and a signed scanned copy (to be sent by email)
 | [ ]  | [ ]  |
| For each individual on which wage costs are being claimed:* CVs of persons that will be engaged on the project including relevant track records.
* Pay slips for the last 3 (three) months (where applicable)
 | [ ]  | [ ]  |
| * Has/will the aid been cumulated in line with the cumulation rules set out in Commission Regulation (EU) No 651/2014 of 17 June 2014 declaring certain categories of aid compatible with the internal market in application of Articles 107 and 108 of the Treaty (the General Block Exemption Regulation) and under the different *de minimis* Regulations, provided that the rules on cumulation of the said Regulations are respected?

If yes, please provide us with a breakdown of costs specifying the amount and source of funding.  | [ ]  | [ ]  |
| * In the case of consortia:

A consortium agreement signed by all Project Partners* An IP agreement signed by all Project Partners (if applicable)
 | [ ]  | [ ]  |
| * Appendix 1 Undertaking in Difficulty Declaration
 | [ ]  | [ ]  |
| * Appendix 1.1, 1.2 and 2 where applicable (for entities that opt to choose to apply under the Temporary Framework National Rules)
 | [ ]  | [ ]  |
| * Appendix 2 – 3 : State Aid Declarations (where applicable)
 | [ ]  | [ ]  |
| * **Appendix 4 Please tick accordingly and choose only one\* (applicable only for limited liability companies):**

[ ] With this application, I have annexed the Memorandum of Articles of Association or other constitutive document; and  With this application, I have annexed the audited financial statements for the last three (3) years. [ ] I hereby authorise the Council or the Corporation to obtain the memorandum of articles of Association or other constitutive document as well as the audited financial statements for the last three (3) years through the Registry of Companies (ROC).*In the case of start-ups that do not have the above documents available, please annex with this application, financial projects for three (3) years signed by an auditor (to include an income statement, a cash flow statement and a statement of financial position).* |  |  |
| * Appendix 5 Employer Consent Form
 | [ ]  | [ ]  |
| * Any other relevant documentation such as feasibility studies, ethics committee clearances, stakeholder engagement intent or any other documents relevant to the proposed project (only if available)

*Where applicable, for any clearances or approvals required for projects to be undertaken, proof of application or clearance being sought is to be submitted where applicable. For such projects, proof of formal approval needs to be submitted to the Council prior to issuing of the Grant Agreement.**List here the documents being annexed:* | [ ]  | [ ]  |

The undersigned hereby authorises the Council to process the data contained in this form for the purpose stated above and declare that the information on this form and any other information given in support of this application is correct to the best of my knowledge. The signatories to this application form are hereby confirming that the applicable ‘*Rules for participation* are read and accepted.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Lead Partner Legal Representative

*Name of Legal Representative of Lead Partner*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Project Coordinator

*Name of Project Coordinator*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Partner 1 Legal Representative

*Name of Partner 1’s Legal Representative*

**Appendix 1:**

**Undertaking in Difficulty Declaration**

***To be completed by each undertaking opting to apply under the State Aid National Rules***

|  |  |
| --- | --- |
| **Name of undertaking** | Click or tap here to enter text. |
| **Undertaking size** | Click or tap here to enter text. |

Has the undertaking received any rescue aid and has not yet reimbursed the loan or terminated the guarantee, or has received restructuring aid and is still subject to a restructuring plan?

**Choose an item.**

Is the undertaking subject to collective insolvency proceedings or risks being placed in collective insolvency proceedings at the request of its creditors?

**Choose an item.**

At least some member s of the applicant company have an unlimited liability for the debt of the company (other than an SME that has been in existence for less than three years), where more than half of its capital as shown in the company accounts has disappeared as a result of accumulated losses.

**Choose an item.**

**Appendix 1.1 is to be submitted only by a Limited Liability Company that has been in existence for more than three years. Moreover, Large Undertakings that have been in existence for more than three years are requested to also fill in Appendix 1.2**

**All Limited Liability Companies are requested to fill in Appendix 2.**

**Appendix 2: Declaration where State Aid is not applicable for Public Research and Dissemination Organisations that do not carry out an economic activity within the meaning of Article 107 TFEU*To be completed by EACH ACADEMIC Entity Where State Aid is not applicable***

Name of Entity:

The Choose an item. , declares the following:

the planned research is to be carried out in the context of its activities as a “research and knowledge dissemination organisation” as defined in the Commission Framework for State aid for research and development and innovation (2014/C 198/01) paragraph 15(ee), which carries out a non-economic activity in line with the following:

1. primary activities of research organisations and research infrastructures, in

particular:

* education for more and better skilled human resources.
* independent R&D for more knowledge and better understanding, including collaborative R&D where the research organisation or research infrastructure engages in effective collaboration;
* wide dissemination of research results on a non-exclusive and non-discriminatory basis, for example through teaching, open-access databases, open publications or open software;

(b) knowledge transfer activities, where they are conducted either by the research organisation or research infrastructure (including their departments or subsidiaries) or jointly with, or on behalf of other such entities, and where all profits from those activities are reinvested in the primary activities of the research organisation or research infrastructure. The non-economic nature of those activities is not prejudiced by contracting the provision of corresponding services to third parties by way of open tenders.

