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**Infectious Diseases Programme**

**Application Form *Version 1.1***

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***Notes to Applicants***

1. The associated Rules for Participation can be downloaded from the [Council’s website](https://mcst.gov.mt/).
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. All responses must be clearly explained and substantiated.
4. The complete Application Form is to be submitted to the *Malta Council for Science and Technology* (MCST) via email on [ri.mcst@gov.mt](mailto:ri.mcst@gov.mt)
5. The deadline for submission is Friday 28th May 2021 23:59 (CET). Any applications submitted beyond this deadline will not be considered.
6. Use this form by entering text in the grey fields and ticking checkboxes where applicable. Images may be referred to in the main text and inserted after the grey field for the relevant section. Any additional data can be placed in an appendix at the end of the proposal and referenced accordingly. Each appendix must not be longer than 2 pages each. Do not change the format of this application form. Please delete the guidelines in italics before submitting your proposal.
7. Within this template*, partner* refers to the Maltese participating organisations. If the applicant is a lone Maltese beneficiary, any reference to additional partners is not applicable.
8. **Applicant Details**

Fill in for all partners within the consortium. If the applicant is a sole entity, delete as required. If the consortium is composed of more than two partners, replicate as necessary.

|  |  |
| --- | --- |
| **Organisation Name** | **Application route**  *Select one option per partner* |
|  | *Non-State aid* |
| *de minimis aid* |
| *GBER aid* |
|  | *Non-State aid* |
| *de minimis aid* |
| *GBER aid* |

|  |  |
| --- | --- |
| **Lead Partner** | |
| **Legal name of applicant** |  |
| **E-mail address** |  |
| **Website address** |  |
| **VAT Number** |  |
| **Legal Form of applicant** | Choose an item. |
| **Registration/Identification number** |  |
| **Undertaking Size (where applicable)** | Choose an item. |
| **Date Established** | Click here to enter a date. |
| **Business Activity (where applicable)** | **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) |
| **Requested Funding ( € per organisation)** | brian warrington |
| **Elaborate on the field of activity and core competencies of the organisation. Detail research capacity & track record (if any) in related activities.** |  |

|  |  |
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| **Partner 2** | |
| **Legal name of applicant** |  |
| **E-mail address** |  |
| **Website address** |  |
| **VAT Number** |  |
| **Legal Form of applicant** | Choose an item. |
| **Registration/Identification number** |  |
| **Undertaking Size (where applicable)** | Choose an item. |
| **Date Established** | Click here to enter a date. |
| **Business Activity (where applicable)** | **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) |
| **Requested Funding ( € per organisation)** | brian warrington |
| **Elaborate on the field of activity and core competencies of the organisation. Detail research capacity & track record (if any) in related activities.** |  |

1. **Project Overview**

2.1. Name of Proposal (not more than 200 characters):

2.2. Proposal Acronym:

2.3. Project Abstract (not to exceed 500 words):

|  |
| --- |
|  |

2.4 Project Coordinator

Name:

Organisation:

Designation:

Contact Number / mobile:

E-mail address:

2.5 Start of Works

I confirm that Start of Works will commence after Grant Agreement signature

2.6 Project Duration (in months) – *note that IDP funds projects of 12, 18 or 24-month duration:*

Choose an item.

2.7 Planned TRL advancement:

TRL at project start:

Planned TRL at project end:

2.8 Project Type (Refer to Section 1.5 Definitions in the Rules for Participation)

Choose an item.

*N.B.: the funding rate depends on the project type. The evaluation process will verify if the project proposal corresponds to the type selected in this section.*

2.9 Does the project involve *effective* *collaboration* as defined in Section 1.5 of the Rules for Participation?

Choose an item.

2.10 Primary Research Sub-Theme:

Choose an item.

1. **Project Details**

**3.1 Excellence**

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

*Please specify the research question, the scientific approach and the provided solution to be taken as well as the challenges that the project sets out to tackle.*

**How does the project intend to provide innovative and/or improved approaches to address the challenges being set in the Infectious Diseases Programme?**

**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.*

**3.2 Impact**

**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. Describe whether the value created can be translated to other research areas (if any).**

**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?**

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

**Describe the key stakeholders in this project and whether they have been consulted during the planning phase of this proposal.**

**3.3 Implementation**

**3.3.1 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.*

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |

**3.3.2 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.*

**3.3.3 Personnel**

|  |  |
| --- | --- |
| **Lead Partner** | ***Organisation Name*** |
| *List the key personnel working on the project. Insert only profile details that are relevant to the project content.*   |  |  |  | | --- | --- | --- | | ***Name and Surname*** | ***Role within the Eligible Undertaking/Organisation*** | ***Role on the Project (refer also to Work Packages and Tasks)*** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |
| ***CVs of all 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.*   |  |  |  | | --- | --- | --- | | ***Name and Surname*** | ***Role within the Eligible Undertaking/Organisation*** | ***Role on the Project (refer also to Work Packages and Tasks)*** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |
| ***CVs of all the Individuals working on the Project are to be submitted as Annexes.*** |

