**Project Proposal**

**LEADER Programme (Community Led Local Development)**

**RURAL DEVELOPMENT PROGRAMME 2014 - 2020
Regulation (EU) 1305/2013 (EAFRD Regulation)**

**Call reference number: GAG/2024/M4/4**

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| Call | 03 |
| Programme | LEADER Programme (Community Led Local Development) - Rural Development Programme 2014 - 2020 |
| Sub - Measure | 4 – “Rejuvenating Gozo” – Improve the attractiveness of living in Gozo for young persons and young families (Fourth Call) |
| Reference Number *(For office use only)* | (For office use only) |

**DEADLINE: Friday 9th of August 2024 (12:00HRS CET)**

|  |
| --- |
| **⚠ IMPORTANT NOTICE**For any queries with the compilation of this form, one should contact GOZO ACTION GROUP FOUNDATION (GAGF) or email info@leadergozo.eu or call number: 2155 0322.**Please read the accompanying Guidance Notes before completing this Application Form.**All data and documents will be treated as confidential, however, information may be shared with other competent authorities when deemed necessary for verification purposes. The information you provide in your application form will be used to check solely the eligibility of your project for approval of the grant in accordance with the Data Protection Act.Personal data will be handled in accordance with EU Regulation 2018/17252 to ensure compliance with the principles of transparency, proportionality, impartiality and legality.**Character limits**:* most sections contain an indication of the maximum number of words allowed. The applicants should be guided by such indication in terms of details submitted per respective section.
* minimum font size: Calibri Light 11 pt
* page size: A4
* margins (top, bottom, left and right): at least 15mm (not including headers & footers).

Please abide by the formatting rules. Keep your text as concise as possible. Do not use hyperlinks to show information that is an essential part of your application.Applicants are to check that all necessary supporting documents are submitted together with this form. Following submission, the authority may request additional material. The Applicant must submit requested information for the Application to remain valid. **Please complete this document in block letters or type.**All submitted project proposals will be acknowledged. |

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| --- |
| **HISTORY OF CHANGES**  |
| **Version**  | **Publication Date**  | **Change**  |
| 1.0 | 08/07/2024 | Initial Version  |
|  |  |  |
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**Part A – Administrative forms**

1. Project Details

|  |  |
| --- | --- |
| **Project Title** | *[Max 15 words] Name of the Project*  |
| **Project Duration in Months[[1]](#footnote-1)** | *Enter the number of months required to complete the project.*  |
| **Project Summary***Note: A brief description of the project will be present in the published list of the Gozo Action Group Foundation.* | *[Max 500 words]*  |

1. Applicant[[2]](#footnote-2)

***Tick where applicable***

|  |
| --- |
| **2.1 Nature of the Applicants** |
|[ ]  Local Council/s |
|[ ]  NGO/s |
|[ ]  Business Operator/s[[3]](#footnote-3) |

* 1. Applicant’s information

|  |
| --- |
| **FOR section 2.1:** * The **Lead Partner** is to fill in section Q2.1.1.
* If one of the partners is a **Local Council,** kindly fill in section Q.2.1.2.
* If one of the partners is an **NGO**, kindly fill in section Q2.1.3.
* If one of the partners is a **business operator,** kindly fill in section Q2.1.4.
* If you need to add more partners, kindly add more sections as necessary.
 |

* + 1. Details of the partnership applying for the grant (where applicable)

|  |  |
| --- | --- |
| **Name of the Lead Partner[[4]](#footnote-4)** | Name of the entity submitting the application |
| **Title (Mr, Ms, Other)** | Mr, Ms |
| **Name and surname of the Project Leader[[5]](#footnote-5)** | Enter the name of the Project Leader |
| **ID Card No.** | Enter the Identity Card Number of the Project Leader |
| **Email address of Project Leader[[6]](#footnote-6)** | Enter the email address of the Project Leader |
| **Mobile Number of Lead Partner** | Enter the mobile number of the Lead Partner |

