Space Research Fund

Building capacity in the downstream Earth Observation Sector

A programme supported by the European Space Agency



Application Form 2021 – ***State Aid De Minimis Funding Modality***

Version 1.0

# Notes to Applicants

1. The associated Rules for Participation can be downloaded from the [Council’s Space Research Fund website.](http://mcst.gov.mt/space-directorate/space-research-fund/)
2. This application form template is to be used **ONLY** for proposals submitted under the ***De Minimis* funding modality** of the Space Research Fund 2021.
3. The Application Form and any attached documents will be treated as confidential throughout and after the project appraisal process.
4. Only Application Forms which are complete and that include all relevant supporting documents will be evaluated. All responses must be clearly explained and substantiated.
5. The complete Application Form is to be submitted to the *Malta Council for Science and Technology* (MCST) via email on [space.mcst@gov.mt](mailto:space.mcst@gov.mt)
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.

|  |  |
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| **Proposal Reference No.**  *To be completed by MCST* |  |
| **Full Project Title**  *The project title should not exceed 200 characters in length.* | Click or tap here to enter text. |
| **Acronym** | Click or tap here to enter text. |
| **Proposed Start Date**  *(Must be within 4 weeks of Grant Agreement signature or as otherwise stated by the Council)* | Click or tap here to enter text. |
| **Space Research Fund Stream**  (select the stream under which you are applying)  Technology Concept Research (TRL 1 to 4  Applied Technology Development (TRL 5+) | **Planned TRL advancement**  (this is to be further justified in the forthcoming sections)  TRL at project **start**:  Click or tap here to enter text.  Planned TRL at project **end**:  Click or tap here to enter text. |
| **Abstract**  ***The abstract should not exceed 400 words.***  Click or tap here to enter text. | |

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| **Organisation Name** | **Organisation Type** | **Total Requested Funding (per organisation)** |
| Insert Lead Partner’s Organisation Name. | Insert Organisation Type. | €##,### |
| Insert Partner 2 Name. | Insert Organisation Type. | €##,### |
| **Total Grant Requested** | | **€##,###** |

|  |  |
| --- | --- |
| **Organisation Name** | **Application route**  *Select one option per partner* |
| Insert Lead Partner’s Organisation Name. | de minimis aid |
| State Aid Not Applicable |
| GBER Aid |
| Insert Partner 2 Name. | de minimis aid |
| State Aid Not Applicable |
| GBER Aid |

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| 1. **Proposal Articulation** |

*When completing the various sub-sections under Section 1, please provide sufficient detail to enable a thorough articulation of your proposal ideas which are to be evaluated as indicated in the Rules for Participation.*

| **Excellence** |
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| ***Describe the development activity being proposed and the outputs it will generate.***  Click or tap here to enter text. |
| ***Provide the background to the proposal, whilst clearly explaining the problem statement. Define the proposal concept and technical objectives.***  Click or tap here to enter text. |
| ***What is the current State-of-the-Art and how will your project go beyond this? Make reference to and distinguish your proposal from previous work / projects within the area? Make reference to Technology Readiness Levels (TRLs).***  Click or tap here to enter text. |
| ***Describe the technical development steps to be adopted. Highlight any technical risks in attaining the projects objectives and propose possible mitigation routes.***  Click or tap here to enter text. |

| **Impact** |
| --- |
| ***Describe how the proposal goes beyond comparable solutions at European level and the potential of the research to help overcome pan-European challenges. How will the applicant/s leverage opportunities for local and international networking?***  Click or tap here to enter text. |
| ***Describe any post-project prospects, including any potential to take the research ideas forward through other funding sources, beyond the Space Research Fund.***  Click or tap here to enter text. |
| ***Describe the proposal’s ambition in relation to human resource capacity building during the proposed project, as well as post-project (5-year timeline). What is the likelihood of the research being proposed, also being applied in a cross-cutting multi-sector setting?***  Click or tap here to enter text. |
| ***To what extent is the proposal leveraging local favourable conditions, promoting Malta’s potential as a test-bed for downstream Earth Observation applications and the provision of international exposure in this respect? What quantifiable potential benefits are envisaged for eventual clients/users of the undertaken research?***  Click or tap here to enter text. |
| ***Provide details of plans for the dissemination of project results through peer reviewed journals, conferences and other avenues. Provide proposals on the dissemination of project results through local and European fora/events and media. A work package can be presented in Section 3.***  Click or tap here to enter text. |

