

 





**Horizon Internationalisation Partnership Awards Scheme (HIPAS) 2025**

**Application Form:**

**XJENZA**MALTA

VILLA BIGHI, DAWRET FRA GIOVANNI BICHI

KALKARA, KKR 1320

+356 2360 2200

XJENZAMALTA.MT

**Section One: Applicant’s Details**

*Please fill in all sections of the form.*

|  |  |
| --- | --- |
| **Applicant Details**  *(Please include details of the Malta-based entity applying for the Award)* | |
| **Name** |  |
| **Designation** |  |
| **Legal Name of Undertaking / Entity** |  |
| **Name of Department/Institute/Centre** |  |
| **Company number/Registration/Identification number** *(not applicable for public entities)* |  |
| **Business Activity**  **[please state NACE code; a list of NACE Codes may be accessed here]** |  |
| **Email** |  |
| **Tel. Number** |  |

|  |  |  |
| --- | --- | --- |
| **Proposed Consulting/Proposal Writer Entity Details:**  *(Please include details of the contact person from the entity proposed for the proposal development)* | | |
| **Name of Consultancy Firm** |  | |
| **Contact Details**  **Website** | **Name:** | **Designation:** |
| **Email:** |
| **Address:** | **Tel. No.:** |
| **Mob. No.:** |

|  |  |  |
| --- | --- | --- |
| **Proposed Consulting/Proposal Writer Entity Details:**  *(Please include details of the contact person from the entity proposed for the proposal development)* | | |
| **Name of Consultancy Firm** |  | |
| **Contact Details**  **Website:** | **Name:** | **Designation:** |
| **Email:** |
| **Address:** | **Tel. No.:** |
| **Mob. No.:** |

|  |  |  |
| --- | --- | --- |
| **Proposed Consulting/Proposal Writer Entity Details:**  *(Please include details of the contact person from the entity proposed for the proposal development)* | | |
| **Name of Consultancy Firm** |  | |
| **Contact Details**  **Website:** | **Name:** | **Designation:** |
| **Email:** |
| **Address:** | **Tel. No.:** |
| **Mob. No.:** |

|  |  |  |
| --- | --- | --- |
| **Proposed Graphic Designer Entity Details (if applicable):**  *(Please include details of the contact person from the entity proposed for the proposal development)* | | |
| **Company Name** |  | |
| **Contact Details**  **Website:** | **Name:** | **Designation:** |
| **Email:** |
| **Address:** | **Tel. No.:** |
| **Mob. No.:** |

**Section two: Project /Activity details**

|  |  |
| --- | --- |
| **Proposed Project title:** | |
|  | |
| **Selected Horizon Europe/Partnerships call/topic:** |  |
| **ID of the call/topic** (*if applicable*): |  |
| **Call/topic Opening date:** |  |
| **Call/topic Deadline:** |  |
| **Submission type** (single stage or two stage): |  |
| **Type of action:** |  |

|  |
| --- |
| **Excellence/Quality in the proposed project idea (project brief) with relevance to identified topic/s.** (***max. 500 words***) Please also refer to gender dimension in the proposed research. |
|  |
| **Capacity and Experience in Project Participation/Coordination**  *Has your organisation participated in any EU-funded projects before as beneficiary or as a coordinator?*  *If yes, in which project/s and what was the role of the entity? (****max. 200 words****)* |
|  |
| **Track record of each consultancy/proposal writer company**  *Please include relevant information about the consultancy company and list at least 3 relevant Horizon Europe/ Horizon 2020 /FP7 projects (for each consultancy) that the service providers have supported in the past. Please mention if the projects were selected for funding or not. Services providers with successful proposals/projects will be favourable considered.*  *Kindly indicate acronym and title of the Horizon Europe/Horizon 2020/FP7 projects. (****max. 400 words****)* |
|  |
| **Quality of the Proposed Consortium (if applicable)**  *Kindly include a list of the proposed potential partners by providing a short description of the relevance of the proposed consortium partners and their contribution towards the project goals. An overview of the consortium makeup, distribution and diversity (academic, public, private) is to be provided. (****max. 300 words****)* |
|  |

|  |  |
| --- | --- |
| **Total Amount of Funds Requested (in €)**  **Please include graphic designer fees, if applicable.**  *(Please keep in mind that funding for any one proposal is capped at €8000 except for some exceptions found in HIPAS rules)* |  |

**Section 3 - State Aid Rules:**

For applicants that qualify as undertakings that carry out an economic activity within the meaning of Article 107 TFEU, the IPAS+ scheme will be implemented in line with the *de Minimis* Regulation (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). More information is provided in the rules for participation and Xjenza Malta can also be contacted for further clarifications.

If you deem that State Aid is not applicable, a justification will need to be provided. If the activities undertaken by the applicant are found to have State Aid implications, the applicant would need to follow State Aid rules. Refer to the [resources page](https://mcst.gov.mt/resource-page/) on the website.

Please provide justification below:

Justification

**Section 4: Declaration**

**4.1 Personal Data Protection**

1. Contact email address of the Data Protection Officer: dpo.xjenzamalta@gov.mt
2. The legal basis and purpose of processing:

The personal data collected by Xjenza Malta (XM) via this written application for the aid and its subsequent processing by XM to evaluate data subject’s request for aid under the Scheme is in line with:

1. The relevant Rules for the Scheme;
2. 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 (de minimis Regulation) where applicable;
3. Data Protection Act, Chapter 586 of the Laws of Malta and Regulation (EU) 2016/679 of the European Parliament 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).

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’*.