* + 1. Details of the Local Council applying for the grant (where applicable)

|  |  |
| --- | --- |
| **Name of Local Council**  | Click or tap here to enter text.  |
| **Postal Address** | Click or tap here to enter text. |
| **VAT number (if applicable)** | Click or tap here to enter text. |
| **Name and surname of Legal Representative** | Click or tap here to enter text.  |
| **Position within the Local Council** | Click or tap here to enter text.  |
| **Telephone Number** | Click or tap here to enter text.  |
| **Mobile Number** | Click or tap here to enter text. |
| **Email Address** | Click or tap here to enter text. |
| **Website address**  | Click or tap here to enter text. |

* + 1. Details of the NGO applying for the grant (where applicable)

|  |  |
| --- | --- |
| **Name of NGO**  | Click or tap here to enter text.  |
| **Postal Address** | Click or tap here to enter text. |
| **VO Number** | Click or tap here to enter text. |
| **VAT number (if applicable)** | Click or tap here to enter text. |
| **Name and surname of Legal Representative** | Click or tap here to enter text.  |
| **Position within the NGO** | Click or tap here to enter text.  |
| **Telephone Number** | Click or tap here to enter text.  |
| **Mobile Number** | Click or tap here to enter text. |
| **Email Address** | Click or tap here to enter text. |
| **Website address**  | Click or tap here to enter text. |

* + 1. Details of the Business Operator applying for the grant (where applicable)

|  |  |
| --- | --- |
| **Name of Business Operator** | Click or tap here to enter text.  |
| **Postal Address** | Click or tap here to enter text. |
| **Company Reg. NO (if applicable)** | Click or tap here to enter text. |
| **VAT number** | Click or tap here to enter text. |
| **Name and surname of Legal Representative** | Click or tap here to enter text.  |
| **Position within the Business Operation** | Click or tap here to enter text.  |
| **Telephone Number** | Click or tap here to enter text.  |
| **Mobile Number** | Click or tap here to enter text. |
| **Email Address** | Click or tap here to enter text. |
| **Website address**  | Click or tap here to enter text. |

* 1. Description of agreement between partners involved in this project.

|  |  |
| --- | --- |
| **Agreement Start Date** | Enter Month and Year |
| **Agreement End Date[[7]](#footnote-7)** | Enter Month and Year |
| **Decision-Making Arrangements** | [Max 100 words] Provide a summary of how the decision-making agreements have been agreed upon |
| **Financial Arrangements** | [Max 100 words] Provide a summary of how the financial agreement have been agreed upon |
| **Monitoring/Auditing Arrangements** | [Max 100 words] Provide a summary of how the monitory/audit of the project have been agreed upon |
| **Administrative Arrangements** | [Max 100 words] Provide a summary of how administrative agreements have been agreed upon |

* 1. The role of each partner[[8]](#footnote-8)

|  |  |
| --- | --- |
| **The role of partner no. 1** | Enter the role of partner 1 |
| **The role of partner no. 2** | Enter the role of partner 2 |
| **The role of partner no. 3** | Enter the role of partner 3 |

**Part B – Technical description**

1. Selection Criteria and Indicators[[9]](#footnote-9)
	1. Gozo Needs

|  |  |  |
| --- | --- | --- |
| **The Focus Area, cross-cutting objectives and Gozo Needs that are to be addressed through this project – Please tick all relevant sectors and all relevant activities that apply** | Yes | No |
| **New Economy Activities**  |[ ] [ ]
| **Climate and Environment** |[ ] [ ]
| **Gozo Lifestyle** |[ ] [ ]
| **Cultural Heritage** |[ ] [ ]

