**Joint Call: Science and Technology Cooperation –** **Sino-Malta Fund 2020**

**Application Form: Full Proposal**

**Notes to Applicants**

1. The official National Rules for Participation can be downloaded from MCST’s [website](https://mcst.gov.mt/funding-opportunities/). Kindly ensure that this application form is filled in with reference to the National Rules for Participation 2020 for this scheme.
2. The Application Form and any attached documents will be treated as confidential throughout and after the project appraisal process.
3. Only Application Forms which are complete and that include all relevant supporting documents will be evaluated.
4. Only electronically filled in application forms will be accepted. Should the application be hand-written or should the format of the application form be altered, the application form will not be evaluated.
5. All responses must be clearly explained and substantiated.
6. A complete application must be submitted to the Malta Council for Science and Technology (MCST) via email on [international.mcst@gov.mt](mailto:international.mcst@gov.mt)
7. Deadline for submissionis 30th October 2020 at 23:59 CET.Any submissions received after this date and time will be rejected.
8. This Application will be evaluated in combination with the pre-proposal submitted. Both applications will be provided to the evaluators.

**SECTION ONE: PROJECT AND APPLICANT’S DETAILS**

|  |  |
| --- | --- |
| **Thematic Area** | Choose an item. |
| **Project Title** | Click or tap here to enter text. |
| **Project Acronym** | Click or tap here to enter text. |
| **Overall project duration** (in months)\_ | Click or tap here to enter text. |

**MALTA**

|  |  |
| --- | --- |
| **PRINCIPAL INVESTIGATOR (PI)**  **Entity name** | Click or tap here to enter text. |
| **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 | Click or tap here to enter text. |
| **Date established** (not applicable for public entities): | Click or tap here to enter text. |
| **VAT number:** | Click or tap here to enter text. |
| **Registration/Identification number** | Click or tap here to enter text. |
| **Business Activity** (please state NACE code):  A list of NACE Codes may be accessed by [clicking here](https://nso.gov.mt/metadata/classificationdetails.aspx?id=NACE%20Rev.%202). | Click or tap here to enter text. |
| **Name of Project Contact and Designation** |  |
| **Funding route chosen**  Please tick which State Aid Regulation you will be following.  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. | *de minimis* (Regulation A)  GBER (Regulation B)  *\*N.B. Travel costs are not considered as eligible costs under Regulation B.*  Not applicable (if this option is selected, please provide a justification why State Aid is not applicable. Justification must be in line with the declarations in Appendix 3 or 4 of this application): Click or tap here to enter text. |

**CHINA**

|  |  |
| --- | --- |
| **PRINCIPAL INVESTIGATOR (PI)**  **Entity name** | Click or tap here to enter text. |
| **Name of Department/Institute/Centre** (if applicable) | Click or tap here to enter text. |
| **Name of Project Contact and Designation** | Click or tap here to enter text. |

**NB: Chinese entities must apply separately with the Ministry Of Science and Technology (MOST)**

**SECTION TWO: Additional PARTNER PROFILES**

**MALTA**

|  |  |
| --- | --- |
| **PARTNER 1**  **Entity name** | Click or tap here to enter text. |
| **Name of Department/Institute/Centre** (if applicable) | Click or tap here to enter text. |
| **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 | Click or tap here to enter text. |
| **Date established** (not applicable for public entities): | Click or tap here to enter text. |
| **VAT number:** | Click or tap here to enter text. |
| **Registration/Identification number** | Click or tap here to enter text. |
| **Business Activity** (please state NACE code):  A list of NACE Codes may be accessed by [clicking here](https://ec.europa.eu/eurostat/documents/3859598/5902521/KS-RA-07-015-EN.PDF). | Click or tap here to enter text. |
| **Name of Project Contact and Designation** | Click or tap here to enter text. |
| **Contact Email** | Click or tap here to enter text. |
| **Contact Tel. Number** | Click or tap here to enter text. |
| **Funding route chosen**  Please tick which State Aid Regulation you will be following.    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. | *de minimis* (Regulation A)  GBER (Regulation B)  *\*N.B Travel costs are not considered as eligible costs under Regulation B.*  Not applicable (if this option is selected, please provide a justification why State Aid is not applicable. Justification must be in line with the declarations in Appendix 3 or 4 of this application): |

