

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

Stage 1 Pre-Proposal Application Form

Notes to Applicants

1. The official National Rules for Participation can be downloaded from the MCST's [website](#). Kindly ensure that this application form is filled in with reference to the National Rules for Participation 2019 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
7. Deadline for submission is **15th June 2020**. Any submissions received after this date and time will be rejected.
8. This Application will be evaluated in accordance with the relevant National Rules for Participation which may be downloaded from here.

1. Applicant Details



LEAD PARTNER BASED IN MALTA

1.1 Principal Investigator (PI) Entity Name

1.2 Entity Type

Choose an item.

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

1.4 Project Contact Details

1.4.1 Name and Surname

1.4.2 Designation

1.4.3 E-mail Address

1.4.4 Phone Number

1.5 Indication of Funding Modality

Choose an item.

A justification is to be provided if the applicant has opted for: Public Entity / Public Research and Knowledge-Dissemination Organisations that does not carry out an economic activity within the meaning of Article 107 TFEU.

1.6 Names of Key Researchers + Brief Biography

1.7 Type of Research to be carried out by the Principal Investigator

Choose an item.



CHINESE PARTNER DETAILS

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

1.8 Principal Investigator (PI) Entity Name

1.9 Entity Type

Choose an item.

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

1.11 Project Contact Details

1.11.1 Name and Surname

1.11.2 Designation

1.11.3 E-mail Address

1.11.4 Phone Number

1.12 Names of Key Researchers + Brief Biography

2. Project Details

2.1 Project Title

2.2 Project Acronym

2.3 Thematic Area

Choose an item.

2.4 Project Abstract (max 100 words)

2.5 Objectives and Targets of Project

Please provide a clear overview of the project objectives and targets, with reference to the idea, whilst considering the Scheme's aim as described in section 1 of the Parameters and Rules (maximum number of words: 500)

2.6 Innovation of Project, Technical Aspects and Research Foundation

Please provide a brief, yet well-articulated description of the innovation being proposed and how the project has the potential of going beyond current state-of-the-art. Also provide details on the scientific relevance of the project, the research methodology and its alignment to the thematic area selected (maximum number of words: 500)

2.7 Project Details and Timelines

Please provide further details on the activities foreseen within the project, whilst highlighting project timelines. Provide foreseen commercial synergies and details on expected commercial impact, if applicable (up to a maximum of 24-month duration) (maximum number of words: 500)

2.8 Strength of the Partnership and Benefits of Proposed Scientific Collaboration

Please provide:

- *information on the aim of the partnership and the proposed scientific collaboration whilst considering the Scheme's aim as described in section 1 of the National Rules for Participation*
- *a description of the roles of each of the Maltese and Chinese Principal Investigators*
- *information on any other Maltese partners that will be part of the consortium*
- *information on the expertise and value each entity brings to the consortium (including additional partners)*

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

- a description of the reciprocal benefits that the Maltese partner/s expect/s to obtain from the collaboration with the Chinese counterpart/s. Include an outline of the Chinese participant/s chosen and why.

(maximum number of words: 500)

2.9 Financial Projections

Total project costs for entities based in Malta (€)	
--	--

The following request for funding must be in line with Aid Intensities listed down in the National Rules for Participation.

Lump-sum <u>requested funding</u> (€) per every partner based in Malta	€
Lead Partner:	
Partner 1 (if applicable):	
Partner 2 (if applicable):	
Total requested funding from entities based in Malta:	

Total requested funding from MOST by Chinese entities (RMB)	
--	--

3. Other Partner Profiles



OTHER PARTNERS BASED IN MALTA

3.1 Entity Name

3.2 Entity Type

Choose an item.

3.3 Entity profile relevant to the project proposal (max 100 words)

3.4 Link to entity website

3.5 Names of Key Researchers + Brief Biography

3.6 Type of Research to be carried out by the Partner based in Malta

Choose an item.

3.7 Indication of Funding Modality

Choose an item.

A justification is to be provided if the applicant has opted for: Public Entity / Public Research and Knowledge Dissemination Organisations that does not carry out an economic activity within the meaning of Article 107 TFEU.

OTHER PARTNER (if applicable)

Entity Name

Entity Type

Choose an item.

Entity profile relevant to the project proposal (max 100 words)

Link to entity website

Names of Key Researchers + Brief Biography

Type of Research to be carried out by the Partner based in Malta

Choose an item.

Indication of Funding Modality

Choose an item.

A justification is to be provided if the applicant has opted for: Public Entity / Public Research and Knowledge Dissemination Organisations that does not carry out an economic activity within the meaning of Article 107 TFEU.



OTHER CHINESE PARTNER DETAILS

3.7 Entity Name

3.8 Entity Type

Choose an item.

3.9 Entity profile relevant to the project proposal (max 100 words)

3.10 Link to entity website

3.11 Names of Key Researchers + Brief Biography

OTHER PARTNER (if applicable)

Principal Investigator (PI) Entity Name

Entity Type

Choose an item.