* 1. Criterion

|  |  |
| --- | --- |
| **Increasing the number of distinct infrastructural interventions supported by the project.*****(5 points per intervention up to a maximum of 15 points)*** | [Max 100 words]  |
| **Increasing the number of distinct lifestyle and support services enabled by the project.*****(5 points per intervention up to a maximum of 15 points)*** | [Max 100 words]  |
| **Ensuring financial sustainability during project Implementation** ***(5 points)*** | [Max 100 words]  |
| **Ensuring financial sustainability after project implementation*****(10 points)*** | [Max 100 words]  |
| **Maximise the potential for the infrastructure developed to improve the quality of life in Gozo for youths and young families.*****(5 points)*** | [Max 100 words]  |
| **Maximising the potential for the infrastructure developed to enhance lifetime opportunities for youths.*****(5 points)*** | [Max 100 words]  |
| **Maximise the potential for services proposed to improve the quality of life in Gozo for youths and young families.*****(5 points)*** | [Max 100 words]  |
| **Maximising the potential for the service proposed to enhance lifetime opportunities for youths.*****(5 points)*** | [Max 100 words]  |
| **Creating opportunities for innovative activities in Gozo*****(5 points)*** | [Max 100 words]  |
| **Ensuring synergy between infrastructure developed and service proposed.**1. ***points)***
 | [Max 100 words]  |

* 1. Indicators

|  |  |
| --- | --- |
| **Indicator*****(3 Points per partner up to a maximum of 10 points)*** | Value |
| **Number of Local Councils (municipalities) offering new and improved amenities for young persons and families** | [Enter only a digit] |
| **Number of businesses offering new and improved services for young persons and families** | [Enter only a digit] |
| **Number of NGOs offering new and improved services for young persons and families** | [Enter only a digit] |

* 1. Readiness

|  |
| --- |
| **Evidence that the necessary consultation with stakeholders has taken place - (max 5****points) -** *Applicants are awarded points according to the level of preparedness[[10]](#footnote-10) with regards to permits, quotations, and bill of quantities.**The documents to be requested are applicable according to the type of applicant and/or project***Please tick according to the project.** |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Do any activities envisaged with the operation require a planning permit?**
 | Yes[ ]  | No[ ]  |  |
| 1. **Did the applicant submit a minimum of one quotation per line item and/or a BOQ for all the investments forming part of this project?**
 | Yes[ ]  | No[ ]  |  |

1. Project Cost

**DOUBLE-CLICK ON THE TABLE TO INPUT DETAILS. TOTAL AMOUNTS ARE CALCULATED AUTOMATICALLY.** In the table below please provide an exhaustive list of the items of the proposed project components to be co-financed by this Measure. All costs to be provided in Euros. Examples provided are to be - ***replaced by real cost items*** - prices are purely fictitious. Only items listed in this section will be considered for application assessment and grant award procedure. Projects co-funded through this Measure will be assisted with 80% contribution from the European Agricultural Fund for Rural development and Government of Malta funds. The amount of each component is to be included under the year in which the investment is expected to be operational.



1. Project Sustainability

|  |  |
| --- | --- |
| Describe how the benefits of the project will continue to be delivered after grant support comes to an end. Kindly note that in accordance with Council Regulation 1305/2013 an operation retains the contribution of the funds only if that operation does not, within five years from the completion of the operation undergo a substantial modification (ownership, cessation or relation constituting such a change). | Max 100 words |

1. Risks and Conditionality

|  |  |
| --- | --- |
| Any conditionality must be specific and achievable, indicating clearly what should be done, by when and by whom. Conditionality not within the control of the applicant is still deemed to be conditionality on the project and should also be included. | Max 100 words |

1. Supporting Documentation[[11]](#footnote-11)

The applicants will be advised further, during the evaluation process, with regards to the submission of any necessary clarifications/documents required

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. The following sent in one compressed zipped folder to info@leadergozo.eu:
2. A soft copy of the application form;
3. Soft copies of all annexes, documents and supporting documentation.

**Each separate document** is to be individually presented and adequately titled for ease of reference. | *Compulsory for all applicants* | Yes [ ]  | No [ ]  |  |
| 1. Audited Financial Statements for each partner for year N-1.[[12]](#footnote-12)

If N-1 year Audited Financial Statements are not available, the applicant is to submit management financial accounts for year N-1 and Audited Financial Statements for year N-2.In case of no Audited Financial Statements, a declaration confirming that the entity is not legally required to issue Audited Financial Statements, and the available financial statements are being submitted. Both the declaration and the available financial statements are to be endorsed by a certified Auditor/Accountant. | *Compulsory for all partners* | Yes [ ]  | No [ ]  |  |
| 1. Calculations of annual (operational) costs involved in sustaining the project for 5 years following the completion of the project and endorsed by an Architect or a Certified Auditor/Accountant.
 | *Compulsory* | Yes [ ]  | No [ ]  |  |
| 1. Specific deed of partnership between the partners involved in the project – agreement start date of partnership has to be dated before the submission of the application and the agreement end date of partnership has to be dated till project closure (including the 5 years following the completion of the project).

