**Project Proposal**

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

**CAP Strategic Plan 2023-2027
Regulation (EU) 2021/1060 (EAFRD Regulation)**

**Call reference number: GAG/2025/M3**

|  |  |
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|  |  |

|  |  |
| --- | --- |
| Call | 1 |
| Programme | LEADER Programme (Community Led Local Development) - CAP Strategic Plan 2023-2027 |
| Sub - Measure | 3 – Empowering Communities to act as Environmental Stewards |
| Reference Number *(For office use only)* | (For office use only) |

|  |
| --- |
| **⚠ NOTICE: 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 2016/679 to ensure compliance with the principles of transparency, proportionality, impartiality and legality. 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.If your project is selected for an award of grant, to meet EU requirements for transparency regarding the use of EAFRD assistance, the Ministry responsible for EU Funds and the GAGF have the right to publish the name of the applicant, the amount of grant awarded and a brief summary of the project.**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).

**Complete this document in block letters or type.**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. All submitted project proposals will be acknowledged. For any queries with the compilation of this form, one should contact GOZO ACTION GROUP FOUNDATION (GAGF) via email info@leadergozo.eu or call number: 2155 0322. |

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| --- |
| **HISTORY OF CHANGES**  |
| **Version**  | **Publication Date**  | **Change**  |
| 1.0 | 30/04/2025 | Initial Version  |
| 1.1 | 08/05/2025 | Clarification of Initial Version  |
|  |  |  |

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**Section A – Administrative forms**

1. Project Details

|  |  |
| --- | --- |
| **Project Title** | *[Max 15 words] Name of the Project*  |
| **Project Duration in Months[[1]](#footnote-2)** | *Enter the number of months required to complete the project.*  |
| **Total project cost (inc. VAT)[[2]](#footnote-3)**  | *Enter the total project cost (in Euro) envisaged to complete the project.*  |

1. Applicant

***Tick where applicable***

|  |
| --- |
| **Nature of the Applicant** [[3]](#footnote-4) |
|[ ]  Local/Regional Council |
|[ ]  Voluntary Organisation (VO) |
|[ ]  Educational Institute |
|[ ]  Micro/Small Enterprise[[4]](#footnote-5) |
|  | *In case of partnerships kindly also fill in section 2.2 and 2.3 (as applicable)*  |

* 1. Applicant’s information

|  |  |
| --- | --- |
| **Name of entity** |  |
| **Address** |  |
| **VO number/ Company Reg. No. (if applicable)** |  |
| **VAT number (if applicable)** |  |
| **Name and surname of the Legal Representative** |  |
| **Position of LR within the entity** |  |
| **Email address** |  |
| **Mobile number** |  |
| **Website address (if available)** |  |

|  |  |
| --- | --- |
| **Name and surname of the Project Leader[[5]](#footnote-6)** |  |
| **Position of PL within the entity (if applicable)** |  |
| **Mobile Number** |  |
| **Email address** |  |

* 1. Details of the 2nd partner (if applicable)

|  |  |
| --- | --- |
| **Name of entity** |  |
| **Address** |  |
| **VO number/ Company Reg. No. (if applicable)** |  |
| **VAT number (if applicable)** |  |
| **Name and surname of the Legal Representative** |  |
| **Position of LR within the entity** |  |
| **Mobile Number**  |  |
| **Email address** |  |
| **Website address (if available)** |  |

* 1. Details of the 3rd partner (if applicable)

|  |  |
| --- | --- |
| **Name of entity** |  |
| **Address** |  |
| **VO number/ Company Reg. No. (if applicable)** |  |
| **VAT number (if applicable)** |  |
| **Name and surname of the Legal Representative** |  |
| **Position within the entity** |  |
| **Mobile Number**  |  |
| **Email address** |  |
| **Website address (if available)** |  |

**Section B – Technical description[[6]](#footnote-7)**

1. **Project Details**

|  |  |
| --- | --- |
| **Project Title** | *[Max 15 words] Name of the Project*  |
| **Project Duration in Months[[7]](#footnote-8)** | *Enter the number of months required to complete the project.*  |
| **Project Description***This should include:* *I. The proposed actions and investments to be carried out;**ii. The aims and objectives of the project**(max. 10 marks)**Note: A brief description of the project will be included in the published list of the approved projects.* | *[Max 400 words]*  |

