**ANNEX C**

**Declaration of State Aid**

***To be printed on a company letterhead paper of the partners qualifying as an "undertaking"***

*To the Managing Authority of the Cooperation Programme INTERREG V-A Italy-Malta*

*Presidency of the Region of Sicily*

*Regional Department of the Programme*

*Palermo*

The undersigned born in      on      , as legal representative of the undertaking       with registered office in       VAT No      , specified in the Application Form as       (*specify Partner No.*) with regards to Project       (*specify acronym*)

**DECLARES**

the below:

1. In the context of the project, does my organisation undertake activities and/or develop/offer products/services for which a market with free competition exists?

**Yes  No**

1. In the context of the project, does my organisation undertake activities or provide products/services which could be produced or provided by an individual for a profit?

**Yes  No**

1. In the context of the project, does my organisation undertake activities entailing the creation of infrastructure which will be commercially exploited and/or will not be made available for free for public purposes?

**Yes  No  Not applicable**

***If the answer is "yes" for one or more of the above listed questions, the related activities of the beneficiary should be described, with reference to each WP and output identification number****.*

Table 1

|  |  |
| --- | --- |
| Work Package | Description of activities and outputs |
| WP1 "Project Management" |  |
| WP2 "Communication activities" |  |
| WP3 |  |
| WP4 |  |
| WP5 |  |
| WP6 |  |

1. Does my organisation make any profit from the economic activities listed above which, under normal conditions, while pursuing its own activities, it would not have made, e.g. without project funding?

**Yes  No**

1. Is my organisation exempt from the expenditures for the execution of the above listed economic activities which it would have otherwise incurred, by pursuing its own ordinary activities, e.g. without project funding?

**Yes  No**

***If the answer to questions 4 and/or 5 is "yes", the profit made and/or the expenditures from which the beneficiary is exempt should be described for each activity described in Table 1****.*

Table 2

|  |  |
| --- | --- |
| Work Package | Description of profit and details of expenditures |
| WP1 "Project Management" |  |
| WP2 "Communication activities" |  |
| WP3 |  |
| WP4 |  |
| WP5 |  |
| WP6 |  |

1. Does an economic operator (e.g. an SME) which is not part of the project partnership make profit through the activities undertaken by my organisation within the scope of the project?

**Yes  No**

***If the answer to question 6 is "yes", describe which specific activities undertaken by the beneficiary within the scope of the project are being referred to, including details on the possible final recipients of the aid (e.g. SMEs of a particular sector)***

Table 3

|  |  |
| --- | --- |
| Work Package | Description of activities and details on final recipients of the aid |
| WP1 "Project Management" |  |
| WP2 "Communication activities" |  |
| WP3 |  |
| WP4 |  |
| WP5 |  |
| WP6 |  |

*…......................................................... …………………………………………………………*

***Time and place Signature***

***Legal representative or substitute's signature Time and place***

***by proxy***

***Name and surname of legal representative Role***

***Stamp of Partner Institution***

**Annex C – Section 1**

***To be printed on a company letterhead paper of the partners qualifying as an "undertaking"***

**Option between contribution under the system of exemption or *de minimis***

*To the Managing Authority (AdG) of the Cooperation Programme INTERREG V-A Italy-Malta Presidency of the Region of Sicily - Regional Department of the Programme*

*Palermo*

The undersigned, ,aslegal representative of      ,

**asks**

that the contribution requested under the Cooperation Programme INTERREG V-A Italy-Malta is given (*choose an option*):

**Under the *de minimis* system**:

This requires thatthe applicant attaches the declarations referred to in Section 1 and 2 of this document. The applicant is also obliged to update the *de MINIMIS declaration* during the implementation of the project, transmitting this update to the MA. This applies until the date of issue of the payment.

**Under the exemption system**:

The applicant should attach the declarations referred to in Section 1 and 3 of this document and is obliged to update the *Declaration of Incompatible Aids* during the implementation of the project, transmitting this update to the MA until the date of issue of the payment.

He/she also declares to be aware that the amount of the ERDF contribution will be re-determined after evaluation of the project.

**Not Applicable**

The undersigned also:

* commits to provide all of the documentation deemed necessary in order to verify the declarations below, if requested by the Managing Authority;
* in case of approval of the project, the applicant commits to promptly inform the Managing Authority in case the conditions specified in this declaration are modified;
* is aware of the criminal sanctions foreseen in case of false declarations and the obligation to reimburse the contribution erroneously received, together with interest.