Section 2.2 and 2.3 of the application can be used as a non-exhaustive list of the agreement between the partners. | *Compulsory* | Yes [ ]  | No [ ]  |  |
| 1. A copy of the latest certificate of compliance issued by the Commissioner for Voluntary Organisations.

The GAGF reserves the right to check with the Office of the Commissioner for Voluntary Organisations that the Voluntary Organisation is complaint. | *Applicable for each VOs only* | Yes [ ]  | No [ ]  | N/A [ ]  |
| 1. List of committee members – Name & Surname, ID card number, and Address
 | *Applicable for each VOs only* | Yes [ ]  | No [ ]  | N/A [ ]  |
| 1. For each partner, Latest Employment Return Form submitted to the Jobsplus Corporation which proves the number of Annual Work Units employed with the entity applying for the grant for year N.
 | *Where applicable* | Yes [ ]  | No [ ]  | N/A [ ]  |
| 1. For each partner, a Tax Compliance Status report issued by the Office of the Commissioner for Revenue.
 | *Compulsory for each partner*  | Yes [ ]  | No [ ]  |  |
| 1. Letter of intent signed by the entity’s official representatives or at least the majority of the partnership appointing the Project Leader.
 | *Compulsory* | Yes [ ]  | No [ ]  |  |
| 1. Signed declaration from the owner of the premises specifying the address from where the applicant will be delivering the **proposed service/s** (**in cases of investments that are NOT related to physical intervention**). Local Councils must follow the Local Government Act, where no contract of premises is present.
 | *Where applicable* | Yes [ ]  | No [ ]  | N/A [ ]  |
| 1. With respect to areas of **physical intervention**; Proof of Ownership of premises (in the case of owned premises); Proof/evidence of building lease/management agreement/guardianship deed (where applicable); Owners’ consent (where applicable) – in the case of leased premises; Letter of Intent from Local Council/s.
 | *Where applicable* | Yes [ ]  | No [ ]  | N/A [ ]  |
| 1. Bank Sanction letter in case of a Bank Loan being utilised.
 | *If applicable* | Yes [ ]  | No [ ]  | N/A [ ]  |
| 1. One detailed Estimate by architect (Bill of Quantities), dated not earlier than 3 months.If no Estimate can be provided by the architect, the applicant must provide a quotation as per the next item on the list.

**The applicant must follow the procurement process as in Section 19, for re-imbursement by ARPA, in the case that the project is awarded.** | *Where applicable* | Yes [ ]  | No [ ]  | N/A [ ]  |
| 1. One signed quotation dated not earlier than 3 months, in case that the investment is not included in the Bill of Quantity.

**The applicant must follow the procurement process as in Section 19, for re-imbursement by ARPA, in the case that the project is awarded.** | *Where applicable* | Yes [ ]  | No [ ]  | N/A [ ]  |
| 1. Dated declaration signed by a warranted architect that the enhancement to premises or the proposed use does:
2. not require a PA permit or a DNO; or
3. requires a PA permit or a DNO is required and has already been approved. In this case, the relevant documentation must be submitted with this architect’s declaration.
 | *If applicable* | Yes [ ]  | No [ ]  | N/A [ ]  |
| 1. Annex 1 – VAT Declaration Form.
 | *If applicable* | Yes [ ]  | No [ ]  | N/A [ ]  |
| 1. Annex 2 – Financial Standing
 | *Compulsory* | Yes [ ]  | No [ ]  |  |
| 1. Annex 3 – De minimis Declaration Form

