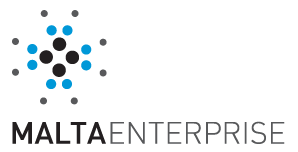
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| --- |
| **Research and Development 2014 - 2020** |
| **Application Form**  Collaborative Project *(not applicable to Eureka instruments)* |





**For Office Use Only:**

Reference Number

Date and Stamp received by the

Corporation

**Notes to Applicants**

1. The official Incentive Guidelines can be downloaded from the Corporation’s [website](https://www.maltaenterprise.com/support).
2. 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.
4. Only electronically 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.
5. All responses must be clearly explained and substantiated.
6. A complete application must be submitted to Malta Enterprise via email on [R&D@maltaenterprise.com](mailto:R&D@maltaenterprise.com) or by registered post addressed to:

Malta Enterprise

*Research and Development 2014 - 2020*

Gwardamangia Hill,

Pieta`, MEC 0001

Malta

1. Section 7 of the application highlights Annexes requirements depending on partner participation and request for assistance.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Collaborative Project Information  |  |  |  | | --- | --- | --- | | **1.1** | **Project Title** |  | | **1.2** | **Start of Works** | Click here to enter a date. | | **1.3** | **Project Duration** | months | | **1.4** | **Research Project Type** | Choose an item. | | **1.5** | **Project Area[[1]](#footnote-2)**  Please indicate an area of Smart Specialisation which is most applicable to your project | Choose an item. | | **1.6** | **Project Location** |  | | **1.7** | **Total Project Budget** | € | | **1.8** | **Project Contribution**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Organisation Name** | **Country** | **Undertaking**  **Size** | **Project Contribution** | **% Contribution** | **Applying for ME assistance?** | | **Partner 1:** | Malta | Choose an item. | € |  | Yes | | **Partner 2:** |  | Choose an item. | € |  | Choose an item. | | **Partner 3:** |  | Choose an item. | € |  | Choose an item. | | **Partner 4:** |  | Choose an item. | € |  | Choose an item. | | | |

**1.8 Project Objectives**

**1.9 Technical Description**

*This should include the scientific and technological challenges/need/uncertainties to be addressed, the knowledge to be gained, together with the novelty aspect of the project*.

**1.10 Project Results**

*Describe the concrete results expected at the end of the project (new products or processes, prototype, IPR etc.)*

**1.11 Previous Studies**

*Has any study related to the proposed project been commissioned? If yes, what are the main conclusions and/or recommendations?*

**1.12 Collaboration**

*Describe who is the lead partner in the project, role of other partners and if any previous collaboration history exists between the partners.*

**1.13 IP Status**

*Provide details of any background IP required for the project and the status of this IP.*

**1.14 Plans**

*Comment on any follow up plans and/or projects between partners which may be envisaged following project completion*

**2. Project Partner Information**

**2.1 Details of Partner 1**

|  |  |  |
| --- | --- | --- |
| **2.1.1** | **Name of Partner**  This section should specify the legal name of the enterprise as defined in the Memorandum of Articles. In the case of Partnerships and Co-operatives the name outlined in the deed of partnership should be used in this section. | |
| **2.1.2** | **General Contact Information**  **Address**:  **E-mail address:**  **Contact number:**  **Website URL:** | |
| **2.1.3** | **Contact Person Information**  **Name:**  **Designation:**  **Contact Number:**  **E-mail address:** | |
| **2.1.4** | **Undertaking Type**  The applicant is requested to list down the legal form (or envisaged legal form) of the undertaking.  **Undertaking Size** | Choose an item.  *If other please specify*:  Choose an item. |
| **2.1.5** | **Applying for Malta Enterprise Assistance?** | Yes |
| **2.1.6** | **Business Activity**  **Please state NACE Code**        **Please provide an outline of the core business and activity.** | |
| **2.1.7** | **Justify the contribution and suitability to the project (include reference to technical contribution, goals and expertise) and comment on the commitment to engagement with the project.** | |
| **Fill in the following only if** applying for ME Assistance: | | |
| **2.1.8** | **VAT Number**  The Applicant’s VAT Number, as per VAT Certificate, relating to the activities funded under the proposed project. |  |
| **2.1.9** | **Registration Number**  The registration number is the official registration number of the co-operative, company or partnership as defined in the Companies Act – Chapter 387 of the Laws of Malta. In the case of Self Employed, this should be the corresponding Identity Card Number. |  |
| **2.1.10** | **Date Established**  The applicant is requested to indicate the date the undertaking has been established. | Click here to enter a date. |
| **2.1.11** | **Financial Information**   |  |  | | --- | --- | | **Partner Project Contribution** | € | | **Applicable Aid Intensity** | % | | **Total Amount of Assistance Requested:** | **€** | | **Type of Assistance Required** | Choose an item. *on Wage Costs*  Choose an item. *on other Eligible Costs* | | |
| **2.1.12** | **Define the project’s potential to ensure job retention and/or create new employment.**  Provide details of the skill level (technical and administrative) of potential new employment. | |

