# R&D Feasibility Studies 2014 - 2020

**Request for Reimbursement**





* This Request for Reimbursement and any attached documents will be treated as confidential throughout and after the project appraisal process.
* Only Request for Reimbursements 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@maltaenteprise.com or by registered post addressed to:

Malta Enterprise

*R&D Feasibility Studies 2014-2020*

Gwardamangia Hill,

Pieta`, MEC 0001

Malta.

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| 1. Applicant Details |
| Macintosh HD:Users:nigelanastasi:Desktop:dots-01.png |
| 1.1 Legal Name of Enterprise  |
|  |       |
| 1.2 Date of Incentive Entitlement Certificate |
|  |       |
| 1.3 Reference Number of Incentive Entitlement Certificate  |
|  |       |
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| 1.4 Will the R&D project be carried out?  |
|  |       |
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| 1.5 Justify the reply given in section 1.4 by making reference to the study |
|  |       |

## 2. Cost Breakdown of Technical Feasibility Study

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| **A. Personnel** Any changes to the hourly rate must be substantiated though a change in the employment contract. | Name:      Role in Project:      Type of Role : Choose an item.Technical Competency: Choose an item. Specify:      From       to       Hourly Rate: €       Number of hours:      From       to       Hourly Rate: €       Number of hours:      From       to       Hourly Rate: €       Number of hours:      Role in Study:       | €       |
| Name:      Role in Project:      Type of Role : Choose an item.Technical Competency: Choose an item. Specify:      From       to       Hourly Rate: €       Number of hours:      From       to       Hourly Rate: €       Number of hours:      From       to       Hourly Rate: €       Number of hours:      Role in Study:       | €      |
| Name:      Role in Project:      Type of Role : Choose an item.Technical Competency: Choose an item. Specify:      From       to       Hourly Rate: €       Number of hours:      From       to       Hourly Rate: €       Number of hours:      From       to       Hourly Rate: €       Number of hours:      Role in Study:       | €       |
| Name:      Role in Project:      Type of Role : Choose an item.Technical Competency: Choose an item. Specify:      From       to       Hourly Rate: €       Number of hours:      From       to       Hourly Rate: €       Number of hours:      From       to       Hourly Rate: €       Number of hours:      Role in Study:       | €       |
| **Total Personnel Costs** | €       |

|  |  |  |
| --- | --- | --- |
| **B. Acquisition of Knowledge / Intellectual Property.**  | Provider:      Description:      Reason why it is relevant to the project:       | € 0.00 |
| Provider:      Description:      Reason why it is relevant to the project:       | € 0.00 |
| Provider:      Description:      Reason why it is relevant to the project:       | € 0.00 |
| **Total Acquisition of Knowledge/Intellectual Property Costs** | €       |

**3. Personnel Declarations**

**3.1 Declaration on Wages Received**

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

*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.*

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

**4. Documentation Checklist**

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

**[ ]  Annex 4.1:** A copy of the supported R&D feasibility study

For **Personnel Costs** for each employee that is engaged on the study:

**[ ]  Annex 4.2:** Time Sheets downloadable [from here](http://www.maltaenterprise.com/en/support/preparatory-technical-feasibility-studies)

**[ ]  Annex 4.3:** Payslips

**[ ]  Annex 4.4:** Proof of payments (encashed cheques or original bank advice statements)

**[ ]  Annex 4.5:** JobsPlus Employment List

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

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.

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| --- | --- | --- | --- |
| **Name & Surname** | **Date of Birth** | **I.D. Card Number** | **Signature** |
|       |       |       |       |
|       |       |       |       |
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For any person whose employment list is required for processing this Application and whose authorisation is not provided as per above table, the Applicant must submit the Jobsplus Employment List together directly with this Application.

For costs related to **Acquisition of Knowledge**:

**[ ]  Annex 4.6:** Original Fiscal Documents (either a fiscal invoice or a fiscal receipt with a copy of invoice)

**[ ]  Annex 4.7:** Receipt from the supplier detailing the services rendered

**[ ]  Annex 4.8:** Proof of payments (encashed cheques or original bank advice statements)

**[ ]  Annex 4.9:** CV of any individual expert that provided consultancy and/or equivalent services

**5. Declarations**

**5.1 Personal Data Protection**

I confirm that:

The Applicant is a going concern.

The Applicant is applying for support under the Malta Enterprise Act (Chapter 463 of the Laws Malta) and acknowledges to having read and be in agreement with the Incentive Guidelines relevant to this incentive.

# 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 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.

**6. Signatures**

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

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

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| **Position in Establishment** |       |

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

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