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**SPIRE: Seed Grants for International Research Programme 2025**

**National Application Form for Xjenza Malta – Consiglio Nazionale delle Ricerche (CNR) 2025 Joint Call for Research Proposals**

Version: 2

Issue Date: April 2025

### Notes to Applicants

1. The official National Rules for Participation and relevant Call Text can be downloaded from the *Xjenza Malta website.*
2. Kindly ensure that this application form is filled in with reference to the Rules for Participation and relevant Call Text.
3. The National Application Form and any attached documents will be treated as confidential throughout and after the project appraisal process.
4. Only National Application Forms which are complete and that include all relevant supporting documents will be evaluated.
5. 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.
6. All responses must be clearly explained and substantiated.
7. A complete National Application Form along with all relevant annexes/supporting documents must be submitted to Xjenza Malta via email on [international.xjenzamalta@gov.mt](mailto:international.xjenzamalta@gov.mt)
8. The deadline for submissionis**29th May 2025 at 12:00 PM CET**. Any submissions received after this date and time will be rejected.
9. This National Application Form will be evaluated as part of the evaluation process and eligibility check particularly to determine the type of research and deliverables carried out by the applicant. The Managing Authority reserves the right to request further information should this be required.

**Application Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Acronym** | |  | | |
|  | | | | |
| **Project Title** | |  | | |
|  | | | | |
| |  |  |  | | --- | --- | --- | | **Project Duration:** |  | Months |   **Positioning of the Project and Research Type** | | | | |
| *Describe the positioning of the project e.g. Where it is situated in the spectrum from ‘idea to application’, or from ‘lab to market’. Refer to* [Technology Readiness Levels (TRLs)](https://ec.europa.eu/research/participants/data/ref/h2020/wp/2014_2015/annexes/h2020-wp1415-annex-g-trl_en.pdf) *and include the starting TRL and foreseen ending TRL level.*  *Additionally, indicate the* ***research type****, referring to the definitions provided in Section 1.1 of the Rules for Participation.* | | | | |
|  | | |  |
| **Thematic Area/s:** |
| *List the thematic area(s) relevant to this project, according to the relevant Call Text. Also include any relevant Keywords.*  ***Thematic Area/s:***  ***Keywords:*** | | | | |
|  |  | | | |

**Summary of the project** *(publishable abstract):*

|  |
| --- |
| *Kindly provide a brief publishable abstract, no longer than 300 words.* |

**Lead Partner Profiles:**

**Maltese Lead Applicant**

|  |  |
| --- | --- |
| **Legal Name of Undertaking / Entity** |  |
| **Name of Department/Institute/Centre** (if applicable) |  |
| **Website link:** |  |
| * **D**   **More information on the entity:**   * Brief history, when established, number of employees * Field of activity and core competencies * Research capacity & track record in related activities * Other relevant information |  |
| **VAT number** (not applicable for public entities)**:** |  |
| **Legal Form of Undertaking / Entity:** |  |
| **Registration/Identification number** (not applicable for public entities)**:** |  |
| **Entity / Undertaking Size:** | *Select from: Micro / Small / Medium / Large* |
| **Business Activity** (please state NACE code):  A list of NACE Codes may be accessed by [clicking here](https://ec.europa.eu/eurostat/documents/3859598/5902521/KS-RA-07-015-EN.PDF). |  |
| **Project Contact Point Information** | *Name:*  *Designation:*  *Gender:*  *Contact Number:*  *E-mail address:*  ☐ *I consent to receive information about other initiatives by Xjenza Malta* |
| **Funding Route** (Select one of the following as applicable)  Applicants may only opt for **one** option. Selecting more than one option will render the application ineligible.  More information is provided in the Rules for Participation. | ☐ *de Minimis* (Applicants shall need to fill in the relevant Annex from the Xjenza Malta website – Resource Page)  ☐ State Aid not applicable (Applicants shall need to fill in the relevant Annex from the Xjenza Malta website – Resource Page) |

