# Research and Development 2014 - 2020

**Claim Form & Progress Report**





* This Form and any attached documents will be treated as confidential throughout and after the project appraisal process.
* Only forms which are complete and that include all relevant supporting documents will be evaluated.
* Only type-written application forms will be accepted. Should the request for reimbursement be hand-written or should the format of the request for reimbursement form be altered, the form will not be evaluated.
* All responses must be clearly explained and substantiated.
* The information collected in this form is being collected in order to process claims related to approved funding. Any personal information collected shall be processed in accordance with the Data Protection Act, Cap 440 of the Laws of Malta.
* You have the right to access, rectify, and, where applicable, the right to erase data concerning you. Malta Enterprise Corporation guarantees fair processing in respect of your personal information. Malta Enterprise will solely send you information related to the Corporation’s services.
* Malta Enterprise will not release any information received as part of this application except as may be required by law.
* Kindly send your application by e-mail to R&D@maltaenterprise.com

## Application Details

|  |  |  |
| --- | --- | --- |
| **1.1** | **Legal Name of Enterprise** | Click here to enter text. |
| **1.2** | **Registration/Identification No.** | Click here to enter text. |
| **1.3** | **Date of Letter of Approval (LOA)**  | Click here to enter a date. |
| **1.4** | **Reference number of LOA** | Click here to enter text. |
| **1.5** | **Project Title** *Include Project Acronym in the case of Eureka Instrument Project***Project Number***(for Eureka Instrument projects only)* | **Click here to enter text.**Click here to enter text. |
| **1.6** | **Start of Works Date** | Click here to enter a date. |
| **1.7** | **Period being claimed for** | Click here to enter a date.*to*Click here to enter a date. |
| **1.8** | **Form submission is for:** | **Annual Progress Report** **Final Report**  | **[ ]** **[ ]**  |
| **1.9** | **Contact Person Details***Name:* Click here to enter text.*Designation*: Click here to enter text.*Contact Number*: Click here to enter text.*E-mail address*: Click here to enter text. |

## Project Progress Details

**In the case of applicants awarded under Eureka instrument, the Project Progress Report may be attached as supporting documentation and submitted instead of filling in Section 2.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2.1** | **Project Plan Progress***Provide a summary of the progress of the project during this period. Make reference to the original Project Plan submitted in the application.**For each task, milestone and deliverable provided in the original application, provide an overview and indicate whether the task is scheduled/delayed/finished/prolonged or cancelled.*Click here to enter text.You may summarize the overview in the form of the table below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Task** | **Task Description** | **Milestone/Deliverable** | **Start - End Dates** | **Status** |
|       |       |       |       |  |
|       |       |       |       |  |
|       |       |       |       |  |
|       |       |       |       |  |
|       |       |       |       |  |
|       |       |       |       |  |
|       |       |       |       |  |
|       |       |       |       |  |
|       |       |       |       |  |
|       |       |       |       |  |
|       |       |       |       |  |
|       |       |       |       |  |
|       |       |       |       |  |
|       |       |       |       |  |
|       |       |       |       |  |
|       |       |       |       |  |

 |

|  |  |
| --- | --- |
| **2.2** | **Project Changes***Discuss the main proposed changes in the project (if any) including explanations on any deviations or modifications from the original budget.* Click here to enter text. |
| **2.3** | **Collaboration Progress (if applicable)***Discuss the progress and cooperation between project partners and information on the quantity/frequency of contact, plans and knowledge transfer as well as any difficulties encountered.*Click here to enter text. |
| **2.4** | **Project Output (if applicable)** *Discuss any outputs with respect to state of the art such as patents, publications etc.* Click here to enter text. |
| **2.5** | **Project Difficulties***Discuss any difficulties encountered in the project such as with respect to original project objectives, state of the art, market perspectives, financial and resource problems, cooperation and obstacles.* Click here to enter text. |

## 3. Final Report

*To fill in only in the case of a final report.*

|  |  |
| --- | --- |
| **3.1** | **Main outcome/s and conclusion of the project***Summarise the overall output, outcome and conclusions of the project and whether the overall objectives envisaged for the project have been successfully reached.* *Discuss also any next plans with respect to project outcome.* Click here to enter text. |

**4. Personnel Declarations**

The following declarations are to be signed by each employee for which costs are being claimed.

**4.1 Declaration on Wages Received**

*I confirm that for the months declared by the project information, I have received payment from my employer for the amounts listed in the payslips provided.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Full Name** | **ID Card No.** | **Signature** | **Date** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**4.2 CVs and Contracts of Employment**

*AUTHORISATION: For the purpose of processing this Application, I / we the undersigned, authorise Malta Enterprise to obtain a copy of the employment contract and latest updated curriculum vitae from my/our employer.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Full Name** | **Date of Birth** | **ID Card No.** | **Signature**  |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

*This information is required for processing of claim as per Incentive Guidelines of the scheme.*

**4.3 Jobsplus Employment List**

You may wish to authorise Malta Enterprise to obtain the Employment List for employees from Jobsplus on your behalf. If you agree, kindly enter details and signatures of employees whose wage costs are being claimed in the below table.

For any person whose employment information is required for processing this Application, and whose authorisation is not provided in the table beloe, the Applicant must submit the Jobsplus Employment List directly with this Application.