|  |  |
| --- | --- |
| **PARTNER 2**  **Entity name** | Click or tap here to enter text. |
| **Name of Department/Institute/Centre** (if applicable) | Click or tap here to enter text. |
| **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 | Click or tap here to enter text. |
| **Date established** (not applicable for public entities): | Click or tap here to enter text. |
| **VAT number:** | Click or tap here to enter text. |
| **Registration/Identification number** | Click or tap here to enter text. |
| **Business Activity** (please state NACE code):  A list of NACE Codes may be accessed by [clicking here](https://ec.europa.eu/eurostat/documents/3859598/5902521/KS-RA-07-015-EN.PDF). | Click or tap here to enter text. |
| **Name of Project Contact and Designation** | Click or tap here to enter text. |
| **Contact Email** | Click or tap here to enter text. |
| **Contact Tel. Number** | Click or tap here to enter text. |
| **Funding route chosen**  Please tick which State Aid Regulation you will be following.    Applicants may only opt for one option. 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: | *de minimis* (Regulation A)  GBER (Regulation B)  *\*N.B Travel costs are not considered as eligible costs under Regulation B.*  Not applicable (if this option is selected, please provide a justification why State Aid is not applicable. Justification must be in line with the declarations in Appendix 3 or 4 of this application): |

**SECTION THREE: SCIENTIFIC EXCELLENCE**

*This section aims to elaborate on scientific excellence, building on the description of the innovative aspects of the project, outlined in Stage 1.*

**3.1 Objectives of the proposed project**

*Describe the importance and pertinence of the objectives of this project. Elaborate on the concept adopted for this project, thus substantiating the proposed methodology. (Max 500 words)*

Click or tap here to enter text.

**3.2 Beyond state of the art**

*Elaborate further the innovation potential of this project (e.g. ground-breaking objectives, novel concepts and approaches, new products, services or business and organisation models). Describe any interdisciplinary approaches, and where relevant, when use is made of stakeholder knowledge. (Max 500 words)*

Click or tap here to enter text.

**SECTION FOUR: OVERALL HIGH-LEVEL PROJECT PLAN**

*This section should include an overall plan of the project from both the Maltese as well as the Chinese side.*

*Please list the work packages, together with their respective deliverables and activities (tasks) that each PI or partner (both Maltese and Chinese) are responsible for in the project. This needs to clearly show the distribution of work between the Consortium partners. The Start Date, End Date and the duration of each task needs to be included. There is one mandatory work package: Project Management and will be listed as Work Package 1 which will be led by the overall coordinating entity.*

*Please replicate this table for all the work packages foreseen in the project.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Work Package Description** | **Start Date** | **End Date** | **Duration** |
| **Work package number** 1  **Work package title**  **Work Package leader** <Enter Name of entity leading this Work Package>  **Project partners involved** <Enter Name of all the partners involved in this Work Package>  **Work package description** *(max 100 words)*  Click or tap here to enter text.  **Deliverables pertaining to this Work Package** *(insert the number of the deliverable, ex. D1)*  Click or tap here to enter text.  **Activities pertaining to this Work Package** *(provide a brief explanation on each activity and also include the name of the entity that will be undertaking the different activities under this work package– max. 50 words per activity)*  Click or tap here to enter text.  **Risks and mitigation strategies pertaining to this Work Package:** *(provide a brief description on each activity – max. 200 words per work package)*  Click or tap here to enter text. | Month 1 | Month | Months |

*Please also provide an overall project* ***Gantt Chart*** *to 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.*