| **Implementation** |
| --- |
| ***Describe the inclusion of, or plans to include, end users in the proposed project. This can be in the form of partnerships, formalised agreements or letters of intent. Describe any potential clients, if applicable.***  Click or tap here to enter text. |
| ***Describe project key risks (non-technical risks) and possible mitigation routes, as well as the planned risk management process to be adopted during the research.***  Click or tap here to enter text. |
| ***Elaborate on the following:***   * ***The potential/experience of the partner/consortium in the technical domains of the project*** * ***The experience of the partner/consortium in working on similar short-term projects*** * ***The extent to which the partner/consortium understand the needs of the end users***   Click or tap here to enter text. |

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| 1. **Implementation: Deliverables and Milestones** |

* 1. **Deliverables**

*List the deliverables of the proposed project, 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.*
* *Deliverable numbers should be unique at a project level, e.g. D1 can only be listed in one of the below tables*
* *Only one entity is to be responsible for any particular deliverable*

*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.*

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

| **Deliverables for Lead Partner** | **Date** |
| --- | --- |
| D1. Progress Technical Report (end Stage 1) | Month 12 |
| D4. Progress Financial Report (Report on Stage 1 and forecast for Stage 2) | Month 13 |
| D6. End of Project Technical Report | Month 21 |
| D7. End of Project Financial audited report | Month 22 |
| D8. Article 1 in the local media (replicate as necessary) | Month 12 |
| D9. Article 2 in the local media (replicate as necessary) | Month 20 |
| D#. Insert Text Here | Month ## |
| D#. Insert Text Here | Month ## |
| D#. Insert Text Here | Month ## |
| D#. Insert Text Here | Month ## |
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| D#. Insert Text Here | Month ## |

| **Deliverables for Partner 2** | **Date** |
| --- | --- |
| D#. Insert Text Here | Month ## |
| D#. Insert Text Here | Month ## |
| D#. Insert Text Here | Month ## |
| D#. Insert Text Here | Month ## |
| D#. Insert Text Here | Month ## |
| Replicate as necessary… |  |

*The Progress Report should be submitted at the end of Stage 1 and the Financial Report should be submitted one month after the end of each stage. The end of Project Technical Report and the end of Project Financial Audit Report should be submitted within one month after the End Date (Project completion date).*

* 1. **Milestones**

| **Project Milestones** | **Date** |
| --- | --- |
| Start Date/ Start of Stage 1 | Month 1 |
| End of Stage 1 | Month 12 |
| Start of Stage 2 | Month 13 |
| End of Stage 2 | Month 20 |
| Insert a milestone here | Month ## |
| Insert a milestone here | Month ## |
| Replicate as necessary… |  |

*Insert rows to add more milestones specific to the project. Please sort the milestones in* ***chronological order****.*

* 1. **Other Considerations**

*If applicable, briefly identify any gender, ethical or legal issues that may be connected with the proposed project. Otherwise enter “n/a”.*

Click or tap here to enter text.

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| 1. **High Level 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 which will be lead to the coordinating entity and is partly filled in as an example.*

*Work packages should be divided according to the lead entity for that work package. In that respect, multiple tables are being provided and should be filled in for each entity separately. The 1st work package for each partner be entitled “<entity name> management” and will relate to the project management for that specific entity.*

*Note that:*

* *Multiple tables are provided and should be filled in for each entity*
* *Work Package (WP) numbers should be unique at project level, e.g. WP1 can only be listed in one of the below tables*
* *Only one entity is to be responsible for leading any particular Work Package.*
* *Only one entity is to be responsible of any particular Activity.*
* *Any partner is allowed to take responsibility of an activity that falls under a WP which is led by another entity.*