*….........................................................*

***Time and place***

*…...................................................................*

***Signature***

***Legal representative's or substitute's signature Time and place***

***by proxy***

***Name and surname of legal representative Role***

Stamp of Partner institution

***Stamp of Partner***

**Annex C – Section 2**

***DE MINIMIS* Declaration**

***To be printed on a company letterhead paper of the partners qualifying as an "undertaking"***

*To the Managing Authority of the Cooperation Programme INTERREG V-A Italy-Malta*

*Presidency of the Region of Sicily*

*Regional Department of the Programme*

*Palermo*

The undersigned born in      on      , as legal representative of the undertaking       with registered office in       VAT No      , specified in the Application Form as       (*specify Partner No.*) with regards to Project       (*specify acronym*)

**DECLARES**

1. that the relevant project activities for the purpose of state aids listed in Table 1 refer to the following sectors (choose only the relevant sector/s):

road freight transport

primary production of agricultural products

processing and marketing of agricultural products

fishing and aquaculture

export toward third countries or Member States. The project budget for the implementation of activities is directly linked to the exported quantities, the constitution and management of a distribution network or other current expenditures linked to the exportation activities

aidswhich are subject to the use of national products as opposed to imported ones

Not applicable. None of the activities mentioned in Table 1 refer to the sectors listed above

**ALSO DECLARES**

to have received from the competent national authority an injunction for the recovery of previously obtained state aids which have been declared incompatible by the European Commission,

to be an undertaking in difficulty (according to points 20 and 24 of the Communication from the Commission 2014/C 249/01)

Not applicableto either of the two above mentioned declarations

1. that the undertaking he/she represents:

did not receive, in the current financialyear and the last two financialyears, "*de minimis*" aids under none of the Regulations listed above;

*or*

received, in the current financial year and the last two financial years, the following "*de minimis*" state aids (*fill in the table below)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Beneficiary undertaking | Decision to grant assistance/ Community Regulation | Date of grant | Nature of contribution (subsidy, loan, warranties, etc.) | Grantor | Sum total of aid  (in GGE – Gross Grant Equivalent) | |
| Granted | Paid in full and final settlement |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. that the undertaking he/she represents:

is not controlled nor controls, directly or indirectly, other undertakings

controls, even indirectly, the following undertakings (specify the address – Italian or belonging to another country):

(*Company name and personal data*)

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

is controlled, even indirectly, by the following undertakings (specify the address – Italian or belonging to another country):

(*Company name and personal data*)

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. that the undertaking he/she represents:

was not involved in takeovers/mergers,

*or*

was involved in takeovers/mergers, therefore each undertaking participating in the merger or takeover was given, in the current financial year and the last two financialyears, the following contributions under the "*de minimis*" system (*fill in the table below)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Beneficiary undertaking | Decision to grant assistance/ Community Regulation | Date of grant | Nature of contribution (subsidy, loan, warranties, etc.) | Grantor | Sum total of aid  (in GGE – Gross Grant Equivalent) | |
| Granted | Paid in full and final settlement |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. that the undertaking he/she represents:

was not involved in division processes

*or*

was involved in division processes, therefore, before the division and in any case, in the current financialyear and the last two financial years, the represented undertaking was given the following contributions under the *de minimis* system (*fill the table below*)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Beneficiary undertaking | Decision to grant assistance/ Community Regulation | Date of grant | Nature of contribution (subsidy, loan, warranties, etc.) | Grantor | Sum total of aid  (in GGE – Gross Grant Equivalent) | |
| Granted | Paid in full and final settlement |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. that the undertaking it represents:

did not receive further State aids for the same eligible costs referred to by the "*de minimis*" aid in question;

*or*

received further State Aids for the same eligible expenditures referred to by the "*de minimis*" aid in question within the maximum intensity limit allowed by the system or by the relevant decision granting the aid.

**AUTHORISES**

the programme authorities to process data provided through this declaration, for management and statistical purposes, also with the aid of electronic or automated means, in compliance with security and privacy

*….........................................................*

***Time and place***

*…...................................................................*

***Signature***

***Legal representative or substitute's signature Time and place***

***by proxy***

***Name and surname of legal representative Role***

Stamp of Partner institution

***Stamp of Partner Institution***

**ANNEX C – Section 3**

**Declaration of incompatible aids**

***To be printed on a company letterhead paper of the partners qualifying as "SME"***

*To the Managing Authority of the Cooperation Programme INTERREG V-A Italy-Malta Presidency of the Region of Sicily - Regional Department of the Programme*

*Palermo*

The undersigned born in      on      , as legal representative of the undertaking       with registered office in       VAT No      , specified in the Application Form as       (*specify Partner No.*) with regards to Project       (*specify acronym*)

**DECLARES**

that the applicant has not received from the competent national authority an orderfor the recovery of previously obtained state aids which have been declared incompatible by the European Commission,

*or*

to have reimbursed or deposited in a blocked account said aids in accordance with a recovery orderissued by the competent national authority

**AND**

not to be an undertaking in difficulty (according to points 20 and 24 of the Communication from the Commission 2014/C 249/01)

*or*

to be an undertaking in difficulty (according to points 20 and 24 of the Communication from the Commission 2014/C 249/01)

*…......................................................... …………………………………………………………*

***Time and place Signature***

***Legal representative or substitute's signature Time and place***

***by proxy***

***Name and surname of legal representative Role***

***Stamp of Partner Institution***