Applicable only in case of any of the applicants carries out an economic activity. Please refer to Section 9 of the guidance notes | *If applicable* | Yes [ ]  | No [ ]  | N/A [ ]  |

1. Declaration

*The Applicant is requested to read through the below statements and confirm that the Applicant will abide with the stipulated declarations. If the information is found to be false or deliberately misleading, any EU Funds awarded may be withdrawn and any funds paid may be recovered from the Applicant organisation completing this form. These obligations shall be considered binding upon signing of the Grant Agreement if the application is approved for co-financing.*

|  |  |  |
| --- | --- | --- |
| 1 | I certify that the entries in this form and any other attachments enclosed are, to the best of my knowledge and belief, correct and the grant applied is the minimum required for the project to proceed as described. | [ ]  |
| 2 | I can also confirm that I am not aware of any reason why the project may not proceed or be delayed other than those reasons declared, and the commitment can be made within the timescales indicated in this Application Form. | [ ]  |
| 3 | I allow access to the land/buildings to any authorised person for the purpose of carrying out an inspection in order to verify the accuracy of the information in this application. | [ ]  |
| 4 | I will notify the LAG in advance of carrying out any changes to the nature or construction of this project. | [ ]  |
| 5 | I confirm that should I benefit from a grant under this Scheme, I must complete the project in accordance with the terms and conditions stipulated in the Grant Agreement. Should I fail to do so, I will not receive the grand and, if I would have already received any payments from the grant, I would have to reimburse the funds received and interest charges may be applicable. | [ ]  |
| 6 | I will provide information on the results achieved following implementation of the project and I undertake to provide this information on annual basis until 5 years after final payment. | [ ]  |
| 7 | I will provide any further information as may be required by all stakeholders within the Ministry for the European Funds, Equality, Reforms and Social Dialogue and any other Government entities that may undertake audit checks and controls. | [ ]  |
| 8 | I understand that if the application is not complete in all relevant detail and every aspect, including this section, it may be rejected. | [ ]  |
| 9 | I confirm that the entity submitting this application has not received any other grant for the project being proposed in this application | [ ]  |
| 10 | I certify that financial support received is compliant with the De Minimis State Aid Regulation. | [ ]  |

|  |
| --- |
| **Please Note:****Part or all of the information you provide will be held on a computer. This information will be used for the administration of applications and producing monitoring reports. The GAGF has the right to share information with other government departments, agencies and implementing bodies to enable them to prevent fraudulent applications or for detecting crime and to co-ordinate processing of complementary applications.****The information on the Application Form along with any attached documents will be treated as confidential throughout and after the project appraisal process. If your project is selected for an award of grant, to meet EU requirements for transparency regarding the use of EAFRD assistance, the Ministry for the European Funds, Equality, Reforms and Social Dialogue and the Gozo Action Group Foundation (GAGF) have the right to publish the name of the applicant, the amount of grant awarded and a brief summary of the project.** |

Annex 1 – VAT Declaration Form

**Part I – Declaration by Beneficiary**

|  |  |
| --- | --- |
|  |  |
| 1. **Project Title**
 |  |
|  |  |
| 1. **Beneficiary Organisation**
 |  |
|  |  |
|  |  |
| **3.Beneficiary Organisation Address** |  |
|  |  |
| **4.Name of Legal Representative**  |  |
|  |  |
| **5. VAT no. (if any)** |  |
|  |  |
| **6. Brief Project Description** |  |
|  |  |

1. **Does the organization have any sales on which VAT is charged or zero-rated sales (exempt with credit)?**

 Yes ☐ No ☐

If **NO**, the organization has no right of recouping VAT from the VAT Department.

If **YES**, please provide a short description of the sales on which VAT is charged.

|  |
| --- |
|  |

1. **Please identify whether project is directly related to the sales on which VAT is charged or to sales which are zero rated (exempt with credit).**

Yes ☐ No ☐ Partial ☐

If **YES,** for this activity, the organisation would be considered as a taxable person with an obligation for article 10 registration and would have the right of full deduction of input VAT attributable to the project in terms of article 22 of the VAT Act (Cap. 406, Laws of Malta), provided that the project would be entirely used for the purpose of such supplies.