1. **Contribution to Gozo Needs**

|  |  |  |
| --- | --- | --- |
| **Needs that are to be addressed through this project – Please tick all relevant sectors and all relevant activities that apply** | Yes | No |
| **Agriculture & Environment** |[ ] [ ]
| **Climate & Environment** |[ ] [ ]

|  |  |
| --- | --- |
| **Describe how the project will contribute to Gozo Needs***(max. 10 marks)* | *[Max 250 words]*  |

1. **Contribution to CAP SP**

|  |  |  |
| --- | --- | --- |
| **The Focus Area, cross-cutting objectives that are to be addressed through this project – Please tick all relevant sectors and all relevant activities that apply** | Yes | No |
| **Small project within rural areas to foster local development** |[ ] [ ]
| **Promote and encourage community and social activities within rural areas** |[ ] [ ]
| **Modernising the sector through fostering knowledge sharing, innovation, and digitalisation in rural areas** |[ ] [ ]

|  |  |
| --- | --- |
| **Describe how the project will contribute to CAP SP** *(max. 10 marks)* | *[Max 250 words]*  |

1. **Targets and Indicators**

|  |  |
| --- | --- |
| **Indicators***(1 point for every indicator, max. 5 marks)* | Value |
| **Number of small-scale infrastructure projects** | [Enter only a digit] |
| **Number of behavioural change projects** | [Enter only a digit] |
| **Number of projects enhancing green spaces** | [Enter only a digit] |
| **Number of affected locations**[[8]](#footnote-9) | [Enter only a digit] |

1. **Innovation / Originality**

|  |  |
| --- | --- |
| **Describe how the project will be innovative or original within the locality where it will be undertaken.***(max. 10 marks)* | *[Max 200 words]*  |

1. **Preserving the Uniqueness of Individual Localities**

|  |  |
| --- | --- |
| **Describe how the project will preserve the uniqueness of individual localities.***(max. 5 marks)* | *[Max 100 words]*  |

1. **Social Inclusion**

|  |  |
| --- | --- |
| **Describe how the project will bring together the community to enhance their locality.***(max. 5 marks)* | *[Max 100 words]*  |

1. **Dissemination and Animation of Activities**

|  |  |
| --- | --- |
| **Describe how the project will be disseminated and/or promoted within the community of the locality.***[[9]](#footnote-10)**(max. 5 marks)* | *[Max 100 words]*  |

1. **Digitalisation**

|  |  |
| --- | --- |
| **Describe whether the project will incorporate any form of digitalisation.***(max. 5 marks)* | *[Max 100 words]*  |

1. **Readiness**

|  |
| --- |
| **Evidence that necessary consultations with relevant competent authorities/stakeholders have taken place[[10]](#footnote-11).***Applicants are awarded marks according to the level of preparedness with regards to the necessary permits[[11]](#footnote-12).**(max. 10 marks)* |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Do any of the activities planned for the operation require a planning permit or approval from the Lands Department?
 | Yes[ ]  | No[ ]  |  |
| 1. Has the PA permit or approval from the Lands Department been obtained? If YES, and permit is in hand, please hereby also include Permit No.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes[ ]  | No[ ]  | N/A[ ]  |
| 1. If the PA permit or approval from the Lands Department has not yet been obtained, has the applicant submitted it? If application is still in process, please hereby also include Application No.

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes [ ]  | No[ ]  | N/A[ ]  |

1. **Risks and Conditionality**

|  |  |
| --- | --- |
| Describe any risks and/or conditionalities. Conditionalities beyond the applicant's control are still considered relevant to the project and should also be included.*(max. 5 marks)* | Max 150 words |

1. **Collaboration / Partnership**

Note: A partnership between entities towards an application is **NOT** a requirement but is encouraged through the award of additional marks in the selection criteria. The inclusion of a project partner must be justified by the applicant, with a clear rationale that makes sense in terms of sector, area of expertise, potential working relationship, and other relevant factors. Project partners are not required to meet the eligibility criteria of the call for project proposals; meeting the eligibility criteria remains the responsibility of the main project applicant. *(max. 5 marks)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Is the project going to be implemented through a partnership? (Please tick according to the project.)** | Yes[ ]  | No[ ]  |  |
| If applicable, briefly describe the role of each partner in the project.  | Max 150 words |