Entity profile relevant to the project proposal (max 100 words)

Link to entity website

Names of Key Researchers + Brief Biography

4. DECLARATIONS

4.1 Personal Data Protection

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') 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:

- i. The relevant Call Text;
- ii. 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) (if applicable).
- iii. Commission Regulation (EU) N°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 (if applicable).
- iv. 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 COMMISSION REGULATION (EU) No 1407/2013 and Commission Regulation (EU) N°651/2014 of 17 June 2014.

D. i. 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:

- a. 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;
- b. 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 Call Text and the Regulations mentioned above, the Council may share the data provided via this application with MOST and 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 the above-mentioned Regulations and or where legally required, any data provided as part of this written application for aid may be shared with the European Commission.

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:	
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.

5. Signature (PI)

The undersigned hereby authorises the Council to process the data contained in this form for the purpose stated above and declare that the information given on this form is accurate to the best of the Legal Representative's knowledge. The legal representative understands that if it is later established that the information is misrepresented, the application or funded project may be ineligible or terminated respectively.

Name of PI Legal Representative

Name and Surname of applicant authorised to represent the undertaking

Position in Undertaking / Entity

Telephone Number/s

E-mail address

Signature of Legal Representative

Date

Click here to enter a date.

N.B. Kindly ensure that this application form is filled in with reference to The Rules for Participation 2020 documents for this scheme, and that all Annexes are included.

5.1 Signature (Partner)

The undersigned hereby authorises the Council to process the data contained in this form for the purpose stated above and declare that the information given on this form is accurate to the best of the Legal Representative's knowledge. The legal representative understands that if it is later established that the information is misrepresented, the application or funded project may be ineligible or terminated respectively.

Name of Partner Legal Representative

Name and Surname of applicant authorised to represent the undertaking

Position in Undertaking / Entity

Telephone Number/s

E-mail address

Signature of Legal Representative

Date

Click here to enter a date.

N.B. Kindly ensure that this application form is filled in with reference to The Rules for Participation 2020 documents for this scheme, and that all Annexes are included.

Declaration	
<p>I confirm that:</p> <p>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.</p>	I agree <input type="checkbox"/>
<p>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.</p>	I agree <input type="checkbox"/>
<p>I have never been found guilty by any competent Court in Malta or elsewhere of any crime¹ 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.</p>	I agree <input type="checkbox"/>
<p>I have never been disqualified² 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.</p>	I agree <input type="checkbox"/>
<p>I have never been disqualified³ or excluded from participation in any Public and/or European Union funding scheme.</p>	I agree <input type="checkbox"/>
<p>I hereby authorise the Council to exchange essential information related to the project with MOST and other Governmental agencies, both local and overseas, for any necessary checks</p>	I agree <input type="checkbox"/>
<p>Signature & Stamp of Principal Investigator Legal Representative:</p>	<p>Date</p> <p>Click or tap to enter a date.</p>
<p>Signature & Stamp of Partner Legal Representative:</p>	<p>Date</p> <p>Click or tap to enter a date.</p>

¹ This Declaration does not extend to any traffic related offences where these have been made.

² This Declaration does not extend to disqualification of any tender proposal due to technical reasons.

³ This Declaration does not extend to disqualification of any tender proposal due to technical reasons.

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	N/A
<ul style="list-style-type: none"> ▪ <i>The application form in MS Word (.docx) format and a signed scanned copy (to be sent by email)</i> <p>Compulsory</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ▪ Annex 1: <i>de minimis</i> Declaration Form to be filled in by applicants applying under Regulation A 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Annex 2 Undertaking in Difficulty Declaration Form to be filled in by Limited Liability Companies applying under Regulation B <p><i>The form may be downloaded by clicking here</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Annex 3: Agreement signed by all (Malta based and China) Principal Investigators and any other partners <p>Compulsory</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ▪ Annex 4: Intellectual Property (IP) Agreement signed by all (Malta and China-based) parties' Legal Representatives <p>Compulsory. If included as part of Annex 3 in specific articles, please tick here.</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	

Annex 1: *de minimis* Declaration Form

Sino-Malta Fund

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* rule⁴. 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.

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.

Business Undertaking (Full Legal Name)

VAT Registration Number

Name and Surname (BLOCK CAPITALS)

Position in Establishment

Signature

23/11/2018

Date

DETAILED INFORMATION CONCERNING APPLICABLE STATE AID UNDER THE *DE MINIMIS* RULE FOR FISCAL YEAR
2018, 2019, 2020

SECTION 1 – *DE MINIMIS* STATE AID AWARDED

<i>Date</i>	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

<i>Date</i>	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

<i>Date</i>	Source/Grantor	Type of State Aid (Name of Measure)	Amount in €
Click here to enter a date.	MCST	SINO-Malta	

A3

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