



GAL XLOKK FOUNDATION

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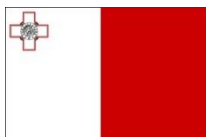
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Application Form

Measure 2: Strengthening a healthy cultural identity



Rural Development Programme for Malta 2014-2020

Part financed by the European Union

Co-financing Rate:

75% European Union; 25% Government of Malta



***The European Agricultural Fund for Rural Development:
Europe investing in rural areas***

Should you have any queries with the compilation of this form kindly contact GXF on info@galxlokk.com or call on 2099 8008.

Please read the accompanying ‘Guidance Notes for submission of Application for funding under Measure 2 – “Strengthening a healthy cultural identity” before completing the Application Form.

The information you provide in your Application Form will be used solely to check the eligibility of your project for the approval of the grant. Under no circumstances, will GXF use this information in contravention of the Data Protection Act.

If there is insufficient space to answer any question, please continue on a separate sheet and **attach** to the Application Form.

Applicants are to check that **ALL** necessary supporting documents are submitted together with this form. Reference can be made to the **Checklist in Section 7 of the Application Form**. **ONLY** Application Forms submitted by hand as per the stipulated deadline will be accepted.

Please complete this document in block letters.

In case of any conflicts between this application template, the guidance notes and the text of the Rural Development Programme (RDP) 2014-2020, GAL XLOKK Local Development Strategy and other legislative text, the interpretation given by the relevant legislation will be given the overall priority.

The foundation also reserves the right to request additional information not included in this application form.

SECTION 1 : APPLICATION SUMMARY

(TO BE FILLED IN BY PROJECT LEADER¹)

Name of Project Leader:

Postal Address:

Brief description of project emphasising the element for which funding is sought:

Tel. No:

Mobile No:

Email:

Website address:

Amount of Funding Sought (80%):

Euro (€)

Remaining Funds (20%):

Euro (€)

Vat Amount (If Any):

Euro (€)

Total Amount (100%):

Euro (€)

¹ The project leader is the reference person for GXF during the application, the implementation and post implementation process (if the project is selected for funding).

For office use only:

Application Date:

Acknowledgement sent:

Pre-inspection Date:

Evaluation Date:

Board Approval Date:

Contract Issue Date:

Contract Signing Date:

Final Inspection Date:

Development Officer/s:

Funding Approved (Grant Excluding VAT):

€ _____

VAT Amount (If Any):

€ _____

Amount that has to be borne by the applicant (20%):

€ _____

Total Cost of the Project (100%):

€ _____

GXF Reference Number:

Programme and Measure: **LEADER PROGRAMME (2014-2020)**

Measure _____

SECTION 2: GENERAL APPLICANT DETAILS ²

2a.	Name of Applicant (Enrolled VO):	
	Postal Address:	
	Tel No:	Mobile No:
	Email:	Website Address:
	ID NO:	VAT Registration No:
		VO Registration No:
	Type of Applicant:	<input type="checkbox"/> Voluntary Organisation Please specify your type of Organisation <input type="checkbox"/> Band Club <input type="checkbox"/> Sports Organisation <input type="checkbox"/> Religious Organisation <input type="checkbox"/> Charitable Organisation <input type="checkbox"/> Environmental Organisation <input type="checkbox"/> Animal Welfare Organisation <input type="checkbox"/> Others _____

² If the project is being proposed by a number of entities/ individuals jointly, Section 2 of the application form must be filled in and signed by each entity/individual participating in the project. The copies must then be attached to the application form. Section 1 of the application form must be filled in by the nominated Project Leader.

2b. Brief Resume (such as history, aims and objectives) of the applicant:

SECTION 3: DETAILS OF KEY PARTNERS TO THE ENTITY

In the box below, please list only the key partners (if any) that will be contributing directly to the proposed project. Be specific and write within the lines provided below. Add lines if necessary.