1. Data retention period:

The data collected by Xjenza Malta 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 to the Entity represented by the data subject in relation to this written application for aid, in line with the Scheme Rules for Participation and Article 6 of the *de minimis* Regulation (where applicable).

1. Pursuant to General Data Protection Regulation (GDPR), you have the right to access the personal data, rectify inaccurate personal data, request to erase personal data and request Xjenza Malta to restrict the processing of personal data.
2. To exercise such rights, you are to submit a written request to the Data Protection Officer via the contact e-mail address.
3. Any erasing and/or rectification of personal data and/or restriction of processing as referred to above may:

* Render one or more cost items or the Entity ineligible for assistance under the Scheme or render void the Letter of Intent issued in favour of the Entity for assistance under the Scheme in relation to this written application for aid;
* Lead Xjenza Malta to enforce a recovery of aid granted to the Entity as part of this written application for aid.

1. Sharing of data where strictly necessary and required by law:

For the purpose of processing this written application for aid in line with the Rules for Participation for the Call and the ‘*de minimis* Regulation’ (where applicable), Xjenza Malta 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.

1. For the purpose of monitoring of 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.
2. 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.
3. Authorisation to engage with Xjenza Malta on matters related to this application.

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

|  |  |  |
| --- | --- | --- |
| **Name of Legal Entity** | **Name and Surname of Natural Person granted authorisation(1)** | **E-mail address of party granted authorisation(2)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Note 1: Leave empty if authorisation is intended to 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.

Note 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. The Undersigned should be copied (via the email address specified in this application) in any communication between Xjenza Malta and the Person granted authorisation as per above table.

|  |  |
| --- | --- |
| **Name and Surname of person giving authorisation:** |  |
| **E-mail address of person giving authorisation:** |  |
| **Signature of person giving authorisation:** |  |
| **Designation:** |  |
| **Date:** |  |
| *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.* | |
|  | |

**4.2 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 Rules for Participation and in line with the rules on cumulation outlined in Article 5 of the *de minimis* Regulation.

**4.3 Double Funding**

Funding under this scheme is made available on the basis that the Applicant has not benefited and will not benefit from any other grant or financial incentive of whatever nature, applied for and/or utilised for the same scope as that subject of the funding requested under this scheme.

**4.4 Monitoring and Reporting Obligations**

By submitting this application, I hereby acknowledge that Xjenza Malta shall abide with any applicable monitoring and reporting obligations and may publish and make available to third parties’ information as required by such rules.

In line with Article 6(1) of the de minimis Regulation, as of 1 January 2026, information on de minimis aid granted under de minimis schemes shall be made publicly available in the central register at national or Union Level.

The following information shall be made public:

- the identification of the beneficiary,

- the aid amount,

- the granting date,

- the aid instrument, and

- the sector involved on the basis of the statistical classification of economic activities in the Union (‘NACE classification’).

* 1. **Additional declarations:**

|  |  |
| --- | --- |
| **I confirm that:**  The information given on this form is accurate to the best of my knowledge. I understand that if it is later established that I misrepresented myself and I am not eligible for this Scheme then I will be required to pay for the services received. | 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 ☐ |
| I have read and I accept the terms and conditions stipulated within the declarations above and the HIPAS Rules 2025 and confirm that I agree with the eventual publication of personal data and project proposal content information of successful applicants, including name of entity, project contacts, title of proposal and abstract. | I agree ☐ |
| I have never been found guilty by any competent Court in Malta or elsewhere of any crime 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 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 or excluded from participation in any Public and/or European Union funding scheme. | I agree ☐ |
| I confirm that my intention is to submit a Horizon Europe/Partnership proposal as a Coordinator, and I will provide proof of submission of the proposal to Xjenza Malta as indicated in the HIPAS Rules 2025. | I agree ☐ |
| I confirm that I will share a draft digital copy of the Horizon Europe/Partnership project proposal to the Framework Programme unit at Xjenza Malta for their review. This shall be sent by not later than 1 month before the submission deadline of the Call/topic. Furthermore, I will provide the required documents with the final report as indicated in the HIPAS Rules 2025. | I agree ☐ |
| I confirm that I will participate actively in the activities suggested by XM. | I agree ☐ |
| I confirm that my entity has a Gender Equality Plan or will have it by the time of deadline of the Horizon Europe call\* | I agree ☐ |
| I declare that the necessary verifications and internal assessment to establish that neither I, nor any of the applying Legal Entity’s directors, shareholders, ultimate beneficial owners, beneficiaries, trustees, experts, collaborators, employees, individuals working on the project submitted or any other person connected in any way with the applying Legal Entity has had or has a direct, indirect or perceived connection to any employee of Xjenza Malta performing any duties related to the award or oversight of the Project.  I declare that should any real, potential or apparent conflict of interest as described above exist or arise in the future, I shall immediately disclose said conflict to Xjenza Malta by means of a notice in writing as soon as I become aware of such fact, and in any event by no later than two (2) days of becoming so aware. | I agree ☐ |

\*For Horizon Europe calls for proposals with deadlines in 2022 and beyond, applying **public bodies, research organisations and higher education institutions**, from EU Member States and associated countries, must have a GEP or equivalent strategy in place to be eligible for funding.

|  |  |
| --- | --- |
| **Signature & Stamp of the Applicant:**  *The applicant needs to have sufficient authority to ensure the adequate degree of commitment and support for the activities.* | **Date:**  **Sign:**  **Stamp:** |
| **Signature & Stamp of CEO / Chairman / Rector of Applicants Entity:**  *Applications should be endorsed by the applicant’s CEO/Chairman/Rector, as the case may be.* | **Date:**  **Sign:**  **Stamp:** |