*AUTHORISATION: For the purpose of processing this Application, I / we the undersigned, authorise Malta Enterprise to obtain the Jobsplus Employment List directly from Jobsplus Corporation.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Full Name** | **Date of Birth** | **ID Card No.** | **Signature**  |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**5. Documentation Checklist**

Please ensure that the following Annexes are attached to your application:

For **Personnel Costs** :

**[ ]  Annex 1:** Personnel Cost breakdown for this claim period (in Annex file)

For each employee that is engaged on the study:

**[ ]** Contracts of Employment \*

**[ ]** CVs \*

**[ ]  Annex 2:** Time Sheets

**[ ]** SignedPayslips

**[ ]** Proof of payments (encashed cheques or original bank advice statements)

For costs related to **Instruments and Equipment:**

**[ ]  Annex 3:** Instruments and Equipment Cost breakdown for this claim period (in Annex file)

**[ ]** Original Fiscal Documents (either a fiscal invoice or a fiscal receipt with a copy of invoice)

**[ ]** Proof of payments (encashed cheques or original bank advice statements)

**[ ]** Documentation signed by applicant and a certified accountant quantifying and qualifying how the depreciation costs claimed were calculated

For costs related to **Acquired Knowledge (Contractual research, Technical knowledge and Patents):**

**[ ]  Annex 4:** Cost breakdown for this claim period (in Annex file)

**[ ]** Original Fiscal Documents

**[ ]** Proof of payments

**[ ]** CV of any individual expert that provided consultancy and/or equivalent services \*

For costs related to **Other operating expenses**:

**[ ]  Annex 5:** Operating Cost breakdown for this claim period (in Annex file)

**[ ]** Original Fiscal Documents

**[ ]** Proof of payments

**[ ]** Documentation signed by applicant and a certified accountant quantifying and qualifying how materials, supplies and similar products were utilised establishing the actual project cost incurred .

**[ ]  Annex 6:** Financial Summary

*\* Unless valid documents were already submitted with application or previous claim forms*

**6. Declarations**

**6.1 Personal Data Protection**

|  |  |
| --- | --- |
| A. | Contact email address of the Data Protection Officer: dpo@maltaenterprise.com |
| B. | The legal basis and purpose of processing:The personal data collected by Malta Enterprise (hereinafter ‘the Corporation) via this written application for the aid and its subsequent processing by the Corporation to evaluate data subject’s request for aid under the Scheme is in line with:1. The Scheme Incentive Guidelines;
2. Article 28 of the Malta Enterprise Act;
3. 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 for 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);
4. 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);
5. Data Protection Act, Chapter 440 of the Laws of Maltaand Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation).

The legitimate basis to process personal data submitted by the data subject by virtue of his/her written application for aid is Regulation 6 (1)(b) of the General Data Protection Regulation (“GDPR”), as ‘*processing is necessary in order to take steps at the request of the data subject prior to entering into a contract*’. |
| C. | Data retention period:The data collected by the Corporation as submitted by the data subject via this written application for aid will be retained for a period of 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 Incentive Guidelines 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 Corporation 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 an Incentive Entitlement Certificate issued in favour of the Undertaking for assistance under the Scheme in relation to this written application for aid;

Lead the Corporation to enforce a recovery of aid granted to the Undertaking as part of this written application for aid, in line with Article 32 of the Malta Enterprise Act. |
| 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 Incentive Guidelines, the General Block Exemption Regulations or the 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 (hereinafter referred to as the ‘*de minimis Regulations*’), the Corporation 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. |
| 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 Corporation 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 Malta Enterprise Corporation with respect to matters related to this written application for aid and any subsequent documentation exchanged between the two parties in relation to the same written application for aid.

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

Note 1: Leave empty if authorisation is intended to any natural person engaged with the Legal Entity. Otherwise specify the name and surname of the person(s) working for the Legal Entity to whom the authorisation is intended.Note 2: Written communication with the Legal Entity and/or Natural Person granted authorisation via email will only be accepted via the email address specified in the table above. The Undersigned should be copied (via the email address specified in this application) in any communication between the Corporation and the Person granted authorisation as per above table.  |
| J. |

|  |  |
| --- | --- |
| **Name and Surname of person giving authorisation:** |  |
| **E-mail address of person giving authorisation:** |  |
| **Signature of person giving authorisation:** |  |
| **Designation:** |  |
| **Date:** |  |
| *The person giving authorisation should correspond to the data subject of personal data contained in this application as well as represent the Applicant Undertaking as its legal representative.* |
|  |

 |

**6.2 Cumulation of Aid**

The undersigned declares that aid approved under this incentive is in line with the terms and conditions set out in the Incentive Guidelines and in line with Cumulation Article 8 of the Commission Regulation (EU) No 651/2014 of 17 June 2014 declaring certain categories of aid compatible with the internal market in application of Articles 107 and 108 of the Treaty.

**6.3 Double Funding**

The undersigned confirms that there has not been any approval or has been granted any public funding, financing or fiscal benefit in respect to the cost items included in this request for aid and will not seek funding or fiscal benefits for these cost items through other **National** and/or **European Union** measures. Such measures may include:

* Schemes administered by Malta Enterprise, the Planning and Priorities’ Coordination Division (PPCD), the Measure and Support Division, the Tourism and Sustainable Development Unit (TSDU), the Employment & Training Corporation (ETC), the Malta Council for Science & Technology (MCST), the Regulator for Energy and Water Services (REWS) and government funded schemes operated by other entities (such as JAMIE financial instrument).
* Schemes funded through ERDF, ESF, Cohesion Fund, TEN-T Budget, EAFRD, EFF, LIFE+; Horizon 2020 and other European Union programmes/instruments.

**6.4 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.

**6.5 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 Corporation shall abide with any applicable transparency rules and may publish and make available to third parties information as required by such rules.

**7. Signatures**

|  |  |
| --- | --- |
| **Name of Applicant (full legal name)** |       |

|  |  |
| --- | --- |
| **Name and Surname of signatory authorised to represent the Applicant (CAPITAL LETTERS)** |       |

|  |  |
| --- | --- |
| **Position in Establishment** |       |

|  |  |
| --- | --- |
| **Signature** |       |

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