

**Application Form – PRIMA Proposal Writing Assistance Scheme**

**Application Form**

 Version: 1

 Issue Date: February 2020

**Notes to Applicants**

1. The official National Rules for Participation can be downloaded from the [Council’s website](http://mcst.gov.mt/).
2. The Application Form and any attached documents will be treated as confidential throughout and after the 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 Form must be submitted to the Malta Council for Science and Technology (MCST) via email on eusubmissions.mcst@gov.mt
7. Deadline for submission of the application form coincides with the deadline imposed by PRIMA for the submission of the pre / full proposal. However, applicants under this scheme must keep in mind that service provider engagement and work on the proposal writing cannot start before the Letter of Intent is issued by the Council as otherwise the costs will automatically be rendered ineligible. Thus, it is advisable that the application is sent well in advance of the deadline in order to offer enough time for the engaged service provider to provide the desired outcome. Any submissions received after the respective date and time will be rejected.
8. This Application Form will be evaluated with respect to the Evaluation Criteria listed in Annex I of the the National Rules. The Council reserves the right to request further information should this be required.

## 1. Applicant Details

* 1. Legal Name of Undertaking / Entity:

* 1. E-mail address:

* 1. Website address:

* 1. VAT Number (not applicable to public entities):

* 1. Legal Form of Undertaking / Entity:

Choose an item.

* 1. Registration/Identification Number (not applicable to public entities):

* 1. Entity / Undertaking Size:

Choose an item.

* 1. Date Established (not applicable for public entities):

Click here to enter a date.

* 1. Contact Point Information

**Name:**

**Designation:**

**Contact Number:**

**E-mail address:**

* 1. Business Activity

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| **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).  |

**2. Pre-proposal Details**

2.1. Pre-Proposal Name:

2.2. Pre-Proposal Acronym:

2.4 List of Partners in the consortium (if already identified)

2.5 Start of Works

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

**3. Applicable State Aid Regulation**

The PRIMA proposal writing assistance scheme will be implemented in line with the ***de Minimis*** Regulation. More information is provided in the National Rules for Participation and the Council can also be contacted for further clarifications.

If you deem that State Aid is not applicable, a justification will need to be provided. If the activities undertaken by the applicant are found to have State Aid implications, the applicant would need to follow State Aid regulations.

Please provide justification below:

**4. Type of Assistance Requested**

**Amount of funding requested (please include the relevant quotations with this application form)**

 €

**5. Evaluation Process**

Please provide the necessary information in relation to the below four (4) evaluation criteria (any additional documentation to substantiate claims must be sent together with the application form).

**5.1** Proposed project idea is in line with one of the eligible PRIMA call topics and regulations of the 2020 Call.

Click or tap here to enter text.

**5.2** Profile of pre-identified consortium partners (if already identified), including their track record in relation to R&I projects as well as the diversity amongst the consortium partners (i.e. a healthy mix of academic, public and private partners). If consortium partners have been identified, letters of support need to be included.

Click or tap here to enter text.

* 1. Attach a proposal of at least 3 potential proposal writers or consulting services providers (depending on the level of assistance required) together with their proven track record including a list of other European funded projects that they have supported in the past.

*Please attach as part of this Application Form*

* 1. Applying entity profile / track record in relation to the undertaking of R&I projects

Click or tap here to enter text.

## 6. Declaration

## Personal Data Protection

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| 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:1. The relevant National Rules for the Scheme;
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 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 Entity 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 Entity ineligible for assistance under the Scheme or render void the Letter of Intent issued in favour of the Entity 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 Entity as part of this written application for aid.
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| 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 National Regulation for the Call 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 or where legally required, any data provided as part of this written application for aid may be shared with the European Commission.   |
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| G. | 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.  |
| H. | Authorisation to engage with the Council on matters related to this application.I the undersigned, as legal representative of the Applicant Entity, 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.

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| **Name of Legal Entity** | **Name and Surname of Natural Person granted authorisation(1)** | **E-mail address of party granted authorisation(2)** |
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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.  |
| I. |

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| **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 Entity as its legal representative.* |
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## 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 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.

## 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.

## 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

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.

## Additional declarations

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| **I confirm that:**The information given in 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 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 [ ]  |
| **Name of Legal Representative:** |  |
| **Position in Entity:** |
| **Contact Details:** |
| **Signature of Legal Representative + Entity Stamp:** | **Date** |

## 8. Check List

Please ensure that the following documentation is attached to your application.

[ ]  **Annex I** De Minimis Form

[ ] Proposal as per Section 5.3 of the Application Form

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)