

**PRIMA Initiative: Networking Assistance**

**Application Form**

Version: 1

Issue Date: May 2019

**Notes to Applicants**

1. The official Call Text can be downloaded from the [Council’s website](http://mcst.gov.mt/).
2. The Application Form and any corresponding documentation 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. Once Application Form is electronically filled in, this needs to be printed, duly signed, scanned and sent in PDF format.
5. All responses must be clearly explained and substantiated.
6. A complete Application Form and updated CV must be submitted to the Malta Council for Science and Technology (MCST) via email on [prima.mcst@gov.mt](mailto:prima.mcst@gov.mt)
7. Deadline for submissionis**per Annex I.** Any submissions received after this date and time will be rejected.

## 1. Applicant Details

* 1. Legal Name of Undertaking / Entity/ Department:

* 1. E-mail address:

* 1. Website address:

* 1. VAT Number:

* 1. Legal Form of Undertaking / Entity:

Choose an item.

* 1. Registration/Identification Number:

* 1. Date Established (not applicable for public undertakings)

* 1. Contact Details of Person Attending

**Name:**

**Designation:**

**MQF Level:**

**Contact Number:**

**E-mail address:**

* 1. Business Activity

Please state NACE Code Click or tap here to enter text.

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).

1. **Event Details**
   1. Name of Event

Choose an item.

* 1. Provide a summary on the benefits that the Applicant will gain from by participating in the event. In particular, explain how participation in this event will contribute to facilitate the Applicant’s intention to submit a PRIMA proposal.

* 1. Provide a synopsis of a potential PRIMA proposal which could be circulated amongst attendees of the event in order to find potential partners.

1. ***de Minimis* Declaration**

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| **`STATE AID DECLARATION (*De Minimis*)**  *PRIMA* |

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[[1]](#footnote-1). 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.

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| **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:

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| **Fiscal Year 2017** | **Fiscal Year 2018** | **Fiscal Year 2019** | **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.

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

**Detailed information concerning applicable State aid under the *de minimis* rule for fiscal year 2017, 2018, 2019**

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

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

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

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

**N.B. Beneficiaries will be requested to resubmit a complete version of the de Minimis declaration form (including Section 3, which has been omitted in this version of the form) together with the Claim Form.**

**It is the applicant’s responsibility to ensure that the total amount of permissible *de minimis* aid granted to a single undertaking over a period of three (3) years is not exceeded. Should the amount be exceeded, the beneficiary will be subject to a recovery of funds.**

## 3. Declaration

## 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 Call Text; 2. 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); 3. Data Protection Act, Chapter 440 of the Laws of Malta and Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation).   The legitimate basis to process personal data submitted by the data subject by virtue of his/her written application for aid is Regulation 6 (1)(b) of the General Data Protection Regulation (“GDPR”), as ‘*processing is necessary in order to take steps at the request of the data subject prior to entering into a contract*’. | | C. | Data retention period:  The data collected by the Council 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 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 Call Text and the ‘*de minimis Regulations*’, the Council may 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 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:** |  | | **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.* | | |  | | | |  |

## 6.2 Cumulation of Aid

The undersigned declares that aid approved under this incentive is in line with the terms and conditions set out in the Call Text 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.

## 6.3 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.

# 4. Signatures

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.

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| **Name of Legal Representative**  **the ;egal** |  |

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| **Name and Surname of applicant authorised to represent the undertaking** |  |

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| **Position in Undertaking / Entity** |  |

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| **Telephone Number/s** |  |

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| **E-mail address** |  |

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| **Signature of Legal Representative** |  |

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| **Date** | Click here to enter a date. |

## 5. Check List

Please tick accordingly:

Application Form completely filled in and duly signed

Updated CV of person attending the event is included as an Annex to this Application Form

Copy of the qualification certificate of the person attending the event

1. [↑](#footnote-ref-1)