Space Research Fund

Building capacity in the downstream Earth Observation Sector

A programme supported by the European Space Agency

Text

Description automatically generated with low confidence

Application Form 2023 – Version 1.0

# Notes to Applicants

1. The associated Rules for Participation can be downloaded from the [Council’s Space Research Fund website](https://mcst.gov.mt/space-directorate/space-research-fund/).
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 [space.mcst@gov.mt](mailto:space.mcst@gov.mt).
5. 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.
6. 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.

|  |  |
| --- | --- |
| **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 500 words.***  Click or tap here to enter text. | |

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

**Partners applying under GBER are obliged to fill in the form/ forms below.**

| **Lead Partner** | |
| --- | --- |
| **Legal name of undertaking** | Click or tap here to enter text. |
| **E-mail address** | Click to enter email. |
| **Website address** | Click to enter the corporate’s website |
| **VAT Number** | Click to enter VAT number. |
| **Legal Form of Undertaking** | Choose an item. |
| **Registration/Identification number** | Click or tap here to enter text. |
| **Undertaking Size** | Choose an item. |
| **Date Established** | Click or tap to enter a date. |
| **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) |
| **Requested Funding ( € per organisation)** | € ##,###.## |
| **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.** |

| **Partner 2** | |
| --- | --- |
| **Legal name of undertaking** | Click or tap here to enter text. |
| **E-mail address** | Click to enter email. |
| **Website address** | Click to enter the corporate’s website |
| **VAT Number** | Click to enter VAT number. |
| **Legal Form of Undertaking** | Choose an item. |
| **Registration/Identification number** | Click or tap here to enter text. |
| **Undertaking Size** | Choose an item. |
| **Date Established** | Click or tap to enter a date. |
| **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) |
| **Requested Funding ( € per organisation)** | €##,###.## |
| **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. |

| **Partner 3** | |
| --- | --- |
| **Legal name of undertaking** | Click or tap here to enter text. |
| **E-mail address** | Click to enter email. |
| **Website address** | Click to enter the corporate’s website |
| **VAT Number** | Click to enter VAT number. |
| **Legal Form of Undertaking** | Choose an item. |
| **Registration/Identification number** | Click or tap here to enter text. |
| **Undertaking Size** | Choose an item. |
| **Date Established** | Click or tap to enter a date. |
| **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) |
| **Requested Funding ( € per organisation)** | €##,###.## |
| **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. |

|  |
| --- |
| 1. **State Aid Implications** |

*All entities following the Non-State Aid Route must fill in this section. Funding associated with this funding modality shall be limited to activities of a non-economic character. Details as related to such activities are available within the European Commission communication document (2022/C 414/01) entitled “Framework for State aid for research and development and innovation” which is accessible through:*

*https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52022XC1028(03)&from=EN*

|  |
| --- |
| **Justification as per *European Commission communication document 2022/C 414/01***  *Provide justification as to why this project application does not have any state aid implications.*  Click or tap here to enter text. |

|  |
| --- |
| 1. **Proposal Articulation** |

*When completing the various sub-sections, 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** |
| --- |
| ***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 the forthcoming sections.***  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. |

# Project Details

**For Partners applying under the GBER funding modality, sections 2.1 to 4.3 must be completed.**

* 1. Project Coordinator

**Name:** Click or tap here to enter text.

**Organisation:** Click or tap here to enter text.

**Designation:** Click or tap here to enter text.

**Contact Number/ mobile:** Click or tap here to enter text.

**E-mail address:** Click or tap here to enter text.

* 1. Start of Works:

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

* 1. Project Duration (in months)[[1]](#footnote-1):

Note that the SRF usually fund projects of 20 months duration.

* 1. Space Research Fund Stream:

Choose an item.

* 1. Planned TRL Advancement:

TRL at project start: Click to enter the initial TRL level of your proposal.

Planned TRL at project end: Click to enter the expected TRL level of your proposal.

* 1. Project Type (Refer to Section 3 Definitions in the respective National 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.*

* 1. Does the project involve *effective* *collaboration* as defined in Section 3 of the Rules for Participation?

Choose an item.

# Type of Assistance Requested

Costs must be in line with Section A.2.1 of the Rules for Participation

|  |  |
| --- | --- |
| **Tick where appropriate** | **Type of Cost** |
|  | Personnel Costs |
|  | Instruments and Equipment |
|  | Consumables |
|  | Scientific Information |
|  | Subcontracted activities |
|  | Overheads |

* 1. **Overall Project Value (Total Eligible Costs):**

€###,###.##

* 1. **Requested Aid Intensity:**

*Please consult Section A.2.3 of the National Rules for Participation to determine eligible aid intensity.*

Choose an item.