*Please provide the overall milestones of the project (leave this section as is with simple amendments to the month number and major project achievements E.g., isolation of compound, deployment of software, etc.).*

|  |  |
| --- | --- |
| **Project Milestones** | **Date** |
| Start Date / Start of Stage 1 | Month |
| End of Stage 1 | Month |
| Start of Stage 2 | Month |
| End of Stage 2 / End Date | Month |
| *Add as required* | *Add as required* |

**SECTION FIVE: PROJECT DETAILS SPECIFIC TO MALTESE PARTICIPANTS**

**SECTION 5.1: DELIVERABLES**

*List the deliverables of the proposed project in relation to the participation of the Maltese PI and additional Maltese partners, specifying the month of completion relative to start of project e.g. Month 6, Month 12 and so on. Note that the deadline for any particular deliverable would be the end of the respective Month specified. Multiple tables are provided and should be filled in for each entity.*

*The deliverables should include:*

1. *Those specific to the project for example tangible events and/or reports related to installation, testing, implemented procedures and so on;*
2. *The ‘mandatory deliverables’ required by the Council as per the Rules for Participation i.e..*

* *Publication of two articles per year in local newspapers, magazines or online portals*
* *Reports to be submitted to the Council:*
  + *End of stage Technical and Scientific Report*
  + *End of stage Financial Report*
  + *End of Project Technical and Scientific Report*
  + *End of Project Audited Financial Report*
* *One Half Day Dissemination event to be held at the Council’s premises or as otherwise directed by the Council*

*The first few rows have been filled with the mandatory deliverables. Insert rows as necessary. Please sort the deliverables in chronological order.*

**Principle Investigator**

|  |  |
| --- | --- |
| **Deliverables for** Click or tap here to enter text. | **Date** |
| Dx. Regular meetings with the MCST | Month 3, 6, etc. |
| Dx. Two articles in local media per year | Month 12, 24, |
| Dx. Technical and Scientific Report | Month 12, 24 |
| Dx. Financial Report *X* | Month 13, 25 |
| Dx. Half day event | Month 24 |
| Dx. Final Technical Report | Month 24 |
| Dx. Audited financial Report | Month 25 |
| Dx. Click or tap here to enter text. | Month |
| Dx. Click or tap here to enter text. | Month |
| Add as required | Add as required |

**Partner 1**

|  |  |
| --- | --- |
| **Deliverables for** Click or tap here to enter text. | **Date** |
| Dx. Half day event | Month 24 |
| Dx. Click or tap here to enter text. | Month |
| Dx. Click or tap here to enter text. | Month |
| Add as required | Add as required |

**Partner 2**

|  |  |
| --- | --- |
| **Deliverables for** Click or tap here to enter text. | **Date** |
| Dx. Half day event | Month 24 |
| Dx. Click or tap here to enter text. | Month |
| Dx. Click or tap here to enter text. | Month |
| Add as required | Add as required |

**SECTION 5.2: DETAILED INFORMATION ON EXPERTS WHO WILL WORK ON THE PROJECT**

*This section should provide an overview of the proposed experts and establish their ability to carry out the project (e.g. track record, skills and competencies, etc.). Applicants should use this space to promote their expertise to external evaluators.*

*Relevant information on the individual should be submitted in order to show:*

*• If any of the individuals worked on a previous R&I Project/s that was successfully completed*

*• If any of the individuals registered any patents or technology licence agreements as an outcome of an R&I Project/s in a related field*

*• If any of the individuals published any scientific papers or supervised graduates or post graduates as an outcome of an R&I Project/s in a related field*