| **Work Package Description – Lead Partner.** | **Start Date** | **End Date** | **Duration** |
| --- | --- | --- | --- |
| ***Overall Project*** | Month ## | Month ## | Month ## |
| **Work package number** 1  **Work Package leader** Full name of the person leading this work package leader.  **Work package title** Project Management  **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)*  **Activities pertaining to this Work Package** *(provide a brief explanation on each activity – max. 50 words per activity)*  **Activity 1.1**- Two interim meetings per stage to be held with the Council - *The first meeting must take place within three months from the Start Date. Subsequent meetings would be scheduled during and/or after this first meeting.*  **Activity 2.1**- Regular contact to be maintained with other project partners through meetings, email and Skype. – This is essential to ensure the timely delivery of the project.  **Activity 3.1**– Engaging of the required personnel - Click or tap here to enter text.  **Activity 4.1** Progress Technical Report – Overview of the scientific and technical data achieved in this stage. To be completed in the Council’s approved templates.  Activity **4.2** Progress Financial Report - Stage 1 Overview and Stage 2 projection of the financial data provided within the Council’s approved templates.  **Activity 4.6** End of Project Technical Report - Overview of the scientific and technical data achieved across the entire project. To be completed in the Council’s approved templates.  **Activity 4.7** End of Project Financial Report and Audit Report - Audited accounts provided by the appointed auditors. | Month 1 | Month ## | Months ## |
| **Work package number** ##  **Work Package leader** Full name of the person leading this work package leader.  **Work package title** Click or tap here to enter text.  **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 – max. 50 words per activity)*  Click or tap here to enter text. |  |  |  |
| **Replicate as necessary…** |  |  |  |

| **Work Package Description – Partner 2.** | **Start Date** | **End Date** | **Duration** |
| --- | --- | --- | --- |
| ***Overall Project*** | Month ## | Month ## | Month ## |
| **Work package number** ##  **Work Package leader** Full name of the person leading this work package leader.  **Work package title** ##  **Work package description** *(max 100 words)*  ##  **Deliverables pertaining to this Work Package** *(insert the number of the deliverable, ex. D1)*  ##  **Activities pertaining to this Work Package** *(provide a brief explanation on each activity – max. 50 words per activity)*  ## |  |  |  |
| **Replicate as necessary…** |  |  |  |

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| 1. **Gantt Chart** |

*The project Gantt chart should be inserted here. It 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.*

Click or tap here to enter text.

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| 1. **Experts to work on the project** |

*This section should provide an overview of the proposed consortium, if applicable, and establish their ability to carry out the project (e.g. track record, skills and competencies, etc.). This section should also be used to highlight any key researchers to be engaged on the project and showcase the expertise within the field thus promising added-value to the project.*

*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 should be noted herein.*

| ***Lead Partner*** |
| --- |
| ***Organisation***  Click or tap here to enter text. |
| ***Brief Personal profile of key researchers – Insert only profile details that are relevant to the project content***   * 1. Insert Title, Name and Surname Here.   Insert brief profile here.   * 1. Insert Title, Name and Surname Here.   Insert brief profile here. |
| ***CV of the Individuals working on the Project are to be submitted under Appendix 3*** *(an example can be found therein)* |

| ***Partner 2*** |
| --- |
| ***Organisation***  Click or tap here to enter text. |
| ***Brief Personal profile of key researchers – Insert only profile details that are relevant to the project content***   * 1. Insert Title, Name and Surname Here.   Insert brief profile here.   * 1. Insert Title, Name and Surname Here.   Insert brief profile here. |
| ***CV of the Individuals working on the Project are to be submitted under Appendix 3*** *(an example can be found therein)* |

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| 1. **Budgets** |

Applicants might wish to use this worksheet as aid to complete this section [**here**](http://mcst.gov.mt/wp-content/uploads/2019/04/Worksheet-To-Aid-Budget-Section.xlsx)**.**

* 1. **Budget Summary by Organization**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Eligible Direct Costs €** | **Eligible Indirect Costs €** | **Total Eligible Costs €** | **Requested Funding €** |
| Lead Partner  Insert Organisation Name | ##,### | ##,### | ##,### | ##,### |
| Partner 2  Insert Organisation Name | ##,### | ##,### | ##,### | ##,### |
| ***Total*** | ##,### | ##,### | ##,### | ##,### |

*Funding is 100% of total eligible costs up to a maximum of €150,000 per project across all partners of the consortium. In addition, the share of funds allocated to each consortium partner may not breach the de minimis limit of EUR 200,000 per undertaking for a period of three fiscal years. This applies to all legal entities (public or private). The values in the “Total Eligible Costs” column are hence equal those in the “Requested Funding” column. A lower requested funding is however possible, should a partner choose to co-finance part of the costs (must be in cash – no in-kind contributions should be included here).*

* 1. **Total Budget Detail by Organisation**

*Give an estimate of the project budget in Euros (€), broken down per participant per stage.*An excel sheet is uploaded on the website together with the application form to assist in the calculations.