**2.2 Details of Partner 2**

|  |  |  |
| --- | --- | --- |
| **2.2.1** | **Name of Partner** | |
| **2.2.2** | **General Contact Information**  **Address**:  **E-mail address:**  **Contact number:**  **Website URL:** | |
| **2.2.3** | **Contact Person Information**  **Name:**  **Designation:**  **Contact Number:**  **E-mail address:** | |
| **2.2.4** | **Undertaking Type**  **Undertaking Size** | Choose an item.  *If other please specify*:  Choose an item. |
| **2.2.5** | **Applying for Malta Enterprise Assistance?** | Choose an item. |
| **2.2.6** | **Business Activity**  **Please state NACE Code**        **Please provide an outline of the core business and activity.** | |
| **2.2.7** | **Justify the contribution and suitability to the project (include reference to technical contribution, goals and expertise) and comment on the commitment to engagement with the project.** | |
| **Fill in the following only if** applying for ME Assistance: | | |
| **2.2.8** | **VAT Number** |  |
| **2.2.9** | **Registration Number** |  |
| **2.2.10** | **Date Established** | Click here to enter a date. |
| **2.2.11** | **Financial Information**   |  |  | | --- | --- | | **Partner Project Contribution** | € | | **Applicable Aid Intensity** | % | | **Total Amount of Assistance Requested:** | **€** | | **Type of Assistance Required** | Choose an item. *on Wage Costs*  Choose an item. *on other Eligible Costs* | | |
| **2.2.12** | **Define the project’s potential to ensure job retention and/or create new employment.**  Provide details of the skill level (technical and administrative) of potential new employment. | |

**2.3 Details of Partner 3 (if applicable)**

|  |  |  |
| --- | --- | --- |
| **2.3.1** | **Name of Partner** | |
| **2.3.2** | **General Contact Information**  **Address**:  **E-mail address:**  **Contact number:**  **Website URL:** | |
| **2.3.3** | **Contact Person Information**  **Name:**  **Designation:**  **Contact Number:**  **E-mail address:** | |
| **2.3.4** | **Undertaking Type**  **Undertaking Size** | Choose an item.  *If other please specify*:  Choose an item. |
| **2.3.5** | **Applying for Malta Enterprise Assistance?** | Choose an item. |
| **2.3.6** | **Business Activity**  **Please state NACE Code**        **Please provide an outline of the core business and activity.** | |
| **2.3.7** | **Justify the contribution and suitability to the project (include reference to technical contribution, goals and expertise) and comment on the commitment to engagement with the project.** | |
| **Fill in the following only if** applying for ME Assistance: | | |
| **2.3.8** | **VAT Number** |  |
| **2.3.9** | **Registration / Identification Number**. |  |
| **2.3.10** | **Date Established** | Click here to enter a date. |
| **2.3.11** | **Financial Information**   |  |  | | --- | --- | | **Partner Project Contribution** | € | | **Applicable Aid Intensity** | % | | **Total Amount of Assistance Requested:** | **€** | | **Type of Assistance Required** | Choose an item. *on Wage Costs*  Choose an item. *on other Eligible Costs* | | |
| **2.3.12** | **Define the project’s potential to ensure job retention and/or create new employment.**  Provide details of the skill level (technical and administrative) of potential new employment. | |