**Foreign Lead Applicant**

|  |  |
| --- | --- |
| **Legal Name of Undertaking / Entity** |  |
| **Name of Department/Institute/Centre** (if applicable) |  |
| **Website link:** |  |
| **More information on the entity:**   * Brief history, when established, number of employees * Field of activity and core competencies * Research capacity & track record in related activities * Other relevant information |  |
| **Project Contact Point Information** | *Name:*  *Designation:*  *Contact Number:*  *E-mail address:.* |

**Additional Malta-based Partner Profiles:**

|  |  |
| --- | --- |
| **PARTNER 1** | |
| **Legal Name of Undertaking / Entity** |  |
| **Name of Department/Institute/Centre** (if applicable) |  |
| **Website link:** |  |
| **More information on the entity:**   * Brief history, when established, number of employees * Field of activity and core competencies * Research capacity & track record in related activities * Other relevant information |  |
| **Date established** (not applicable for public entities)**:** |  |
| **VAT number** (not applicable for public entities)**:** |  |
| **Legal Form of Undertaking / Entity:** |  |
| **Registration/Identification number** (not applicable for public entities)**:** |  |
| **Entity / Undertaking Size:** | *Select from: Micro / Small / Medium / Large* |
| **Business Activity** (please state NACE code):  A list of NACE Codes may be accessed by [clicking here](https://ec.europa.eu/eurostat/documents/3859598/5902521/KS-RA-07-015-EN.PDF). |  |
| **Project Contact Point Information** | *Name:*  *Designation:*  *Gender:*  *Contact Number:*  *E-mail address:*  ☐ *I consent to receive information about other initiatives by Xjenza Malta.* |
| **Funding Route**  Please tick which State Aid Regulation you will be following.  Applicants may only opt for **one** option. Selecting more than one option will render the application ineligible.  More information is provided in the Rules for Participation. | ☐ *de Minimis* (Applicants shall need to fill in the relevant Annex from the Xjenza Malta website – Resource Page)  ☐ State Aid not applicable (Applicants shall need to fill in the relevant Annex from the Xjenza Malta website – Resource Page) |

*Repeat Template for each Maltese or Foreign Partner as needed.*

# Section 1: Project Quality and Scientific Relevance

## Aims and Objectives of the Project

|  |
| --- |
| *Please describe the aims and scientific/technical objectives of the project with clear and brief statements. The objectives should be measurable, realistic, and achievable within the project’s lifetime. Up to 500 words.* |

## State of the Art

|  |
| --- |
| *Please describe the current international state of the art in the domain addressed by the project. Any references, if needed, should be provided in Section 6. Up to 500 words.* |

## Scientific Quality, Innovation Potential and Contribution

|  |
| --- |
| *Please describe the scientific quality and innovation potential of the project, highlighting the expected progress beyond the state of the art. Up to 500 words.* |

# Methodology

|  |
| --- |
| *Please explain any scientific and technological methodology and research techniques to achieve the objectives of the project. Be specific and avoid general descriptions. Up to 500 words.* |

# Section 2: Quality of the Research Team

## Expertise and role of each partner

*Describe each partner in the project by using the template below. Up to 500 words in total.*

|  |
| --- |
| **Organisation Full name** |
|  |
| **Expertise** |
| *Expertise of the* ***partner’s project team*** *related to the objectives of the project.*  *Provide a brief CV of the principal investigator highlighting R&I-related experience.* |
| **Role in the project** |
|  |
| **Availability of Resources to undertake the project** |
| *Provide an overview of the resources available to allow the successful implementation of the project activities.* |

*Use as many templates as needed*

# Section 3: Work Plan

|  |
| --- |
| *Provide a description of your work plan for project. Additionally, include a justification explaining the reasoning behind your proposed approach and its relevance to the project's overall goals. Up to 500 words.* |

*Submit a list of assigned deliverables that the beneficiary is responsible for/is contributing to.*