*Should there be any changes to the key researchers highlighted herein, the Council must be notified in writing with immediate effect. If a key researcher has not been employed prior to the submission of this application form, a profile of the expertise required (job description) should be included.*

|  |  |
| --- | --- |
| **Principal Investigator** | ***Organisation***  Click or tap here to enter text. |
| ***Brief Personal profile of key researchers***  1.1 Title, Name & Surname: Click or tap here to enter text.  Brief Profile: Click or tap here to enter text.  1.2 Title, Name & Surname: Click or tap here to enter text.  Brief Profile: Click or tap here to enter text. |
| ***CV of the Individuals working on the Project are to be submitted*** |

|  |  |
| --- | --- |
| **Partner 1** | ***Organisation***  Click or tap here to enter text. |
| ***Brief Personal profile of key researchers***  2.1 Title, Name & Surname: Click or tap here to enter text.  Brief Profile: Click or tap here to enter text.  2.2 Title, Name & Surname: Click or tap here to enter text.  Brief Profile: Click or tap here to enter text. |
| ***CV of the Individuals working on the Project are to be submitted*** |
| **Partner 2** | ***Organisation***  Click or tap here to enter text. |
| ***Brief Personal profile of key researchers***  3.1 Title, Name & Surname: Click or tap here to enter text.  Brief Profile: Click or tap here to enter text.  3.2 Title, Name & Surname: Click or tap here to enter text.  Brief Profile: Click or tap here to enter text. |
| ***CV of the Individuals working on the Project are to be submitted*** |

**SECTION 5.3: Type of Research and aid intensity chosen** (as defined in Section 1.3 and 4.1 of the National Rules)

|  |  |
| --- | --- |
| **Principle Investigator** | Choose an item.  Choose an item. |
| **Partner 1** | Choose an item.  Choose an item. |
| **Partner 2** | Choose an item.  Choose an item. |
| **Partner 3** | Choose an item.  Choose an item. |

**SECTION 5.4: DETAILS ON BUDGET**

* 1. **Budget Summary by Entity**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Eligible Direct Costs €** | **Eligible Indirect Costs €** | **Total Eligible Costs €** | **Requested Funding €** |
| Principal Investigator  Click or tap here to enter text. |  |  |  |  |
| Partner 1  Click or tap here to enter text. |  |  |  |  |
| Partner 2  Click or tap here to enter text. |  |  |  |  |
| ***Total*** |  |  |  |  |

* 1. **Budget Detail by Entity**

*Give an estimate of the project budget in Euros (€), broken down per participant per stage.*

1. *Eligible direct costs:* 
   * *Personnel*

***Give details of position, hourly rate, duration in number of hours, in the format of: researcher x 100hours x 18.76/h.***Hourly rates should include National Insurance and Inland Revenue and allowances.

* + *Equipment and consumables*
  + *Subcontracting*
  + *Travel and subsistence (for Regulation A and State Aid not applicable only)*
  + *Costs for of IP and knowledge transfer activities*
  + *Other operating expenses*

1. *Eligible indirect costs (overheads) are calculated at 20% of the direct costs. Overheads for all equipment will be covered at 10% of the direct eligible costs and will be capped at a maximum of €500 per piece. Overheads for all consumables will be covered at 10% of the direct eligible costs and will be capped at a maximum of €500. Overheads in relation to subcontracting activities are not eligible.*
2. *Audit fees must form part of the indirect costs and therefore should not be input as a separate budget line.*
3. *Total eligible cost is the sum of eligible direct and indirect costs*
4. *All figures should be provided to the* ***nearest Euro.***
5. *Assistance must tally with the preferred option highlighted in Section 1 and 2.*