* 1. **Amount of Public Funding Requested**

€###,###.##

# Determination as to whether an Undertaking is in Difficulty.

*This section is to be taken into consideration by applications applying the GBER funding option*

Undertaking in difficulty means an undertaking in respect of which at least one of the following circumstances occurs:

1. In the case of a limited liability company (other than an SME that has been in existence for less than three years or, for the purposes of eligibility for risk finance aid, an SME within 7 years from its first commercial sale that qualifies for risk finance investments following due diligence by the selected financial intermediary), where more than half of its subscribed share capital has disappeared as a result of accumulated losses. This is the case when deduction of accumulated losses from reserves (and all other elements generally considered as part of the own funds of the company) leads to a negative cumulative amount that exceeds half of the subscribed share capital. For the purposes of this provision, limited liability company refers in particular to the types of company mentioned in Annex I of Directive 2013/34/EU(2) and share capital includes, where relevant, any share premium.

2. In the case of a company where at least some members have unlimited liability for the debt of the company (other than an SME that has been in existence for less than three years or, for the purposes of eligibility for risk finance aid, an SME within 7 years from its first commercial sale that qualifies for risk finance investments following due diligence by the selected financial intermediary), where more than half of its capital as shown in the company accounts has disappeared as a result of accumulated losses. For the purposes of this provision, a company where at least some members have unlimited liability for the debt of the company refers in particular to the types of company mentioned in Annex II of Directive 2013/34/EU.

3. Where the undertaking is subject to collective insolvency proceedings or fulfils the criteria under its domestic law for being placed in collective insolvency proceedings at the request of its creditors.

4. Where the undertaking has received rescue aid and has not yet reimbursed the loan or terminated the guarantee, or has received restructuring aid and is still subject to a restructuring plan.

5. In the case of an undertaking that is not an SME, where, for the past two years:

1. the undertaking's book debt to equity ratio has been greater than 7,5 and

2. the undertaking's EBITDA interest coverage ratio has been below 1,0.

Do any of the above statements describe your entity?

Yes No

|  |
| --- |
| **Annex II.i is to be submitted by a Limited Liability Company that has been in existence for more than three years.**  **Large Undertakings are requested also to fill in Annex II.ii.** |

# 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 ## |
| D#. Insert Text Here | Month ## |
| 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.

# 6. 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…** |  |  |  |

# 7. 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.*

brian warrington

# 8. 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 6*** *(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 6*** *(an example can be found therein)* |

# 9. Budgets

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

* 1. **Budget Sheets for De Minimis/ Non State Aid**
  2. **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 (except under the GBER funding option where the aid intensity will be calculated as described in the relevant rules for participation) up to a maximum of €150,000 per project for sole beneficiaries and across all partners of the consortium This applies to 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).* In addition, in the case of aid granted in line with the *de minimis* funding modality, the share of funds allocated to each partner may not exceed the de minimis limit of EUR 200,000 per single undertaking (or EUR 100,000 in the case of single undertakings performing road freight transport for hire or reward ) over a period of three fiscal years.

* 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*
  + *Scientific information*
  + *Consumables*

1. *Eligible indirect costs are calculated at 10% of the direct costs*
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*** | **##,###** | **##,###** | **##,###** | **##,###** |

* 1. **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*** | **##,###** | **##,###** | **##,###** | **##,###** |

* 1. **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*

**Partners applying under GBER must complete section 9.2:**

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

* 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.

* + *Instruments and Equipment (depreciation only)*
  + *Scientific Information*
  + *Consumables*
  + *Subcontracted Activities*

1. *Eligible indirect costs are calculated at 10% of the direct costs*.
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. ***Requested Funding = Aid Intensity (%) x Total Eligible Costs.*** Details on Aid Intensities are provided in section A.2.3 of the Space Research Fund 2023 Rules for Participation.
5. ***Co-financing = (Total Eligible Costs) – (Requested Funding)***
6. *All figures should be provided to the* ***nearest Euro.***

| **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 | ##,### | ##,### | ##,### | ##,### |
| Instruments and Equipment  (only depreciation costs)  Insert Details Here | ##,### | ##,### | ##,### | ##,### |
| Scientific Information  Insert Details Here | ##,### | ##,### | ##,### | ##,### |
| Consumables  Insert Details Here | ##,### | ##,### | ##,### | ##,### |
| Subcontracted Activates  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 | ##,### | ##,### | ##,### | ##,### |
| Instruments and Equipment  (only depreciation costs)  Insert Details Here | ##,### | ##,### | ##,### | ##,### |
| Scientific Information  Insert Details Here | ##,### | ##,### | ##,### | ##,### |
| Consumables  Insert Details Here | ##,### | ##,### | ##,### | ##,### |
| Subcontracted Activates  Insert Details Here | ##,### | ##,### | ##,### | ##,### |
| ***Total*** | **##,###** | **##,###** | **##,###** | **##,###** |