*The* ***format and weighting*** *of deliverable submissions must be specified (e.g., presentations, reports, correspondence, legal agreements, images, event agendas, audio recordings, videos, databases, certificates or manuscripts). Deliverable submissions must be done through a file storing/sharing service that is set-up by the beneficiary. Mandatory deliverables as per the National Rules shall be also listed.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assigned Overall Project Deliverables** | **Leading or Contributing** | **Format** | **Submission Date** | **Percentage weighting**  **(cumulative 100%) \*** |
| Deliverable (DX) |  |  | **M** | **%** |
| Deliverable (DX) |  |  | **M** | **%** |
| **Mandatory deliverables as per National Rules** |  |  | **M** | **%** |
| *End of Project Technical Report* |  |  | **M** | **%** |
| *End of Project Financial Report\*\** |  |  | **M** | **NA** |
| *Dissemination article* |  |  | **M** | **%** |
| *Interim Progress Meeting* |  |  | **M** | **%** |
| *A tangible outcome or follow-up initiative* |  |  | **M** | **%** |
| *Post-project questionnaire* |  |  | **M** | **%** |
|  |  |  |  |  |
|  |  |  |  |  |

\**Allocate a percentage to each deliverable (both mandatory and additional deliverables) indicating their relative importance to the successful completion of the project. Consider the significance of each deliverable within the context of the project's objectives and goals; please be aware that these percentages will be evaluated. The total allocation should sum up to 100%.*

*\*\*The End of Project Financial Report is not subject to a percentage weighting. This mandatory deliverable holds an overarching 100% of the project* value. Failure to submit the End of Project Financial Report by the end of the project finalisation phase will result in the automatic refund of the full grant amount.

# Section 4: Impact

|  |  |
| --- | --- |
| **Impact Type** | **Expected Outputs and Outcomes**  [to be filled in by applicant] |
| **Scientific/Academic Impact** | *Does the project contribute to generating new knowledge, methods, or data for future research? Up to 200 words.* |
| **Dissemination & Visibility** | *How will the project results be shared? Up to 200 words.* |
| **Capacity Building & Researcher Mobility** | *Will the project facilitate collaboration, skill-building, or researcher exchange? Up to 200 words.* |
| **Potential for Scaling Up** | *How does the project lay the groundwork for a future large-scale initiative? Up to 200 words.* |
| **Societal/Economic/Environmental Relevance** | *Could the research have broader societal, economic, or environmental implications in the long run? Up to 200 words.* |

# Section 5: Type of Financial Assistance

Xjenza Malta provides financial assistance of **up to** **€12,000** **per project**, which can be jointly requested by Malta-based partner(s). Eligible costs include:

1. **Personnel Costs and Research Consumables:**
2. **Travel expenses and Subsistence**:
3. **Overheads and Other operating expenses**

For more details on these, refer to the National Rules for Participation.

|  |  |  |
| --- | --- | --- |
| **Name of Malta-based Lead Partner** | Click or tap here to enter text. | |
| **Amount of Public Funding Requested *[€]*** | Click or tap here to enter text. | |
| **Breakdown of Costs being requested by Malta-based Lead Partner** | | |
| **Personnel Costs** *(Indicate the role of the researcher using one row per person)* | | |
|  | | € |
|  | | € |
| **Research Consumables** *(Itemise each consumable or item per row, specifying the type and quantity as needed).* | | |
|  | | € |
|  | | € |
|  | | € |
| **Travel expenses and Subsistence** *(Indicate type of travel expense)* | | |
|  | | € |
|  | | € |
|  | | € |
| **Overheads and Other operating expenses** | | € |
| **Total** | | € |

*Repeat Template for each Maltese Partner as needed.*

# Section 6: References (if applicable)

|  |
| --- |
| *Each reference must include the names of all authors, article/journal/book title, volume number, page numbers and year of publication. If the document is available electronically, the Digital Object Identifier should also be shared.* |