**2.4 Details of Partner 4 (if applicable)**

|  |  |  |
| --- | --- | --- |
| **2.4.1** | **Name of Partner** | |
| **2.4.2** | **General Contact Information**  **Address**:  **E-mail address:**  **Contact number:**  **Website URL:** | |
| **2.4.3** | **Contact Person Information**  **Name:**  **Designation:**  **Contact Number:**  **E-mail address:** | |
| **2.4.4** | **Undertaking Type**  **Undertaking Size** | Choose an item.  *If other please specify*:  Choose an item. |
| **2.4.5** | **Applying for Malta Enterprise Assistance?** | Choose an item. |
| **2.4.6** | **Business Activity**  **Please state NACE Code**        **Please provide an outline of the core business and activity.** | |
| **2.4.7** | **Justify the contribution and suitability to the project (include reference to technical contribution, goals and expertise) and comment on the commitment to engagement with the project.** | |
| **Fill in the following only if** applying for ME Assistance: | | |
| **2.4.8** | **VAT Number** |  |
| **2.4.9** | **Registration / Identification Number** |  |
| **2.4.10** | **Date Established** | Click here to enter a date. |
| **2.4.11** | **Financial Information**   |  |  | | --- | --- | | **Partner Project Contribution** | € | | **Applicable Aid Intensity** | % | | **Total Amount of Assistance Requested:** | **€** | | **Type of Assistance Required** | Choose an item. *on Wage Costs*  Choose an item. *on other Eligible Costs* | | |
| **2.4.12** | **Define the project’s potential to ensure job retention and/or create new employment.**  Provide details of the skill level (technical and administrative) of potential new employment. | |

**3. Work Packages**

Clear reference must be made with respect to the different partners and project management personnel working on the listed work packages.

Clear reference must also be made to which tasks listed in the individual work packages are assigned to which partner.

Kindly refer to [R&D 2014 - 2020 Application Form (Annexes for Collaborative Projects)](https://www.maltaenterprise.com/sites/default/files/support/application-forms/R%26D%202014%20-%202020%20Application%20Form%20%28Annexes%29.xlsx) to fill in WPs as required.

***Sections 4-7 of this Application Form are to be filled in, scanned and attached for every undertaking that is eligible and applying for Malta Enterprise assistance.***

**4. Determination as to whether an Undertaking is in Difficulty**

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.**

1. 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.**

For SMEs that have been in existence for more than 3 years:

1. At least some members of the applicant company have an unlimited liability for the debt of the company where more than half of its capital as shown in the company accounts has disappeared as a result of accumulated losses.

**Choose an item.**

1. **Annex 10.1** 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 to fill up also **Annex 10.2.**

|  |  |
| --- | --- |
| **Undertaking Name** |  |
| **Contact person** |  |
| **Designation** |  |
| **Signatory Initials** |  |
| **Date** | Click here to enter a date. |

***Sections 4-7 of this Application Form are to be filled in, scanned and attached for every undertaking that is eligible and applying for Malta Enterprise assistance.***

**5. Declarations**

## Personal Data Protection

|  |  |
| --- | --- |
| A. | Contact email address of the Data Protection Officer: [dpo@maltaenterprise.com](mailto: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.  J. | 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.   |  |  | | --- | --- | | **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 Undertaking as its legal representative.* | | |  | | |

## 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.

## 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.

## 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.

## 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.

|  |  |
| --- | --- |
| **Undertaking Name** |  |
| **Contact person** |  |
| **Designation** |  |
| **Signatory Initials** |  |
| **Date** | Click here to enter a date. |

***Sections 4-7 of this Application Form are to be filled in, scanned and attached for every undertaking that is eligible and applying for Malta Enterprise assistance.***

# 6. Authorisations

*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 information given in support of this application is correct to the best of my knowledge.*