1. **Project Sustainability**

|  |  |
| --- | --- |
| **Describe how the benefits of the project will continue to be delivered following the project completion and after the grant support ends.** **[[12]](#footnote-13)***(max. 5 marks)* | [Max 100 words]  |

1. VAT Declaration

|  |  |  |
| --- | --- | --- |
| **The activities within the project give rise to sales on which VAT is charged *[[13]](#footnote-14)*** | ***YES*** | ***[ ]***  |
| ***NO*** | ***[ ]***  |

1. **Supporting Documentation[[14]](#footnote-15)**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. The following sent in a single compressed folder (ZIP file) 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. |  | Yes [ ]  | No [ ]  |  |
| 1. Audited Financial Statements for year N-1.[[15]](#footnote-16)

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. |  *Applicable for ALL entities* | Yes [ ]  | No [ ]  |  |
| 1. A letter of intent from the project partners to the applicant, confirming their intention to collaborate and support the project’s implementation
 | *If applicable**Applicable only in case of partnerships*  | Yes [ ]  | No [ ]  | N/A [ ]  |
| 1. A copy of the latest certificate of compliance issued by the Commissioner for Voluntary Organisations.

*The GAGF reserves the right to verify with the Office of the Commissioner for Voluntary Organisations that the voluntary organisation is compliant.* | *Applicable for each VOs only* | Yes [ ]  | No [ ]  | N/A [ ]  |
| 1. List of committee members, including Name, Surname, ID card number, and Address.
 | *Applicable for each VOs only* | Yes [ ]  | No [ ]  | N/A [ ]  |
| 1. A Tax Compliance Status report issued by the Office of the Commissioner for Revenue.
 | *Applicable for ALL entities*  | Yes [ ]  | No [ ]  |  |
| 1. For areas involving physical intervention:
* Proof of ownership of premises (if the premises are owned) **or** proof/evidence of building lease, management agreement, or guardianship deed (where applicable)
* Owner’s consent (where applicable, for leased premises) **or** a letter of intent from Local Council(s)
 | *Where applicable* | Yes [ ]  | No [ ]  | N/A [ ]  |
| 1. Bank sanction letter if a bank loan is being utilized.
 | *If applicable* | Yes [ ]  | No [ ]  | N/A [ ]  |
| 1. An Estimate of Works dated within the last 3 months ago.
 | *Where applicable* | Yes [ ]  | No [ ]  | N/A [ ]  |
| 1. One signed quotation dated not earlier than 3 months for the service and/or supplies not included in an Estimate of Works.

*Quotations presented must include the following details:** *Name and address of the supplier / contractor*
* *Name and address of the beneficiary (this is being discussed with ARPA)*
* *VAT number of the supplier / contractor*
* *Date*
* *A clear description of the works/services/supplies to be provided, with the main specifications and quantities of the items, price per item and net amount*
* *A breakdown of the cost per item, indicating the VAT separately.*
* *Quotations with amendments/corrections in pen, pencil or correctional fluid/eraser should carry an accompanying signature.*
* *Quotation should be dated not more than [x number of] months prior to the date on which the call closes / cut-off-date in line with the Guidelines issued.*

*Quotations from a website are to clearly include the specifications and price, and indicate the web address and date of screenshot.**The applicant must follow the procurement process for reimbursement by ARPA if the project is awarded.* | *Where applicable* | Yes [ ]  | No [ ]  | N/A [ ]  |
| 1. A dated declaration signed by a warranted architect stating that the enhancement to the premises or the proposed use does not require a PA permit or a DNO.
 | *If applicable* | Yes [ ]  | No [ ]  | N/A [ ]  |
| 1. Annex – Project Cost
 | *Applicable for ALL entities* | Yes [ ]  | No [ ]  |  |
| 1. Annex 1 – Financial Standing
 | *Applicable for ALL entities*  | Yes [ ]  | No [ ]  |  |
| 1. Annex 2 – Implementation Plan
 | *Applicable for ALL entities* | Yes [ ]  | No [ ]  |  |
| 1. Annex 3 – De Minimis declaration
 | *Where applicable* | Yes [ ]  | No [ ]  |  |
| 1. Annex 4 – Declaration Form
 |  *Applicable for ALL entities* |  *Applica* Yes [ ]  *for ALL entities* | No [ ]  |  |