# Section 7: Additional Declarations

## Personal Data Protection

1. **Contact Email Address of the Data Protection Officer:** [dpo.xjenzamalta@gov.mt](mailto:dpo.xjenzamalta@gov.mt)
2. **The Legal Basis and Purpose of Processing:** The personal data collected by Xjenza Malta (hereinafter ‘the Managing Authority’) via this written application for the aid and its subsequent processing by the Managing Authority to evaluate data subject’s request for aid under the Scheme is in line with:
3. The relevant National Rules for Participation.
4. 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 (hereinafter referred to as the ‘de minimis Regulation’) in the case of those projects submitted under the National Rules for Participation – State aid.
5. Data Protection Act (CAP 586 of the Laws of Malta) and 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).
6. 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’.*
7. **Data Retention Period:** The data collected by the Managing Authority as submitted by the data subject via this written application for aid will be retained for a period of ten (10) years from the date on which the aid was granted under this scheme, in line with Article 6 of the *de minimis* Regulation (where applicable). In the case of projects which are not awarded, data collected by the Managing Authority as submitted by the data subject, shall need to be retained for the duration of the funding programme or of the programming period.
8. **Pursuant to the GDPR Regulation, you have the right to access personal data, rectify inaccurate personal data, request to erase personal data, and request the Managing Authority 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 Entity ineligible for assistance under the Scheme or render void the Grant Agreement issued in favour of the Entity for assistance under the Scheme in relation to this written application for aid.
   2. Lead the Managing Authority to enforce a recovery of aid granted to the Entity as part of this written application for aid.
9. **Sharing of data where strictly necessary and required by law:** For the purpose of processing this written application for aid in line with the National Rules for Participation under the de minimis Regulation (where applicable), the Managing Authority may 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. The use of the Scarlet Database owned by JobsPlus shall also be used to aid in the interpretation of the ‘de minimis declaration’ forms.
10. For the purpose of monitoring aid in line with Article 6 of the de minimis Regulation or where legally required, any data provided as part of this written application for aid may be shared with the European Commission.
11. 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.
12. **Authorisation to engage with the Managing Authority on matters** **related to this application**:

I the undersigned, as the legal representative of the Applicant Entity, authorise the following Legal Bodies and/or Natural Persons to act on my behalf with the Managing Authority concerning matters related to this written application for aid and any subsequent documentation exchanged between the two parties concerning the same written application for aid.

*The person giving authorisation should correspond to the data subject of personal data contained in this application as well as represent the Applicant Entity as its legal representative.*

|  |  |  |
| --- | --- | --- |
| Name of Legal Entity | Name and Surname of Natural Person Granted Authorisation[[1]](#footnote-2) | E-Mail Address of Party Granted Authorisation[[2]](#footnote-3) |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| Name And Surname of The Person Giving Authorisation | Click or tap here to enter text. |
| E-Mail Address of The Person Giving Authorisation | Click or tap here to enter text. |
| Signature Of Person Giving Authorisation |  |
| Designation | Click or tap here to enter text. |
| Date | Click or tap here to enter text. |

## Cumulation of Aid (where State aid rules apply)

The undersigned declares that aid approved under this incentive is in line with the terms and conditions set out in the National Rules for Participation and in line with Article 5 of 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.

## 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:

1. Schemes administered by Xjenza Malta, Malta Enterprise, the Planning and Priorities’ Coordination Division (PPCD), the Measure and Support Division, Jobsplus, the Energy and Water Agency, and other government-funded schemes operated by other entities (such as JAMIE financial instrument).
2. Schemes funded through Horizon 2020, Horizon Europe, ERDF, ESF and any other European Union programmes/instruments.

## Transparency Obligations

For any individual aid award in line with the National Rules for Participation – State aid, as of 1 January 2026, information on de minimis aid granted under this scheme shall be made publicly available in a central register.

The following information shall be made public:

1. The identification of the beneficiary,
2. The aid amount,
3. The granting date,
4. The aid instrument, and
5. The sector involved on the basis of the statistical classification of economic activities in the Union (‘NACE classification’).