Please consult the National Rules for Participation for more details.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Principal Investigator**  Click or tap here to enter text. | **Eligible Direct Costs €** | **Eligible Indirect Costs €** | **Total Eligible**  **Costs €** | **Requested Funding €** |
| Personnel  *(give details of position, duration, rate)*  *e.g. researcher x 100 hours x €18.76/hr*  Stage 1 |  |  |  |  |
| Click or tap here to enter text.  Stage 2  Click or tap here to enter text.  Total  Click or tap here to enter text. |  |  |  |  |
| Specialised equipment and research consumables  Stage 1 |  |  |  |  |
| Click or tap here to enter text.  Stage 2  Click or tap here to enter text.  Total  Click or tap here to enter text. |  |  |  |  |
| Subcontracting activities  Stage 1 |  |  |  |  |
| Click or tap here to enter text.  Stage 2  Click or tap here to enter text.  Total  Click or tap here to enter text. |  |  |  |  |
| Travel and subsistence (not eligible in the case of Regulation B)  Stage 1 |  |  |  |  |
| Click or tap here to enter text.  Stage 2  Click or tap here to enter text.  Total  Click or tap here to enter text. |  |  |  |  |
| Costs of IP and knowledge transfer activities  Stage 1 |  |  |  |  |
| Click or tap here to enter text.  Stage 2  Click or tap here to enter text.  Total  Click or tap here to enter text. |  |  |  |  |
| Other Operating Expenses  Stage 1 |  |  |  |  |
| Click or tap here to enter text.  Stage 2  Click or tap here to enter text.  Total  Click or tap here to enter text. |  |  |  |  |
| ***Total*** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Partner 1 (if present)**  Click or tap here to enter text. | **Eligible Direct Costs €** | **Eligible Indirect Costs €** | **Total Eligible**  **Costs €** | **Requested Funding €** |
| Personnel  *(give details of position, duration, rate)*  *e.g. researcher x 100 hours x €18.76/hr*  Stage 1 |  |  |  |  |
| Click or tap here to enter text.  Stage 2  Click or tap here to enter text.  Total  Click or tap here to enter text. |  |  |  |  |
| Specialised equipment and research consumables  Stage 1 |  |  |  |  |
| Click or tap here to enter text.  Stage 2  Click or tap here to enter text.  Total  Click or tap here to enter text. |  |  |  |  |
| Subcontracting activities  Stage 1 |  |  |  |  |
| Click or tap here to enter text.  Stage 2  Click or tap here to enter text.  Total  Click or tap here to enter text. |  |  |  |  |
| Travel and subsistence (not eligible in the case of Regulation B)  Stage 1 |  |  |  |  |
| Click or tap here to enter text.  Stage 2  Click or tap here to enter text.  Total  Click or tap here to enter text. |  |  |  |  |
| Costs of IP and knowledge transfer activities  Stage 1 |  |  |  |  |
| Click or tap here to enter text.  Stage 2  Click or tap here to enter text.  Total  Click or tap here to enter text. |  |  |  |  |
| Other Operating Expenses  Stage 1 |  |  |  |  |
| Click or tap here to enter text.  Stage 2  Click or tap here to enter text.  Total  Click or tap here to enter text. |  |  |  |  |
| ***Total*** |  |  |  |  |

To include for other Maltese partners (if applicable).

**d. Summary of Stage Budget**

|  |  |  |  |
| --- | --- | --- | --- |
| **Stage** | **Start Month** | **End Month** | **Requested**  **Funding €** |
| Stage 1 | Month 1 | Month |  |
| Stage 2  (less the retention) | Month | Month |  |
| **Retention**  (20% of total requested funding) |  |  |  |
| **Total** | | |  |

*Retention: As described in the Rules for Participation, a retention consisting of 20% of the project grant shall be withheld by the Council and only released upon successful completion of the project. This is deducted from the funds allocated for the last stage and from the preceding stage, if necessary.*

**SECTION SIX: IMPACT**

* 1. **Post-project expected impacts**

*Describe the expected impacts that the project will have on its completion (for both Malta and China). Please also provide information on the possible follow up of your project, once it has finished, as well as expected industrial benefits of the project outcomes (Max 800 words).*

Click or tap here to enter text.

* 1. **Measures to maximise impact**

*Describe the plan for the dissemination, communication and exploitation of the projects’ results (consider potential users, platforms for dissemination, open access sources etc). Show how this plan will help achieve the expected impacts of the project. (Max 500 words)*

Click or tap here to enter text.