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

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

* + *Equipment*
  + *Subcontracting*
  + *Travel*
  + *Other*

1. *Eligible indirect costs are calculated at 10% of the direct costs,* ***excluding the costs of (1) subcontracting, (2) items of equipment above €5000 and (3) consumables above €5000.*** Note that for equipment, the capping of €500 is per piece while for consumables, the capping of €500 is for the total amount per partner.
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.***

*Funding is to a maximum of 100% of total eligible costs for all legal entities (public or private). The values in the “Total Eligible Costs” column should thus equal those in the “Requested Funding” column. A lower requested funding is however possible, should a partner choose to co-finance part of the costs (must be in cash – no in-kind contributions should be included here).*

| **Lead Partner**  Insert Organisation Name Here | **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* |  |  |  |  |
| Insert Details Here | ##,### | ##,### | ##,### | ##,### |
| Specialized Equipment  Insert Details Here | ##,### | ##,### | ##,### | ##,### |
| Consumables  Insert Details Here | ##,### | ##,### | ##,### | ##,### |
| Subcontracting  Insert Details Here | ##,### | ##,### | ##,### | ##,### |
| Scientific Information  Insert Details Here | ##,### | ##,### | ##,### | ##,### |
| Travel  Insert Details Here | ##,### | ##,### | ##,### | ##,### |
| ***Total*** | **##,###** | **##,###** | **##,###** | **##,###** |

| **Partner 2**  Insert Organisation Name Here | **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* |  |  |  |  |
| Insert Details Here | ##,### | ##,### | ##,### | ##,### |
| Specialized Equipment  Insert Details Here | ##,### | ##,### | ##,### | ##,### |
| Consumables  Insert Details Here | ##,### | ##,### | ##,### | ##,### |
| Subcontracting  Insert Details Here | ##,### | ##,### | ##,### | ##,### |
| Scientific Information  Insert Details Here | ##,### | ##,### | ##,### | ##,### |
| Travel  Insert Details Here | ##,### | ##,### | ##,### | ##,### |
| ***Total*** | **##,###** | **##,###** | **##,###** | **##,###** |

**c. Budget Detail per Organisation per Stage (Add tables for Partner 2, or as required)**

| **Lead Partner – STAGE 1**  Insert Organisation Name Here | **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* |  |  |  |  |
| Insert Details Here | ##,### | ##,### | ##,### | ##,### |
| Specialized Equipment  Insert Details Here | ##,### | ##,### | ##,### | ##,### |
| Consumables  Insert Details Here | ##,### | ##,### | ##,### | ##,### |
| Subcontracting  Insert Details Here | ##,### | ##,### | ##,### | ##,### |
| Scientific Information  Insert Details Here | ##,### | ##,### | ##,### | ##,### |
| Travel  Insert Details Here | ##,### | ##,### | ##,### | ##,### |
| ***Total*** | **##,###** | **##,###** | **##,###** | **##,###** |

| **Lead Partner – STAGE 2**  Insert Organisation Name Here | **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* |  |  |  |  |
| Insert Details Here | ##,### | ##,### | ##,### | ##,### |
| Specialized Equipment  Insert Details Here | ##,### | ##,### | ##,### | ##,### |
| Consumables  Insert Details Here | ##,### | ##,### | ##,### | ##,### |
| Subcontracting  Insert Details Here | ##,### | ##,### | ##,### | ##,### |
| Scientific Information  Insert Details Here | ##,### | ##,### | ##,### | ##,### |
| Travel  Insert Details Here | ##,### | ##,### | ##,### | ##,### |
| ***Total*** | **##,###** | **##,###** | **##,###** | **##,###** |

**d. Summary of Stage Budget**

|  |  |  |  |
| --- | --- | --- | --- |
| **Stage** | **Start Month** | **End Month** | **Requested**  **Funding €** |
| Stage 1 (less retention) | Month 1 | Month ## | ##,### |
| Stage 2 (less 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 Stage 2 and from the preceding stage, if necessary*

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| 1. **Participant Details** |