**Annex 1 – 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 applicant****)* to apply for LEADER funds under the CAP STRATEGIC PLAN (2023-2027) 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 the proposed actions and investments

We also confirm that ***(input name of applicant***) can/cannot recover the VAT element from the VAT Department. Therefore, if selected for funding, the applicant will be eligible/not be eligible for the VAT element through the LEADER measure.

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 2 – Indicative Implementation Plan**

Please complete the below indicative implementation timetable (per quarter) by providing the envisaged schedule for each investment component. The two stages of implementation are identified hereunder.

**I** = Implementation[[16]](#footnote-17) **C** = Closure[[17]](#footnote-18)

|  |  |  |  |
| --- | --- | --- | --- |
| **List the investment component** | **Year** | **Nth Year**\* | **N+1** |
|  | **(please specify the Nth year)** | **20..** | **20..** |
|  | **Quarters** | **1st** | **2nd** | **3rd** | **4th** | **1st** | **2nd** | **3rd** | **4th** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |

*If necessary, additional rows may be added.*

\* **N** represents the starting year of the project.

**Annex 3 – De Minimis Declaration**

*Measure 3 of the GAGF CAP SP Programme (LEADER) – “Empowering Communities to act as Environmental Stewards”*

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 2025, the applicant should indicate in the below table and overleaf, all *de minimis* aid received from 30 January 2022 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 2022** | **Year 2023** | **Year 2024** | **Year** **2025** | **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)** | €      |

**Annex 4 – Declaration Form**

*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 3 years after final payment. | [ ]  |
| 7 | I will provide any further information as may be required by all stakeholder within the Ministry responsible for EU Funds and 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 actions and investments being proposed in this application | [ ]  |
| 10 | I certify that financial support received is compliant with the De Minimis State Aid Regulation. | [ ]  |

# Estimate of Works (Template)

Construction projects consist of a number of major components or chapters, such as earthworks, concrete, masonry, roofing, etc that may cover new construction projects, restoration or upgrading, among others. In order to aid the Project Selection Committee, assess the grant requested and arrive at a sound decision, applicants are required to present a filled-in Estimate of Works by an Architect of their choice.

*NOTE: This template is NOT a Bills of Quantity. It is meant as a general estimate of the overall costs for construction projects to arrive at an estimated budget. Full and detailed Bills of Quantity should be in hand by the beneficiary and may be requested at payment stage.*

|  |  |  |
| --- | --- | --- |
| **Category of Cost**  | Estimate in Euro exc. VAT | Estimate in Euro inc. VAT |
| Planning and Professional Fees |  |  |
| Civil Works |  |  |
| Mechanical / Other Services |  |  |
| Plant (equipment) |  |  |
| Finishes (including apertures) |  |  |
| Others… [architect to specify] |  |  |
| **Sub-Total** |  |  |
| Contingency up to 15% |  |  |
| TOTAL  |  |  |

With respect to the category Plant (equipment) applicants should briefly mention in point form the equipment foreseen to be covered by this Estimate of Works. This information is necessary to help the Project Selection Process ascertain the relevance of such equipment to the overall actions of the project. This information is not to be construed as a definite list of equipment that may be funded through EAFRD.