* 1. **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 | ##,### | ##,### | ##,### | ##,### |
| Instruments and Equipment  (only depreciation costs)  Insert Details Here | ##,### | ##,### | ##,### | ##,### |
| Scientific Information  Insert Details Here | ##,### | ##,### | ##,### | ##,### |
| Consumables  Insert Details Here | ##,### | ##,### | ##,### | ##,### |
| Subcontracted Activates  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 | ##,### | ##,### | ##,### | ##,### |
| Instruments and Equipment  (only depreciation costs)  Insert Details Here | ##,### | ##,### | ##,### | ##,### |
| Scientific Information  Insert Details Here | ##,### | ##,### | ##,### | ##,### |
| Consumables  Insert Details Here | ##,### | ##,### | ##,### | ##,### |
| Subcontracted Activates  Insert Details Here | ##,### | ##,### | ##,### | ##,### |
| ***Total*** | **##,###** | **##,###** | **##,###** | **##,###** |

# 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. | |

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

# Declaration

**11.1. – Personal Data Protection**

|  |  |
| --- | --- |
| A. | Contact email address of the Data Protection Officer: [dpo.mcst@gov.mt](mailto:dpo.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 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, 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 by Commission Regulation (EU) 2021/1237 of 23 July 2021 amending Regulation (EU) No 651/2014 declaring certain categories of aid compatible with the internal market in application of Articles 107 and 108 of the Treaty, and as may be subsequently amended, where applicable. 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 (the de minimis Regulation), as 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, where applicable. 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 applicant represented by the data subject in relation to this written application for aid, in line with the Scheme National Rules for Participation and Article 12 of the General Block Exemption Regulation, where applicable, or Article 6 of the *de minimis* Regulation, where applicable. |
| 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 applicant ineligible for assistance under the Scheme or render void the Grant Agreement issued in favour of the applicant 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 applicant 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 Regulation or the *de minimis Regulation*, 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* Regulation, where applicable, or Articles 11 and 12 of the General Block Exemption Regulation, where applicable, 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, 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 the rules on Cumulation outlined in Article 8 of the General Block Exemption Regulation (where applicable), or those outlined in Article 5 of the de minimis Regulation (where applicable).

**11.3. – 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), 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**

In the case of applicants applying under GBER the undersigned confirms that the applicant is not subject to an outstanding recovery order following a previous Commission decision declaring an aid granted by Malta illegal and incompatible with the internal market.

* 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.

**11.6. – 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[[2]](#footnote-2) 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[[3]](#footnote-3) 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[[4]](#footnote-4) 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** |

**STATE AID DECLARATION (DE MINIMIS)**

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

The Annex I de minimis declaration form for 2023 funding programmes can be downloaded from the MCST Website:

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.

**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.*

**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). A precise indication of project costs signed within the application and as a separate spreadsheet |  |  |
| * An IP agreement signed by all Project Partners |  |  |
| * A dissemination and externalisation plan (recommended) |  |  |
| * 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 |  |  |
| * Declaration form (Refer to Section 11 of the application form) |  |  |
| * State Aid De Minimis Declarations |  |  |
| * Curricula Vitae of key researchers including relevant track records. This should clearly establish that the Consortium has the potential to carry out the project. |  |  |
| * Checklist of Attachments |  |  |
| * GBER Related declaration forms |  |  |
| * Indirect State Aid Declaration Form |  |  |

**GBER Related Declaration Forms**

**Annexes II.i and II.ii may be downloaded** **from the Council’s website and are to be attached by Limited Liability Companies ONLY:**

**Annex II.i** Determination as to whether an undertaking is in difficulty (applicable to all undertakings other than an SME that has been in existence for less than three years)

**Annex II.ii** Determination as to whether an undertaking is in difficulty (applicable only to Large Undertakings)

**Annex III may be downloaded from the Council’s website and attached to the application:**

**Annex III** Enterprise Size Declaration

**Declaration of effective collaboration form** **may be downloaded** **from the Council’s website and attached to the application:**

**Appendix IV** Declaration of effective collaboration

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 Space Research Fund ‘Rules for participation 2023 ’ 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. Note that the SRF usually fund projects of 20 months duration. [↑](#footnote-ref-1)
2. *This Declaration does not extend to any traffic related offences where these have been made.* [↑](#footnote-ref-2)
3. *This Declaration does not extend to disqualification of any tender proposal due to technical reasons.* [↑](#footnote-ref-3)
4. *This Declaration does not extend to disqualification of any tender proposal due to technical reasons.* [↑](#footnote-ref-4)