***(Replicate as necessary)***

*(To be filled by* ***each partner****. In the case of foreign partners, the amount and type of contribution should be noted. Maximum of 2 pages per Participant)*

|  |  |  |
| --- | --- | --- |
| **Participant Details** | | |
| Organisation Name | Click or tap here to enter text. | |
| Company Reg. No. | Click or tap here to enter text. | |
| Organisation Role | Lead Partner | Participant |
| Organisation Type | Commercial Entity  Governmental Entity  NGO  Other Please Specify  Click or tap here to enter text. | Academic Institution  Professional Body |
| Organisation Address | Click or tap here to enter text. | |

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| **Organisation Profile** |
| *Elaborate on the field of activity and core competencies of the organisation. Detail research capacity & track record (if any) in related activities.*  Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Project Contact for Organisation** | |
| Name | Full Name. |
| Position | Click or tap here to enter text. |
| Mobile / Telephone / Fax | M Insert Mobile Number Here.  T Insert Telephone Number Here.  F Insert Fax Number Here. |
| Email | Insert email address here. |

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| 1. **Declaration** |

* 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 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). Subsequently amended by Commission Regulation (EU) 2020/972 of 2 July 2020 amending Regulation (EU) No 1407/2013 as regards its prolongation and amending Regulation (EU) No 651/2014 as regards its prolongation and relevant adjustments, and as may be subsequently amended; 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). This has now been amended by Commission Regulation (EU) 2020/972 of 2 July 2020, amending Regulation (EU) No 1407/203 as regards its prolongation and amending Regulation (EU) No 651/2014 as regards its prolongation and relevant adjustments. 4. 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). 5. 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. The use of the Scarlet database owned by Jobs Plus shall also 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 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 concerning 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)** | | Insert Text Here. | Insert Text Here. | Insert Text Here. | | Insert Text Here. | Insert Text Here. | Insert Text Here. | | Insert Text Here. | Insert Text Here. | Insert Text Here. | | Insert Text Here. | Insert Text Here. | Insert Text Here. | | Insert Text Here. | Insert Text Here. | Insert Text Here. | | Insert Text Here. | Insert Text Here. | Insert Text Here. |   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:** | Insert Text Here. | | **E-mail address of person giving authorisation:** | Insert Text Here. | | **Signature of person giving authorisation:** | Insert Text Here. | | **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.* | | |  | | | |

* 1. **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.

* 1. **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), JobsPlus, 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.
  1. **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.

* 1. **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.

* 1. **Declaration****(Replicate for each partner)**

|  |  |
| --- | --- |
| **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 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 the name of the 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:**  Click to enter the full name of the legal representative. | Click or tap to enter a date. |
| **Position in Entity:**  Click to enter the position in entity of the legal representative. |
| **Contact Details:**  **M:** Click to enter the Legal Representative’s mobile number.  **T:** Click to enter the Legal Representative’s telephone number.  **E:** Click to enter the Legal Representative’s email . |
| **Signature of Legal Representative + Entity Stamp:** | **Date** |

**APPENDIX 1**

**STATE AID DECLARATION (DE MINIMIS)**

***TO BE COMPLETED BY EACH PARTNER***

The Annex I de minimis declaration form for 2021 funding programmes can be downloaded from here:

[**Click here to download**](https://mcst.gov.mt/wp-content/uploads/2021/03/Annex-I-De-minimis-declaration-form-for-2021-programmes.docx)

This form must be completed by each partner where applicable. Also, an updated State Aid (de minimis) Declaration form is to be submitted upon the signing of the Grant Agreement should the project be selected for funding.

**APPENDIX 2**

**DECLARATIONS ON INDIRECT DE MINIMIS AID**

This declaration concerns indirect de minimis 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 de minimis aid that is transferrable from the former to the latter, in the course of the planned research.

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

|  |  |  |
| --- | --- | --- |
| **Lead Partner (Public Academic/Government Entity)**  Insert the Organisation Name Here. | Insert Undertaking name  **Value in €** | Insert Undertaking name  **Value in €** |
| Personnel |  |  |
| Insert Details Here | ##,### | ##,### |
| Specialized Equipment  Insert Details Here | ##,### | ##,### |
| Consumables  Insert Details Here | ##,### | ##,### |
| Subcontracting  Insert Details Here | ##,### | ##,### |
| Scientific Information  Insert Details Here | ##,### | ##,### |
| Travel  Insert Details Here | ##,### | ##,### |
| ***Total*** | **##,###** | **##,###\*** |

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

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

Legal Representative (Public Academic/Government Entity)

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

Legal Representative (Undertaking)

Click or tap to enter a date.