**SECTION SEVEN: DECLARATION FORM**

## 7. 1 Personal Data Protection

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | A. | Contact email address of the Data Protection Officer: [doyle.abela@gov.mt](mailto: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) 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. Commission Regulation (EU) No 651/2014 of 17th June 2014 declaring certain categories of aid compatible with the internal market in application of Articles 107 and 108 of the Treaty as amended by Commission Regulation (EU) No 2017/1084 of 14 June 2017 amending Regulation (EU) No 651/2014 as regards aid for port and airport infrastructure, notification thresholds for aid for culture and heritage conservation and for aid for sport and multifunctional recreational infrastructures, and regional operating aid schemes for outermost regions and amending Regulation (EU) No 702/2014 as regards the calculation of eligible costs(hereinafter referred to as the ‘General Block Exemption Regulations’ (for Schemes notified under the General Block Exemption Regulations); 3. COMMISSION REGULATION (EU) No 1407/2013 of 18 December 2013 on the application of Articles 107 and 108 of the Treaty on the Functioning of the European Union to *de minimis* aid (*de minimis* Regulation); 4. Data Protection Act, Chapter 586 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 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 or Article 6 of the *de minimis* Regulation. | | 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 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 to enforce a recovery of aid granted to the Undertaking as part of this written application for aid. | | 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 or the ‘*de minimis 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 Article 6 of the *de minimis* Regulations and 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 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.   |  |  |  | | --- | --- | --- | | **Name of Legal Entity** | **Name and Surname of Natural Person granted authorisation(1)** | **E-mail address of party granted authorisation(2)** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   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 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.* | | |  | | | |  |

## 7.2 Cumulation of Aid

The undersigned declares that aid approved under this incentive is in line with the terms and conditions set out in the National Rules for Participation and in line with Cumulation Article 8 of the 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.

## 7.3 Double Funding

The undersigned confirms that there has not been any approval or has been granted any public funding, financing or fiscal benefit in respect to the cost items included in this request for aid and will not seek funding or fiscal benefits for these cost items through other **National** and/or **European Union** measures. Such measures may include:

* Schemes administered by Malta Council for Science & Technology (MCST), Malta Enterprise, the Planning and Priorities’ Coordination Division (PPCD), the Measure and Support Division, the Tourism and Sustainable Development Unit (TSDU), the Employment & Training Corporation (ETC), the Energy and Water Agency and other government funded schemes operated by other entities (such as JAMIE financial instrument).
* Schemes funded through Horizon 2020, ERDF, ESF and any other European Union programmes/instruments.

## Outstanding Recovery Order

The undersigned confirms that the applicant is not subject to an outstanding recovery order following a previous Commission decision declaring an aid illegal and incompatible with the internal market should be excluded from the scope of this Regulation.

## Transparency Obligations

For any individual aid awarded in excess of EUR 500 000, the details of the beneficiary; the aid awarded; and the project details; shall be published as provided for in Article 9 of the 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.

By submitting this application, I hereby acknowledge that the Council shall abide with any applicable transparency rules and may publish and make available to third parties information as required by such rules.

|  |  |
| --- | --- |
| **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 declarations above and the National 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 |
| **Signature of Legal Representative + Entity Stamp for Principal Investigator Entity (MALTA):** | **Date**  Click or tap to enter a date. |
| **Signature & Stamp of Legal Representative for ALL other Maltese partners:** | **Date**  Click or tap to enter a date. |

APPENDIX 1: State Aid Declaration (de Minimis) – Regulation A

***To be completed by EACH undertaking opting to choose Regulation A***

If the submitted application is approved, the project will benefit from *de minimis* State Aid in line with *Commission Regulation (EU) No 1407/2013 of 18 December 2013 on the application of Articles 107 and 108 of the Treaty on the Functioning of the European Union to de minimis aid*.

