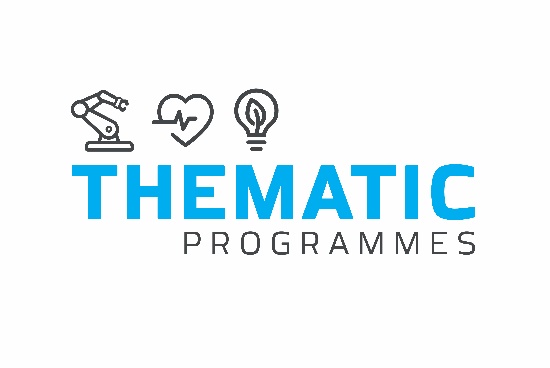
## Text Description automatically generated

**Smart Cities Programme**

**Application Form *Version 1.0***

****Diagram

Description automatically generated

***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 **13th June 2022**, 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.** |  |

|  |  |
| --- | --- |
| **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 Only answer if any partner in the project is applying under the GBER route. 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 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.*

**List of Deliverables:**

*The below should compile all the deliverables listed in the work packages below. Deliverables need to be* ***tangible and submissible.*** *This list/s should also comprise of the mandatory deliverables outlined in the rules for participation.*

|  |  |
| --- | --- |
| **Deliverables for** | **Date** |
| D[X]. Regular meetings and presentation with the MCST | Month 6, 12, etc. |
| D[X]. Article in local media | Month brian warrington |
| Add as required | Add as required |

|  |  |
| --- | --- |
| **(*If Applying as a Consortium*) Deliverables for** | **Date** |
| D[X]. | Month brian warrington |
| Add as required | Add as required |

**Work Packages:**

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

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

|  |  |
| --- | --- |
| **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 Rules for Participation for the programme, published on the Council’s website.*

*Funding intensity is subject to the conditions as defined in the 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.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 Expenses** |  |  |  |  |
|  |  |  |  |  |
| **Subcontracted Activities** *(indirect costs are not eligible)* |  |  |  |  |
|  |  |  |  |  |
| **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 Expenses** |  |  |  |  |
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| **Subcontracted Activities** *(indirect costs are not eligible)* |  |  |  |  |
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| **Total** |  |  |  |  |

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| **Lead Partner STAGE 1** | **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 Expenses** |  |  |  |  |
|  |  |  |  |  |
| **Subcontracted Activities** *(indirect costs are not eligible)* |  |  |  |  |
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| **Total** |  |  |  |  |

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| **Lead Partner STAGE 2** | **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 Expenses** |  |  |  |  |
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| **Subcontracted Activities** *(indirect costs are not eligible)* |  |  |  |  |
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| **Total** |  |  |  |  |

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| **Partner 1 STAGE 1** | **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 Expenses** |  |  |  |  |
|  |  |  |  |  |
| **Subcontracted Activities** *(indirect costs are not eligible)* |  |  |  |  |
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| **Total** |  |  |  |  |

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| --- | --- | --- | --- | --- |
| **Partner 1 STAGE 2** | **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 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

|  |  |  |  |
| --- | --- | --- | --- |
| **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: dop.mcst@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 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 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 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 under the General Block Exemption route of the Rules for Participation – Option A State aid Regime, that is in excess of €60,000 for beneficiaries active in primary agricultural production, and €30,000 for beneficiaries active in the fishery and aquaculture sector, 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 Rules 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 six (6) months from the moment of granting.

|  |
| --- |
| Declaration |

|  |  |
| --- | --- |
| 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. |

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)