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

Date

**APPENDIX 3**

**PRE-AGREED DEVIATIONS TO DELIVERABLES OR BUDGETS**

Please tick if you have pre-agreed any changes to the mandatory deliverables or budgets during the Application Period. It is essential that the relevant correspondence, authorising such amendments is attached to this application form.

|  |
| --- |
| *Brief of any pre-agreed amendments.*  Click or tap here to enter text. |

**APPENDIX 4 – CV TEMPLATES**

|  |  |
| --- | --- |
| PERSONAL INFORMATION | Replace with First name(s) Surname(s) |
|  | Replace with telephone number  Replace with mobile number |
| State e-mail address |

|  |  |
| --- | --- |
| Replace with dates (from - to) | Replace with occupation or position held |
|  | Replace with employer’s name and locality (if relevant, full address and website) |
|  | * Replace with main activities and responsibilities |
|  | Business or sector Replace with type of business or sector |

|  |  |
| --- | --- |
| WORK EXPERIENCE |  |

[Add separate entries for each experience relevant to the role in the project. Start from the most recent.]

|  |  |
| --- | --- |
| EDUCATION AND TRAINING |  |

[Add separate entries for each course, relevant to the role in the project. Start from the most recent.]

|  |  |  |
| --- | --- | --- |
| Replace with dates (from - to) | Replace with qualification awarded |  |
| Replace with education or training organisation’s name and locality (if relevant, country) | |
| * Replace with a list of principal subjects covered or skills acquired | |

|  |  |
| --- | --- |
| Communication skills | Replace with your communication skills. Specify in what context they were acquired. Example:   * good communication skills gained through my experience as sales manager |

|  |  |
| --- | --- |
| Organisational / managerial skills | Replace with your organisational / managerial skills. Specify in what context they were acquired. Example:   * leadership (currently responsible for a team of 10 people) |

|  |  |
| --- | --- |
| Job-related skills | Replace with any job-related skills not listed elsewhere, but relevant to the role in the project. Specify in what context they were acquired. Example:   * good command of quality control processes (currently responsible for quality audit) |
| Other skills relevant to the role in the project | Replace with other relevant skills not already mentioned. Specify in what context they were acquired. Example:   * carpentry |

|  |  |
| --- | --- |
| ADDITIONAL INFORMATION |  |

|  |  |
| --- | --- |
| Publications  Presentations  Projects  Conferences  Seminars  Honours and awards  Memberships  References | Replace with relevant publications, presentations, projects, conferences, seminars, honours and awards, memberships, references. Remove headings not relevant in the left column.  Example of publication:   * How to write a successful CV, New Associated Publishers, London, 2002.   Example of project:   * Devon new public library. Principal architect in charge of design, production, bidding and construction supervision (2008-2012). |

*Note a different CV template (for example a Europass CV) may be used as long as all the sections above are included.*

**APPENDIX 5**

**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 |
| * The application form in MS Word (.docx) format and a signed scanned copy (to be sent by email or on a pen drive) |  |  |
| * An IP agreement signed by all Project Partners |  |  |
| * A dissemination and externalisation plan (recommended) |  |  |
| * Memorandum & Articles of Association of all partners   + (except public entities) |  |  |
| * Audited financial statements for last 3 fiscal years of all partners. (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) |  |  |
| * Where applicable, documentation pertaining to pre-agreed deviations to deliverables or budgets. |  |  |
| * Appendix 1-2: State Aid Declarations |  |  |
| * Appendix 3: Pre-Agreed Deviations to Deliverables or Budgets |  |  |
| * Appendix 4: Curricula Vitae of key researchers including relevant track records. This should clearly establish that the Consortium has the potential to carry out the project. |  |  |
| * Appendix 5: 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 Space Research Fund ‘*Rules for participation 2021 – De Minimis / GBER Funding Modality’* are read and accepted.

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

Signature of Lead Partner’s Legal Representative

Insert Full Name of Lead Partner’s Legal Representative.

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

Signature of Project Coordinator

Insert Full Name of the Project Coordinator.

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

Signature of Partner 2 Legal Representative

Insert Full Name of the Partner 2 Legal Representative.

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)