*Commission Regulation (EU) No 1407/2013* allows a ‘single undertaking’ to receive an aggregate maximum amount of *de minimis* aid of €200,000 under all *de minimis* aid measures, over a period of three ‘fiscal years’. This aggregate maximum threshold applies in principle to all economic sectors with the exception of a ‘single undertaking’ performing road freight transport for hire and reward for which a lower *de minimis* threshold of €100,000 over any period of three ‘fiscal years’ applies. The agriculture and fisheries sectors are subject to different thresholds and criteria. For the purpose of this declaration, the term ‘single undertaking’ shall have the meaning as established in *Commission Regulation (EU) No 1407/2013*. Moreover, ‘fiscal year’ means the fiscal year as used for tax purposes by the undertaking concerned.

This maximum threshold would include all State aid granted under this scheme and any other State aid measure granted under the *de minimis* rule[[4]](#footnote-4). Any *de minimis* aid received in excess of the established threshold will have to be recovered, with interest, from the undertaking receiving the aid.

The following is an indicative list of the possible forms of State Aid:

* Grants from public bodies
* Loans or loan guarantees at favourable rates
* Tax benefits
* Waiving or deferral of fees or interest normally due
* Marketing and advertising assistance
* Consultancy, training and other support provided either free or at a reduced rate
* Aid for investment in environmental projects or research and development assistance
* Purchase, rent or lease of immovable property at less than market rate.

Potentially any assistance from a public body may constitute State aid. Should you have any doubts whether any public assistance received is *de minimis* aid, you should contact the agency or department from which the assistance was received in order to ascertain this.

|  |
| --- |
| **Name of Undertaking** |

|  |
| --- |
| **DECLARATION** |

I declare that a comprehensive amount of *de minimis* aid received to date during the current fiscal year and the previous two fiscal years is:

|  |  |  |  |
| --- | --- | --- | --- |
| **Fiscal Year 2018** | **Fiscal Year 2019** | **Fiscal Year 2020** | **TOTAL** |
| € | € | € | € |

A breakdown of the source, type and amount of all *de minimis* aid received as well as that applied from any State aid grantor, is presented overleaf.

**Detailed information concerning applicable State aid under the *de minimis* rule for fiscal year 2018, 2019, 2020**

**SECTION 1 – DE MINIMIS STATE AID AWARDED**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Source/Grantor | **Type of State Aid**  **(Name of Measure)** | **Awarded to** | Amount in € |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **TOTAL:** | | | |  | A1 |

**SECTION 2 – DE MINIMIS STATE AID STILL PENDING FOR APPROVAL**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Source/Grantor | **Type of State Aid**  **(Name of Measure)** | **Awarded to** | Amount in € |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **TOTAL:** | | | |  | A2 |

**SECTION 3 – DE MINIMIS STATE AID REQUESTED IN THIS APPLICATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Source/Grantor | **Type of State Aid**  **(Name of Measure)** | Amount in € |  |
| Click here to enter a date. | *MCST* | *Science and Technology Cooperation SINO-Malta Fund 2020* |  | A3 |

|  |  |  |
| --- | --- | --- |
| **TOTAL of Sections 1,2 and 3 above** (A1 + A2 + A3)**:** | **€** |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
| Business Undertaking (Full Legal Name) |  | VAT Registration Number |
|  |  |  |
|  |  |  |
|  |  |  |
| Name and Surname (BLOCK CAPITALS) |  | Position in Establishment |
|  |  |  |
|  |  | Click here to enter a date. |
|  |  |  |
| Signature |  | Date |

## APPENDIX 2

**GBER – Regulation B**

***To be completed by each undertaking opting to choose Regulation B***

|  |  |
| --- | --- |
| **Name of undertaking** | Click or tap here to enter text. |
| **Undertaking size** | Click or tap here to enter text. |
| **Start of works** | Start of works will be commencing after the signing of the Grant Agreement |
| **Is effective collaboration present?** (as defined in 4.1.2 of the National Rules for Participation) | 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.**

**Kindly provide Undertaking in Difficulty Form and Enterprise Size Declaration**

**APPENDIX 3**

**DECLARATIONS WHERE STATE AID IS NOT APPLICABLE**

**FOR PUBLIC ACADEMIC ENTITIES (RESEARCH ORGANISATIONS)**

***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.

Click or tap here to enter text.

