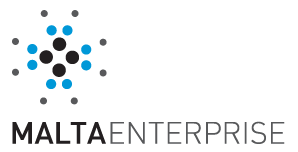
# Exploring Research Grant

**Claim Form - Report**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Legal Name of Enterprise** | | Click here to enter text. | | |
| **Registration/Identification No.** | | Click here to enter text. | | |
| **Date of Letter of Approval (LOA)** | | Click here to enter a date. | | |
| **Reference number of LOA** | | Click here to enter text. | | |
| **Project Title** | | Click here to enter text. | | |
| **Period being claimed for** | Click here to enter a date. | | | Click here to enter a date. |
| **Details of Contact Person** | | | | |
| Name: Click or tap here to enter text. | | | Designation: Click or tap here to enter text. | |
| Contact No. Click or tap here to enter text. | | | Email: Click or tap here to enter text. | |

***Notes to Beneficiaries***

* Only claim forms which are electronically filled in, complete and that include all relevant supporting documents will be processed.
* 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 and the Corporation’s data policy which may be accessed [here](http://maltaenterprise.com/node/308).
* This Form and any attached documents will be treated as confidential throughout and after the project appraisal process.
* Claims should be submitted to [claims@maltaenterprise.com](mailto:claims@maltaenterprise.com)



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| 1. Study Results | | |
|  | | |
| 1.1 What were the main outcomes and conclusions of the feasibility study? *In the table below list the tasks and deliverables as per application and give a brief overview of the outcome. A detailed overview should be included in the feasibility study report.* | | |
| **Task / Deliverable** | | **Outcome** |
|  | |  |
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| 1.2 | Project Changes and 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* | |
|  |  | |
|  |  | |
| 1.3 | Project Changes *Discuss the main proposed changes in the project (if any).* | |
|  |  | |
|  | | |
| 1.4 Will an R&D Project be carried out pursuant to this study? Explain. | | |
|  |  | |

**2. Documentation Checklist**

Please ensure that the following Annexes are attached to this claim form – the excel workbook Claim Annexes is to be downloaded and filled in as indicated below. Documents marked with an \* are required only if currently valid documents have not already been submitted with the approved application.

A detailed report of the feasibility study outlined above including way forward vis-à-vis the full R&D project.

*The below documents are required when claiming Personnel Costs:*

**Annex 1:** Personnel Cost breakdown *(Claim Annexes)*

**Annex 2:** Time Sheets *(Claim Annexes)*

*For each employee that is engaged in the study:*

Contracts of Employment \*

CVs \*

JobsPlus employment history of employees whose wages are being claimed\*

Payslips

Proof of payments (encashed cheques or original bank statements)

*The below documents are required when claiming costs related to Contractual Research, Technical knowledge and Patents:*

**Annex 3: Contractual Research, Technical Knowledge & Patents Cost breakdown** *(Claim Annexes)*

Fiscal Documents detailing the services rendered (either a fiscal invoice or a fiscal receipt with a copy of invoice)

Proof of payments (encashed cheques or original bank statements)

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

*The below documents are required when claiming Other operating expenses:*

**Annex 4:** Operating Cost breakdown *(Claim Annexes)*

Fiscal Documents (either a fiscal invoice or a fiscal receipt with a copy of invoice)

Proof of payments (encashed cheques or original bank statements)

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

*The below Annex is to be submitted with every claim form*

**Annex 5:** Financial Summary (Claim Annexes) – to be filled with every claim submitted.

**4. Declarations**

**4.1 Personal Data Protection**

The data consent form submitted with the application relevant to this claim form, covers any data requirements of the Corporation in processing this claim form.

**4.2 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.

**4.3 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.

**4.4 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.

**4.5 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.

**5. Signatures**

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

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

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

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

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