If **NO**, for this activity, the organisation would either be considered as a taxable person doing exempt without credit supplies or a non-taxable legal person with activities outside the scope of VAT and for which registration under article 10 is not required and whereby there would be no right of input VAT deduction under the VAT Act.

If **PARTIAL**, for this activity, the organisation would be considered as a taxable person requiring article 10 registration and would have a partial right of input VAT deduction in terms of article 22 of the VAT Act.

**I declare that the above-mentioned information is correct.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   |  |   |  |   |
| Signature and stamp of  |  | Name of Legal  |  | Date |
| Beneficiary Organisation |  | Representative |  |  |

For official use only:

**Part II – Declaration by VAT Division**

Based on the information reported by the Beneficiary in his declaration the VAT status of the beneficiary organisation vis-a-vis the activities envisaged under Technical Assistance is considered as:

|  |
| --- |
|  Taxable person (right of full deduction) ☐ |
|  Taxable person (partial right to deduct) ☐ |
|  Taxable person (exempt with credit) ☐ |
|  Taxable person (exempt without credit) ☐ |
|  Non-taxable legal person (activities out of scope of VAT) ☐ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   |  |   |  |   |
| Signature and stamp of VAT |  | Name of VAT Department |  | Date |
| Department Representative |  | Representative |  |  |

Annex 2 – Financial Standing

**To:**

**Gozo Action Group Foundation**

**23, Triq G.P.F. Agius De Soldanis,**

**Victoria, VCT 1032**

**Date: *(dd/mm/yyyy – input the date)***

Dear Sir/Madam,

We refer to the application submitted by ***(input name of applicants****)* to apply for LEADER funds under the Rural Development Programme for Malta (2014-2023) to implement the project named ***(the name of the project****)*.

 The application is being made for a total project cost of up to *(****input total project cost)***of which 80% funding or up to the maximum of the grant (whichever is the lowest), will be sought through the above-mentioned Programme. Resultantly an amount of (***input co-financing amount to be funded by the applicant and/or any VAT amount if applicable***) will be directly funded by the applicant and partners.

We confirm that *(****input name of applicant and/or partners****):*

* have the financial standing and the ability to continue conducting activities as a going concern;
* have the availability of financial resources to meet its own co-financing obligation of (***input co-financing amount to be funded by the applicant and/or any VAT amount if applicable****); and*
* did not benefit from other EU or National funds to fund this project.

Yours faithfully,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Insert name of Head/President of Organisation/Mayor*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Insert name of Financial Controller/Treasurer/Executive Secretary (if any)*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Insert name of Accountant/Auditor*

*Warrant no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Annex 3 – De Minimis Declaration Form

*Measure 4 of the GAGF LEADER Programme – “Rejuvenating Gozo” – Improve the attractiveness of living in Gozo for young persons and young families.*

If the submitted application is approved, the project will benefit from *de minimis* State aid in line with *Commission Regulation (EU) 2023/2831 of 13 December 2023 on the application of Articles 107 and 108 of the Treaty on the Functioning of the European Union to de minimis aid.*

Commission Regulation (EU) 2023/2831 allows a ‘single undertaking’ to receive an aggregate maximum amount of *de minimis* aid of EUR 300,000 under all *de minimis* aid measures, over the applicable period of three years. The three-year period is assessed on a rolling basis. For each new grant of *de minimis* aid, the total amount of *de minimis* aid granted in the previous 3 years needs to be taken into account. As an example, if the declaration is signed on 30 January 2024, the applicant should indicate in the below table and overleaf, all *de minimis* aid received from 30 January 2021 onwards. For the purpose of this declaration the term ‘single undertaking’ shall have the meaning as established in *Commission Regulation (EU) 2023/2831*.

This maximum threshold would include all State aid granted under this scheme and any other State aid measure granted under the *de minimis* rule. Any *de minimis* aid received in excess of the established threshold will have to be recovered, with interest, from the undertaking receiving the aid.