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

Name and Surname of Legal Representative

Date Click here to enter a date.

**APPENDIX 4**

**DECLARATIONS WHERE STATE AID IS NOT APPLICABLE**

**FOR ENTITIES WHOSE ACTIVITY DOES NOT CONSTITUTE AN ECONOMIC ACTIVITY IN THE MEANING OF ARTICLE 107 OF THE TREATY ON THE FUNCTIONING OF THE EUROPEAN UNION (EXCLUDING PUBLIC ACADEMIC ENTITIES)**

***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.

Click or tap here to enter text.

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

Name and Signature of Legal Representative

Date Click here to enter a date.

**APPENDIX 5**

**DECLARATIONS ON INDIRECT STATE AID (if applicable)**

This declaration concerns indirect state aid that may be transferred from a public academic/government entity in the course of collaboration on an MCST-funded research project, to one or more undertaking/s, being partnered within the said project. The public academic/government entities are to complete the below, jointly with the undertakings, to state any indirect state aid that is transferrable from the former to the latter, in the course of the planned research.

|  |  |  |
| --- | --- | --- |
| **Lead Partner (Public Academic/Government Entity)**  Click or tap here to enter text. | Insert Undertaking name  **Value in €** | Insert Undertaking name **Value in €** |
| Personnel |  |  |
| Click or tap here to enter text. |  |  |
| Equipment  Click or tap here to enter text. |  |  |
| Subcontracting  Click or tap here to enter text. |  |  |
| Travel  Click or tap here to enter text. |  |  |
| Other  Click or tap here to enter text. |  |  |
| ***Total*** | **\*** | **\*** |

\*Total indirect state aid is to be reported in future de minimis declarations by the undertaking.

Click or tap here to enter text.

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

Name and Signature Legal Representative (Public Academic/Government Entity)

Click or tap here to enter text.

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

Name and Signature of Legal Representative (1st Undertaking)

Click or tap here to enter text.

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

Name and Signature of Legal Representative (2nd Undertaking, if applicable)

Date Click here to enter a date.

**APPENDIX 6**

**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 Principal Investigator 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) or pdf format sent via email |  |  |
| * Memorandum & Articles of Association of all partners   (except for public entities)   * Audited financial statements for last 3 fiscal years of all partners (except for public entities). In case of start-ups and the above documents are not available, the applicant shall provide the financial projections for three (3) years signed by an auditor, including: * an income statement, * a cash flow statement, and * a statement of financial position   **Please choose below whether this documentation will be provided directly by the applicants as part of this application or else whether authorisation is provided to the Council to obtain directly through the Registry of Companies.**  With this application, I have annexed the memorandum of articles of Association or other constitutive document as well as the audited financial statements for the last three (3) years.  I am a start-up and the above documentation is not available. I am attaching the financial  projections for three (3) years signed by an auditor, including:   * an income statement, * a cash flow statement, and * a statement of financial position   I hereby authorise the Council 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. | | |
| * Appendix 1 or 2: State Aid Declarations (where applicable) |  |  |
| * Enterprise Size Declaration Form and Undertaking in Difficulty Form for GBER applications |  |  |
| * Appendix 3 or 4: Declaration where State Aid is Not Applicable (where applicable) |  |  |
| * Appendix 5: Declaration of indirect State Aid (if applicable) |  |  |
| * Curricula Vitae of key researchers |  |  |

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)
4. [↑](#footnote-ref-4)