# Macintosh HD:Users:nigelanastasi:Desktop:dots-01.png Application Form

# **Knowledge Transfer**





**For office use only:**

**Reference Number**

**Date Received by the Corporation**

**Complete Application**

**Notes to Applicants**

The official Incentive Guidelines can be downloaded from the Malta Enterprise website.

This form is to be used by eligible undertakings that wish to benefit from the Knowledge Transfer Scheme.

The Application Form is to be submitted at least three (3) months before the commencement of the training programme.

The Application Form and any attached documents will be treated as confidential throughout and after the evaluation process

All replies must be clearly explained and substantiated.

Only Application Forms that include all relevant supporting documents will be considered.

Only electrically filled in application forms will be accepted. Should the application be hand written or should the format of the application form be altered, the application form will not be evaluated.

**Deadline to submit application is 31st October 2020.**

Further information, as well as information and guidance on the filling in on this application form may be obtained by contacting Malta Enterprise during office hours by calling 144 or via email on [info@businessfirst.com.mt](mailto:info@businessfirst.com.mt)

# Application Details

* 1. **Registered Name of Business**

*(the registered name of company is the name specified in the Memorandum and Articles of Association registered with the Malta Financial Services Authority)*

* 1. **Registered Address**

* 1. **Company Number**

* 1. **Date of Establishment**

* 1. **VAT Number**

* 1. **NACE Code**

Choose an item.

**1.6 Size of Single Undertaking**

*(Note: The company size should reflect the Enterprise Size Declaration as per Annex I of Commission Regulation (EC) No651/2014 of 17th June 2014 declaring certain categories of aid compatible with the internal market in application of Articles 107 and 108 of the Treaty (General Block Exemption Regulation)*

Choose an item.

**1.7 Web Address**

* 1. **Contact Details of the person authorised to oversee the implement the training plan**
     1. Contact Person
     2. Designation

1.8.3 E-mail

*1.8.4* Mobile Number      

1.8.5 Signature

# Project Description

* 1. **Provide a summary of the Training Needs Analysis identifying the skills gap to be addressed through the proposed training.** *(View Incentive Guidelines Section 4, 4.2 Eligible costs) The full version of the Training Needs Analysis should be attached as Annex 1 (any sensitive information may be blanked but may be requested by the Corporation during the evaluation of your application).*

* 1. **A) Provide a summary of the Training Development and Implementation Plan** *(including no of training hours) as identified in the Training Needs Analysis.*

**2.2. B) Explain how the support being requested address** **the Training Development and Implementation Plan**

**2.3 Type of Assistance Requested**

Choose an item.

**2.3.1 Amount of Public Funding Requested in line with Section 4.5 of the Incentive Guidelines**

Total Value Requested €

Amount Requested as a cash grant (if applicable) **€**

**2.4** **If a grant is requested explain why and how this would increase the quality, and speed of implementation of the training.**

# Determination as to whether an Undertaking is in Difficulty

3.1 Has the undertaking received any 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?

**Choose an item.**

3.2 Is the undertaking subject to collective insolvency proceedings or risks being placed in collective insolvency proceedings at the request of its creditors?

**Choose an item.**

3.3 At least some member s of the applicant company have an unlimited liability for the debt of the company (other than an SME that has been in existence for less than three years), where more than half of its capital as shown in the company accounts has disappeared as a result of accumulated losses.

**Choose an item.**

**Annex 5 A: is to be filled up by Limited Liability Company other than an SME that has been in existence for less than three years.**

**Large Undertakings are requested also to fill in form Section B to D.**

# Check list of Documents

Application Form completely filled in and duly signed

**Annex 1:** Training needs analysis including training plan.

**Annex 2:** Enterprise Size Declaration verified by a Certified Public Accountant

**Annex 3:**  Jobsplus Employment History of the past two (2) years

**Annex 4:** Europass CVs of trainers

**Annex 5:** Undertaking in Difficulty Declaration

**Annex 6:** Cumulation of Aid Declaration

**Annex 7:** Requested Support (This document needs to be attached for each training

assistance is being requested upon)

**Annex 8:** Compliance certificate issued by the Inland Revenue Department confirming that the applicant is not defaulting on (or is honouring a repayment agreement in relation to dues related to) Income Tax and Social Security payment issued within the past six (6) months (if applicable).

**Annex 9:** Compliance certificate issued by the VAT Department confirming that the applicant is mot defaulting on (or is honouring a repayment agreement in relation to dues related to) VAT payment issued within the past six (6) months (if applicable).

# Declarations

# **5.1 Personal Data Protection**

# Personal information provided in this form will be processed in accordance with the Data Protection Act, Cap 440 of the Laws of Malta and shall be treated in the strictest confidence.

# Information provided in this form will be processed by Malta Enterprise to assess the applicant’s eligibility, for the approval or otherwise of assistance under this scheme, for monitoring implementation of aid granted. The undersigned consents Malta Enterprise to share information provided in this application with Government Entities or the European Commission where this is strictly necessary for the proper administration of this incentive or where legally required.

# The undersigned hereby authorises Malta Enterprise Corporation to process the data contained in this form for the purpose stated above and declare that the information on this form and any other supporting documents given with this application is correct to the best of the undersigned’s knowledge.

**5.2 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.

**5.3 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.

**5.4 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.

**5.5 Transparency Obligations**

For any individual aid awarded in excess of €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.

# Signatures

Name of Applicant (full legal name)

Name and Surname of signatory

authorised to represent the Applicant

(CAPITAL LETTERS)

Designation

Signature & Company Stamp

Date Click here to enter a date.