The following is an indicative list of the possible forms of State aid:

* Grants from public bodies
* Loans or loan guarantees at favourable rates
* Tax benefits
* Waiving or deferral of fees or interest normally due
* Marketing and advertising assistance
* Consultancy, training and other support provided either free or at a reduced rate
* Aid for investment in environmental projects or research and development assistance
* Purchase, rent or lease of immovable property at less than market rate.

Potentially any assistance from a public body may constitute State aid. Should you have any doubts whether any public assistance received is *de minimis* aid, you should contact the agency or department from which the assistance was received in order to ascertain this.

I declare that a comprehensive amount of *de minimis* aid received to date during the **applicable period of three years** from date of signature of this declaration is:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year 2021** | **Year 2022** | **Year 2023** | **Year** **2024** | **TOTAL** |
| € | € | € | € | € |

A breakdown of the source, type and amount of all *de minimis* aid received as well as that applied for from any State aid grantor, is presented overleaf.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Name of Undertaking & NACE Classification Company Number / VAT Registration Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Surname (BLOCK CAPITALS) Position in Establishment

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Detailed information concerning applicable State aid under the *de minimis* rule**

**SECTION 1 – *DE MINIMIS* STATE AID AWARDED**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Source/Grantor** | **Type of State Aid** **( Name of Measure)** | **Awarded to** | **Amount in €** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| **TOTAL (A1)** |       |

**SECTION 2 – *DE MINIMIS* STATE AID STILL PENDING APPROVAL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Source/Grantor** | **Type of State Aid** **( Name of Measure)** | **Awarded to** | **Amount in €** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| **TOTAL (A2)** |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Source/Grantor** | **Type of State Aid** **( Name of Measure)** | **Amount in €****(A3)** |
|       |  |       |       |

**SECTION 3 – *DE MINIMIS* STATE AID REQUESTED IN THIS APPLICATION**

|  |  |
| --- | --- |
| **TOTAL AMOUNT OF DE MINIMIS AID****Total of Sections 1, 2 and 3 above (A1 + A2 + A3)** | €      |

1. The maximum project duration must not exceed the 31st of May 2025, and thus applicants are advised to be realistic in their project plan. The project duration in months will be calculated from the date of the signing of the grant agreement. NOTE: the GAGF may issue an award with a condition of revised implementation period shorter than the requested period by the applicant. [↑](#footnote-ref-1)
2. The application must be submitted as a partnership, which shall consist of at least three entities. The Lead partner shall be considered as the lead partner together with two or more partners. The applicant shall clearly specify the role to be played by the applicant and the project partners. [↑](#footnote-ref-2)
3. Only small and medium-sized enterprises (SMEs) are eligible. For more detailed information one may access the online ‘**User guide to the SME definition**’ from: <http://ec.europa.eu/growth/smes/business-friendly-environment/sme-definition/index_en.htm>. [↑](#footnote-ref-3)
4. The lead partner for the scope of this application and project. [↑](#footnote-ref-4)
5. The **Project Leader** is the person responsible for the implementation and must be from the Lead Partner given that he/she will carry the overall financial and legal responsibility for the implementation of the project. There must be **ONE** project leader for the operation even if the operation is composed of different components. In such cases, internal arrangements should be made in order to coordinate the different components. [↑](#footnote-ref-5)
6. An email address is obligatory prior to issuing a grant agreement. [↑](#footnote-ref-6)
7. The End Date of the Agreement must be inclusive of the five years of the project sustainability after final payment. [↑](#footnote-ref-7)
8. If the partnership involves more partners, add rows as necessary. [↑](#footnote-ref-8)
9. This section contributes directly to the ranking criteria as outlined in the guidelines [↑](#footnote-ref-9)
10. Marking scheme: - No PA permit required or PA already acquired - 3; Submission of a minimum of one quotation per line item and/or Submission of BOQ - 2. [↑](#footnote-ref-10)
11. Note that in case where applicable documentation is still missing at the time of the application, the GAGF will request the applicant to rectify their situation within a stipulated timeframe. [↑](#footnote-ref-11)
12. N is the current year [↑](#footnote-ref-12)