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Name & Surname** | **Date of Birth** | **I.D. Card Number** | **Signature** |
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*This information is to be used for processing of application as per Incentive Guidelines.*

|  |  |
| --- | --- |
| **Undertaking Name** |  |
| **Contact person** |  |
| **Designation** |  |
| **Signatory Initials** |  |
| **Date** | Click here to enter a date. |

***Sections 4-7 of this Application Form are to be filled in, scanned and attached for every undertaking that is eligible and applying for Malta Enterprise assistance.***

# 7. Signatures

*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 information given in support of this application is correct to the best of my knowledge.*

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

|  |  |
| --- | --- |
| **Name and Surname**  of signatory authorised to represent the Applicant (in capital letters) |  |

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

|  |  |
| --- | --- |
| **Telephone Number** |  |

|  |  |
| --- | --- |
| **E-mail address** |  |

|  |  |
| --- | --- |
| **Signature & Company Stamp** |  |

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

**8. Check List**

**For information on Annexes, refer to** [R&D 2014 - 2020 Application Form (Annexes for Collaborative Projects)](https://www.maltaenterprise.com/sites/default/files/support/application-forms/R%26D%202014%20-%202020%20Application%20Form%20%28Annexes%29.xlsx) **document.**

**8.1 Please ensure that the following documents and annexes are attached with each collaborative project application.**

**Annex 1:** Overall Project Plan

**Annex 2:** Work Packages (to fill in new sheet per WP)

**Annex 3:** **Partner/s Cost Contribution** – A summary of the cost breakdown estimation for the partner/s contribution *(in the case of a project partner which is not applying for assistance from Malta Enterprise Corporation)*

**Consortium Agreement –** A copy of the consortium or collaboration agreement signed between the project partners.

Any other **relevant documentation**, such as feasibility studies, relevant to the proposed project

**8.2 In the case of more than 1 eligible partner applying for Malta Enterprise Assistance, a separate set of the following annexes must be filled in and submitted for each partner applicant:**

**Annex 4**: Partner Project Plan

**Annex 5**: Wage Costs\*

**Annex 6**: Instruments and Equipment\*

**Annex 7**: Contractual Research, Technical Knowledge and Patents\*

**Annex 8**: Other Operating Costs\*

**Annex 9**: Total Cost

**Annex 10.1**: 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 10.2**: Determination as to whether an undertaking is in difficulty (applicable only to Large Undertakings) \*

**CVs** of persons that will be engaged on the project *(persons who will be directly dedicating time to the project and whose wages shall be claimed)*

[Enterprise Size Declaration](http://www.maltaenterprise.com/sites/default/files/support_measures/enterprise_size_declaration_2014-05_0.xlsx)

The Audited Financial Statements for last year (full version, including the detailed schedules to the Profit & Loss Account). *If the applicant is a start-up which was incorporated less than 2 years from the date of this application the following documents may be instead submitted: Profit & Loss Account, Cash Flow Projections and Balance Sheet.*

*\* To be attached where applicable*

**The following Annexes are to be attached for each partner applying for Malta Enterprise assistance, where a request for a Cash Grant is being made:**

VAT Compliance Certificate - issued by the VAT Department *not more than six (6) months before the submission of the application form*

Income Tax Compliance Certificate - *issued by the Inland Revenue Department confirming that the applicant has no liabilities in respect of Income Tax or is otherwise honoring an agreement for setting any outstanding amounts; issued at least six (6) months preceding the submission of this application form*

Final Settlement of Social Security Contributions compliance certificate –  *issued by the Inland Revenue Department confirming that the applicant has no liabilities in respect of the Final Settlement System (FSS) and of Social Security Contributions (SSC) or is honoring an agreement for setting any outstanding amounts. The certification should have been issued at least six (6) months preceding the submission of this application form.*

1. SMART Specialisation Areas are identified in [Malta’s National Research and Innovation Strategy 2020](http://mcst.gov.mt/wp-content/uploads/2017/02/National-RI-Strategy-2020-June-2014.pdf). These are: Aviation And Aerospace, Health, High Value Added Manufacturing, ICT, Resource Efficient Buildings, Tourism Product Development, Aquaculture and Maritime. [↑](#footnote-ref-2)