**3.3.4 Budget**

Kindly add as many Partner rows as required

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 website.*

*Funding intensity is subject to the conditions as defined in the National Rules for Participation published on the Council’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 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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| **Subcontracted Activities** *(indirect costs are not eligible)* |  |  |  |  |
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| **Total** |  |  |  |  |

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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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| **Subcontracted Activities** *(indirect costs are not eligible)* |  |  |  |  |
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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** | | |  |

1. **Declarations & Appendices**

**Personal Data Protection**

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| |  |  | | --- | --- | | 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. 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:  With regards to the State aid option of this scheme, 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 Regulation and Article 6 of the *de minimis* Regulation. | | D. | 1. Pursuant to the General Data Protection 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 Organization ineligible for assistance under the Scheme or render void the Grant Agreement issued in favour of the Organisation 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 Organisation 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, and the General Block Exemption Regulation or the *‘de minimis Regulation’* in the case of Option A, 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. The use of the Scarlet database owned by Jobs Plus shall be used to aid in the interpretation of the ‘enterprise size declaration, ‘the undertaking in difficulty’ and the ‘de minimis declaration’ forms. | | F. | For the purpose of monitoring of aid granted in line with the General Block Exemption Regulation or the *de minimis* Regulation, 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, 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.   |  |  | | --- | --- | | 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 as its legal representative.* | | |  | |   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. | |  |  | |  |

**Cumulation of Aid**

In the case of State aid granted in line with Option A of the National Rule for Participation, 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, as amended (the General Block Exemption Regulation), or the rules set out in 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, as amended (the *de minimis* Regulation).

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.

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| Declaration |

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| 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 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. |

**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 members 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.**

**Undertaking in Difficulty Form shall also need to be submitted**

**Appendix 2 – Declaration where State Aid is not applicable for Public Research and Knowledge-Dissemination Organisations that do not carry out an economic activity within the meaning of Article 107 TFEU**

***To be completed by EACH public research and Knowledge Dissemination Organisation 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 Public 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 4 – Employee Consent Form**

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| --- |
| I, the undersigned, as authorised signatory of [Insert Name of Applicant] 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 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, shall be informed immediately. Consequently, the Council 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. |

**Appendix 5 – Indirect Aid Declaration**

This declaration concerns indirect aid that may be transferred from a public research and knowledge-dissemination organisation /public 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 research and knowledge-dissemination organisation/public entities are to complete the below, jointly with the undertakings, to state any indirect aid that is transferrable from the former to the latter, in the course of the planned research.

Project Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Lead Partner (Public research and knowledge dissemination organisation /Public Entity)** | Insert Undertaking name  **Value in €** | Insert Undertaking name  **Value in €** |
| Personnel |  |  |
|  |  |  |
| Equipment |  |  |
| Subcontracting |  |  |
| Travel |  |  |
| Other |  |  |
| ***Total*** | **\*** | **\*** |

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

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

Legal Representative (Public Research and Knowledge-Dissemination Organisation /Public Entity)

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

Legal Representative (Undertaking)

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

Legal Representative (Undertaking)

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

Date 

**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 to [ri.mcst@gov.mt](mailto:ri.mcst@gov.mt) .

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| * The application form in MS Word format and as a signed scanned copy |  |  |
| * The budget tables as a separate MS Excel sheet |  |  |
| * An IP agreement signed by all Project Partners (in the case of Consortia) |  |  |
| * In the event that the Partner is a start-up and the above documents are not available, the Partner 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 |  |  |
| * Management Accounts for the current year (except public entities) |  |  |
| * *De minimis* Declaration   (if applying under option A- *De minimis*) |  |  |
| * State Aid not applicable declaration for a public research and knowledge dissemination organisations   (if applying under Option B ) |  |  |
| * State Aid not applicable declaration for public entities (if applying under Option B as a public entity) |  |  |
| * GBER Related declaration forms (if applying under option A- GBER) including:   + Undertaking in difficulty form   + Entity Size Declaration form   + Declaration on effective collaboration and/or dissemination form |  |  |
| * Curricula Vitae of key researchers including relevant track records. This should clearly establish that the personnel has the potential to carry out the project. |  |  |
| * Checklist of Attachments |  |  |

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’s Legal Representative

Project Coordinator

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

Signature of Project Coordinator

<Insert Name of Project Coordinator>

Project Coordinator

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

Signature of Partner 2 *(if applicable)*

<Insert Name of Partner 2>

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

Signature of Partner 3 *(If applicable)*

<Insert Name of Partner 3>

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)