**[Entity Name] – [Registration Number (if applicable)]**

[Address]

**Malta Council for Science and Technology**

Villa Bighi, Triq Il-Marina,

Kalkara, KKR 1320

Letter of Intent – De Minimis Aid

Ref: Project number [Project Code] – [Acronym]

**[Project Name]**

[Date]

Dear Research & Innovation Programmes Unit,

Reference is made to the above-mentioned application number [Project Code] being submitted to the Space Research Fund 2020 call. I, the legal representative of [Entity Name] (hereby referred to as “**the entity**”) and the undersigned, will enter into a consortium with [Consortium Partner/s]. Due to the current **restrictions** put in place in connection with the ongoing COVID-19 pandemic, the entity is currently unable to physically sign the application form as submitted. An electronic version has been provided and the entity declares the following:

1. It understands and agrees with the application as a whole, as well as the contribution that will need to be given to successfully complete said project.
2. It specifically is in agreement with the declaration in section 9 of the application form stating that the entity has never been found guilty by any competent court in Malta, has never been excluded from a public tender in the European Union and has never been disqualified from any European Union Funding Schemes.
3. If applicable, it is in possession of a copy of a finalised Intellectual Property Agreement between all consortium partners and is in agreement.
4. It is in agreement over the indirect state aid as declared in Appendix 2 of the proposal.
5. [Appendix 1/2 as applicable] reflects the declaration related to the state aid status of the entity and is in agreement.
6. It undertakes to physically sign a hard copy of the necessary documents including the documents listed in this letter of intent when the COVID-19 restrictions are lifted, and it is able to revert to the normal administration of its work.
7. It abides by the respective National Rules for Participation for the aforementioned programme Call.

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| For and on behalf of  **[Entity Name] – [Registration Number (if applicable)]**  [Legal Representative]– *[Company Role]*  [ID card Number/Passport number and origin] |  |