By submitting this application, I hereby acknowledge that the Managing Authority shall abide by any applicable transparency rules and may publish and make available to third parties’ information as required by such rules.

|  |  |
| --- | --- |
| I confirm that: | |
| The information given in this form is accurate to the best of my knowledge. I understand that if it is later established that the information is misrepresented, the application or funded project may be ineligible or terminated respectively. | **I AGREE** |
| I have read and accept the terms and conditions stipulated within the declarations above and the Rules for Participation and relevant Call text and confirm that I agree with the eventual publication of personal data and project proposal content information of successful applicants, including the name of the entity, project contacts, title of proposal and abstract. | **I AGREE** |
| I accept and confirm that the personal data and project/activities proposal content information can be passed on to Xjenza Malta to be used solely for the purposes of administering, processing, and review of the application. | **I AGREE** |
| I accept and confirm that the personal data and proposal content information can be passed on to third parties i.e., the Partner Organisation/s with whom I will be carrying out this project, solely for use in said project/activities, and that any misuse of the data or provision of data to parties outside this agreement will incur legal action. | **I AGREE** |
| In the case the proposal is selected for funding, the designated ‘Start of Works’ date of the project will be after the signing of the Grant Agreement. | **I AGREE** |
| I have never been found guilty by any competent Court in Malta or elsewhere of any crime[[3]](#footnote-4) and that I have never been adjudged bankrupt or insolvent by, or filed an application for insolvency before, any competent Court in Malta or elsewhere. | **I AGREE** |
| I have never been disqualified[[4]](#footnote-5) or excluded from participation in any Public Tender either by the Government of Malta or by the European Union or by any public entity in Malta. | **I AGREE** |
| I have never been disqualified[[5]](#footnote-6) or excluded from participation in any Public and/or European Union funding scheme. | **I AGREE** |

**Maltese Lead Applicant**

|  |  |
| --- | --- |
| Name of Legal Representative: | Click or tap here to enter text. |
| Position in Entity: | Click or tap here to enter text. |
| Contact Details: | Click or tap here to enter text. |
| Date: | Click here to enter a date. |
| Signature of Legal Representative & Entity Stamp: |  |

**Maltese Partner Applicant**

|  |  |
| --- | --- |
| Name of Legal Representative: | Click or tap here to enter text. |
| Position in Entity: | Click or tap here to enter text. |
| Contact Details: | Click or tap here to enter text. |
| Date: | Click here to enter a date. |
| Signature of Legal Representative & Entity Stamp: |  |

*Repeat Template for each Maltese Partner as needed.*

# Section 8: Check List of Attachments

Please ensure that the following annexes are submitted with this application form. All annexes can be downloaded from the [Xjenza Malta’s website Resource Page](https://xjenzamalta.mt/resources-page/) and should be submitted along with this application form by the proposal submission deadline.

A signed copy of this **National Application form** in MS Word (.docx) and PDF formats.

Applications where **State Aid is not applicable** should submit:

Signed Declaration where State Aid is not applicable for Public Entities whose activity does not constitute an economic activity within the meaning of Article 107 TFEU (Excluding Public Research and Knowledge Dissemination Organisations).

Signed Declaration where State Aid is not applicable for Public Research and Knowledge Dissemination Organisations that do not carry out an economic activity within the meaning of Article 107 TFEU.

*Curricula Vitae* of the Maltese Lead Researcher and other key researchers highlighting R&I related experience.

*Curricula Vitae* of the foreign Lead Researcher and other key researchers highlighting R&I related experience.

**Entities applying for aid under *de minimis* should submit:**

The *de minimis* declaration Form

**Please tick accordingly (applicable only for applications under the State Aid route i.e., *de minimis*):**

With this application form, I have annexed the Memorandum and Articles of Association (and any other corresponding amendments) or other constitutive document.

**Additionally, other forms of documentation can be requested depending on the nature of the undertaking.**

1. Leave empty if authorisation is intended for 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. [↑](#footnote-ref-2)
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. [↑](#footnote-ref-3)
3. *This Declaration does not extend to any traffic related offences where these have been made.* [↑](#footnote-ref-4)
4. *This Declaration does not extend to disqualification of any tender proposal due to technical reasons.* [↑](#footnote-ref-5)
5. *This Declaration does not extend to disqualification of any tender proposal due to technical reasons.* [↑](#footnote-ref-6)