The category Contingency up to 15%, refers to additional funds set aside to account for unforeseen circumstances or events that may arise during the project’s execution. Although the Project Selection Committee may approve this category of cost up to 15%, approved Beneficiaries shall be able to substantiate this expenditure in full.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name and Surname Signature of Professional

(Block Capitals)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Financial Bid Form (Template)

**To be filled in by the supplier**

**RFQ (*Ref no: \_\_\_\_\_\_\_\_\_\_\_\_\_*)**

**Quotation to:**

*Name of organisation/entity:*

*Address:*

*VAT number (if applicable):*

**Supplier Details – 1A**

|  |  |
| --- | --- |
| **Name and Surname of representative** |  |
| **Company Name** |  |
| **VAT NO** |  |
| **Postal Address** |  |
| **E-Mail Address** |  |
| **Contact Number** |  |
| **Date** |  |
| **Signature** |  |

Financial Bid – 1B

*(the table can be amended according to the number of items required)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item No.** | **Item Description** | **Quantity** | **Unit Price Excluding VAT** | **VAT Rate** | **Total Price Including VAT** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |

1. The project is to be completed within twelve (12) months from the date of the letter of award sent by the LAG to the beneficiary, unless an earlier date is indicated in the Grant Agreement. [↑](#footnote-ref-2)
2. The detailed project cost is to be completed in a separate excel document. The applicant is expected to provide an exhaustive list of the items of the proposed project components to be co-financed by this Measure. Only items listed in this document will be considered for application assessment and grant award procedure. [↑](#footnote-ref-3)
3. A partnership between entities towards an application is NOT a requirement but is encouraged through the award of higher points in the selection criteria. A partnership signifies the establishment of a collaborative arrangement among all participating entities submitting a joint application. These entities stand to derive financial benefits from the project and, consequently, are obligated to adhere to the appropriate administrative eligibility criteria. [↑](#footnote-ref-4)
4. As defined in the EU Commission Recommendation 2003/361. Micro-enterprises: Enterprises that employ fewer than 10 persons and have an annual turnover or annual balance sheet total not exceeding €2 million. Small enterprises: Enterprises that employ fewer than 50 persons and have an annual turnover or annual balance sheet total not exceeding €10 million. [↑](#footnote-ref-5)
5. The Project Leader is responsible for implementation and holds overall financial and legal responsibility for the project. There must be a single Project Leader, even in cases of partnerships between entities or when the proposed operations consist of multiple components. The Project Leader may be the legal representative of the entity. [↑](#footnote-ref-6)
6. This Section contributes directly to the ranking criteria as outlined in the guidelines. All parts have to be filled by the applicant for

 such applications to be deemed as eligible. [↑](#footnote-ref-7)
7. The maximum project duration is 12 months; therefore, applicants are advised to be realistic in their project plans. The project duration will be calculated in months from the date of the letter of award. [↑](#footnote-ref-8)
8. Location refers to a specific place or position where something is situated or occurs. Any action/intervention needs to be held in the territory of Gozo. [↑](#footnote-ref-9)
9. Dissemination activities should include activities that go beyond the regulatory obligations of the EAFRD LEADER programme. The mandatory publicity obligations cover the displaying, at a location clearly visible to the public, of at least one poster of a minimum size A3 or an equivalent electronic display with information about the operation, highlighting the support from the Union. [↑](#footnote-ref-10)
10. Article 33 of Chapter 363 of the Local Government Act in Malta does not automatically grant Local Councils the necessary authority or legal title to undertake environmental and restoration projects without obtaining prior approval from the Lands Department. In such cases, the LC1 online application form needs to be completed. [↑](#footnote-ref-11)
11. Marking scheme: - 10 marks for no permit/approval required, 10 marks for permit/approval acquired, 5 marks for permit/approval in process, and 0 marks if any required permits/approvals have not yet been requested. [↑](#footnote-ref-12)
12. The durability period obligations for awarded projects will extend to three (3) years from the final payment to the beneficiary. [↑](#footnote-ref-13)
13. If yes, the organisation can recover the VAT on expenditure incurred. If no, the organisation cannot recover the VAT on expenditure incurred. Grant assistance may be provided in respect of non-recoverable VAT. [↑](#footnote-ref-14)
14. Note that, in cases where applicable documentation is still missing at the time of the application, the GAGF will request the applicant to rectify the situation and will allow a period of 5 working days from the date of notification to submit the missing documentation and/or information. [↑](#footnote-ref-15)
15. N is the current year [↑](#footnote-ref-16)
16. **Implementation** **(I)** The start of the implementation of the activities**.** [↑](#footnote-ref-17)
17. **Closure** **(C)** The period when the investment is finalised. [↑](#footnote-ref-18)