The Applicant intends to:

a) publicise widely the results of the research;

b) license on non-discriminatory terms any Intellectual Property Rights (IPRs) resulting from the research at the market price for the said IPR;

c) any income from the licensing of IPR shall be reinvested in the primary educational and research activities of the Beneficiary;

d) appropriate procedures shall be established to prevent the direct or indirect support of economic activity in the meaning of chapter 2 of the Commission Notice on the notion of State aid as referred to in Article 107(1) of the Treaty on the Functioning of the European Union (2016/C 262/01).

The Applicant understands that, should it be found to be in breach of the conditions for being exempt from State Aid regulations, the Managing Authority will enforce the retrieval of funds with interest, in part or in full, as the case may necessitate.

The Applicant also undertakes to comply faithfully and immediately with any decision of the European Commission or a Maltese judicial authority declaring Article 107(1) TFEU to be applicable to this Agreement.

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Name and Surname of Legal Representative

Date Click here to enter a date.

**Appendix 3: Declaration where State Aid is not applicable for Entities whose activity does not constitute an economic activity within the meaning of Article 107 TFEU (Excluding Public Research and Dissemination Organisations)**

***To be completed by each Entity Where State Aid is not applicable AND WHOSE ACTIVITY DOES NOT CONSTIUTE AN ECONOMIC ACTIVITY AS PER ARTICLE 107 OF TFEU (EXCLUDING ACADEMIC ENTITIES)***

Name of Entity:

The Choose an item. , declares the following:

State Aid within the meaning of Article 107TFEU is not applicable to the Applicant and/or the type of research being undertaken is claimed by the Applicant not to constitute an economic activity within the meaning of Article 107 of the Treaty on the Functioning of the European Union. Where applicable, applicants need to ensure adherence to Section 2.2 “Indirect State aid to undertakings through public funded research and knowledge dissemination organisations and research infrastructures” of the Framework for State aid for research and development and innovation (2014/C 198/01).

The Applicant intends to:

a) publicise widely the results of the research;

b) license on non-discriminatory terms any Intellectual Property Rights (IPRs) resulting from the research at the market price for the said IPR;

c) any income from the licensing of IPR shall be reinvested in the primary educational and research activities of the Beneficiary;

d) ensure that no funds provided by this Agreement cross-subsidises any economic activities that may be carried out by the Beneficiary, other partners in the project, or third parties.

The Applicant understands that, should it be found to be in breach of the conditions for being exempt from State Aid regulations, the Managing Authority will enforce the retrieval of funds with interest, in part or in full, as the case may necessitate.

The Beneficiary undertakes to comply faithfully and immediately with any decision of the European Commission or a Maltese judicial authority declaring Article 107(1) TFEU to be applicable to this Agreement.

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Name and Signature of Legal Representative

Date Click here to enter a date.

**Appendix 5: Employee Consent Form**

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| --- |
| I, the undersigned, as authorised signatory of [Insert Name of Undertaking] holding registration number [enter registration number], hereby confirm that any employment and personal data included in this application form for [enter name of scheme] having application number [enter application number] is covered by the appropriate data subject consent as required by the prevalent Data Protection laws and regulations. The consent includes the sharing of data between the Malta Council for Science and Technology and Malta Enterprise and with other government entities where strictly necessary and required by law but also defines the purpose(s) for the processing of data of the captioned data subject/s in line with *Article 5, Principles relating to processing of personal data* and *Article 7 Conditions of Consent* of regulation (EU) 2016/679 dated 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data (General Data Protection Regulation).  Should the data subject withdraw his/her consent to processing, the Corporation shall be informed immediately. Consequently, the Council/Corporation may proceed with processing this data, verifying it with other agencies, and retain such data for the duration required by the applicable national and EU laws and regulations.        |
|  |
| **Name of Legal Representative:** |
|       |
| **Signature** |
| **Date:** Click or tap to enter a date. |

1. *This Declaration does not extend to any traffic related offences where these have been made.* [↑](#footnote-ref-1)
2. *This Declaration does not extend to disqualification of any tender proposal due to technical reasons.* [↑](#footnote-ref-2)
3. *This Declaration does not extend to disqualification of any tender proposal due to technical reasons.* [↑](#footnote-ref-3)