Name of Partner	Address of Partner	Role of partner in the project

<p>4c.</p>	<p>Project end Result:</p> <p><i>(Explain why your requested funds are important to start, continue or complete a project? How will the end result ensure continuity/sustainability of already established cultural heritage as well as expand on it)</i></p> <p><i>(Description of the type of operation)</i></p>	<p><input type="checkbox"/> Knowledge Capacity building (such as historical, traditional documentary evidence)</p> <p><input type="checkbox"/> Costs of procurement of specialist services, including experts' fees (Up to 10% of total costs)</p> <p><input type="checkbox"/> Purchasing of Equipment/Instruments/Other Fixtures and Fittings</p> <p><input type="checkbox"/> Procurement of durable aids and accessories (such as traditional costumes and other artefacts)</p> <p><input type="checkbox"/> Leasing of temporary facilities and infrastructure (Up to 20% of total costs)</p> <p><input type="checkbox"/> Project publicity costs</p> <p><input type="checkbox"/> Infrastructural Works/improvement of immovable property</p> <p><input type="checkbox"/> Organisation of new Events</p> <p><input type="checkbox"/> General costs linked to expenditure, such as architect, engineer and consultation fees (Up to 10% of total costs)</p> <p><input type="checkbox"/> Others _____</p> <p>_____</p>
<p>4d.</p>	<p>Focus areas, cross-cutting objectives and Malta needs</p>	<p>Project must target at least one or more of the following focus areas and cross cutting objectives. Please tick the focus areas and cross-cutting objectives targeted by the project.</p> <p><input type="checkbox"/> Focus Area 6B: Promoting social inclusion, poverty reduction and economic development in rural areas.</p>

		<p>Contribution to Cross-Cutting Objectives (the choice needs to be reflected in the applicant's answers of questions 4i to 4n)</p> <p><input type="checkbox"/> Sustainability</p> <p><input type="checkbox"/> Co-operation</p> <p><input type="checkbox"/> Innovation</p> <p>Others _____</p>
4e.	Project Location:	
4f.	Do you have a title to the project location?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4g.	If you have answered YES to the previous question, please tick one of the provided options	<input type="checkbox"/> Ownership <input type="checkbox"/> Lease <input type="checkbox"/> Guardianship Deed <input type="checkbox"/> Management Contract <input type="checkbox"/> Other (please specify) _____ The Agreement/Contract is valid for the following number of years: _____
4h.	If you have answered NO to question 4E, please specify what type of agreement you have on project location	<input type="checkbox"/> Declaration from owner of property where investments will be kept <input type="checkbox"/> Declaration from owner of property from where proposed services will be delivered The Declaration/Comfort Letter is valid for the following number of years: _____

Relevance to the objective of the measure		
4.i.1	<p>Will the proposed project enhance the cultural and social heritage value of the locality/area?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><i>If yes, please provide details how:</i></p>
4.i.2	<p>Will the proposed investment be attracting tourists (non-residents)?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><i>If yes, please provide details how:</i></p>

4.i.3	<p>Will the proposed investment encourage more participation and increase the organisation of events (such as regular exhibitions) that may become part of the annual calendar of events?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><i>If yes, please provide details how and what type of activities will be organised on a regular basis to increase and encourage more participation:</i></p>

Link to the Xlokk Territory		
4.j.1	How does the investment link the historical and social characteristics with the cultural heritage and traditions of the area?	<i>Please Specify:</i>

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4.j.2	How does the cultural investment is geographically linked to the territory?	<i>Please Specify:</i>
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4.j.3	How does the cultural investment link to other activities of cultural and/or touristic within the same area?	<i>Please Specify:</i>
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Type of Project

4.k.1

Is the investment targeting the achievement of any of the following objectives?

YES NO

Kindly, choose from the below identified objectives:

Cultural exchange

Enhancing of life quality

Leisure & entertainment

Skills building

Others _____

Please provide details for each identified objective:

4.k.2	Does the investment involve the collaboration between local actors emanating from different sectors of arts, crafts and popular culture?	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, please provide details:</i>
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Social Impact on the community

4.I.1

Provide details of the social impact of the investment on children and youths

Please Specify:

4.I.2

Provide details of the social impact of the investment on elderly people

Please Specify:

4.l.3	Provide details of the social impact of the investment on persons with learning difficulties and/or mixed abilities	<i>Please Specify:</i>
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Preparedness		
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4.m.1	Were the necessary arrangements with local actors that are to be involved in the development and delivery of the activity made?	<input type="checkbox"/> YES <input type="checkbox"/> NO Please specify:
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4.m.2	<p>Are all PA / DNO permits and other relevant permits in hand or in the application process?</p> <p><i>(Please indicate clearly with a clarification letter from PA whether the project requires a Permit or not. Even if the infrastructural project is minor and no planning permits are required, please submit with the application a confirmation from the Planning Authority)</i></p>	<p><u>Development Notification Order (DNO)</u></p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> DNO Ref No: _____</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> In Application Process</p> <p><input type="checkbox"/> Application Ref No: _____</p> <p><u>FULL PERMIT</u></p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> Full permit Ref No: _____</p> <p><input type="checkbox"/> In Application Process</p> <p><input type="checkbox"/> Application Ref No: _____</p> <p><input type="checkbox"/> Not Applicable</p>
Sustainability of the Project		
4.n	<p>a) Explain how you intend to sustain the project following 5 years after the last payment (Please include an attachment with the application including Operational Costs such as:</p>	<p><i>Please provide details:</i></p>

	<p>Maintenance, operations etc....)</p> <p>b) Explain how the project sustains the climate and environment</p> <p>c) Explain how the investment supports the policies related to gender equality and non-discrimination</p>	<p><i>Please provide details:</i></p> <p><i>Please provide details:</i></p>
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SECTION 5: FUNDING DETAILS

5a. Please provide information on the corresponding match funding. The applicant must indicate how it will provide the share of co-financing which amounts to 20% of the total eligible cost of the proposed investment. Please tick where applicable.

Match funding from own financial resources (Please provide adequate evidence to support the statement **i.e. declaration from a certified auditor** confirming that the applicant can match the funding required from own financial resources);

Match funding from Bank Loan (please provide a letter from a commercial bank confirming availability of credit facility).

In the case of a Bank Loan, please specify:

Name of Bank:

Branch:

Contact Person:

Telephone Number:

5b. Have you sought/received grant aid from other sources in respect of this project?

Yes No

If yes, please provide details:

5c. Have you ever incurred a Penalty applied under any EU Funding Scheme?

(Please note that this does not disqualify you from applying for RDP Funding)

Yes No

If yes, please provide details:

SECTION 6: PROJECT MANAGEMENT DETAILS

6a.	What is the proposed start date of the Project?	
6b.	What is the estimated time in months for the implementation and completion of the Project?	
6c.	What is the total cost of the Project? (excl. VAT)	€
6d.	How do you intend to finance it?	
	Own Funds (20%) € Vat Rate (%) Vat Amount € Loans € Grant (80%) € Others (Please specify) € Total: €	
6e.	What is the Total Grant Aid (80%) Requested?	
	€	

6f. Please complete the following table summarising the overall total Project Costs. (Please note that all figures should be excluding VAT)³						
Table 1 -						
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6⁴	Column 7⁵
In this column please specify the investment component relative to the type of investment	Chosen Quotations/ Bill of Quantities (BOQ)	Value excluding VAT (€)	VAT Amount (€)	Final Cost including VAT (€)	Applicant's Contribution (20%) excluding VAT (€)	Applicant's Contribution (20%) including VAT (€)
<i>Construction Costs</i>						
<i>Purchases of new fixtures and fittings</i>						
<i>Purchase of new equipment/instruments</i>						
<i>General costs such as architects, engineers and consultants – (maximum capping of 10% applies)</i>						
<i>Costs of procurement of specialist services, including experts' fees</i>						
<i>Leasing of temporary facilities and infrastructure (maximum capping of 20% applies)</i>						
<i>Expenses related to capacity building of knowledge (such as traditional documentary evidence)</i>						
<i>Organisation of Activities</i>						

³ In the case of infrastructural investment, the applicant must submit a detailed cost estimated prepared and signed by a professional architect. In the case of a BOQ, the applicant is requested to indicate (in Table 6f) the line item covering the cost/s. In the case of other type of investment, the applicant must submit three (3) quotations (including supplier details, letterhead logo and Vat No, beneficiary's details and original signature) for the expenditure to be incurred.

⁴ The applicant must co-finance 20% of the eligible cost of the proposed investment.

⁵ The applicant must co-finance 20% of the eligible cost of the proposed investment. In this column the applicant must indicate his/her contribution plus the VAT component that must be paid by the applicant unless this is unrecoverable.

Other Costs – Please specify							
TOTAL cost of the component investment:							

6g. State the expected timeframes each individual line item (investment) will be procured and disbursed:

Description of line item	Quotation number/ Architect's Estimate	Indicative Procurement Date (Year and Month) <i>(When the line items will be procured)</i>	Indicative Disbursement Date/s (Year and Month) <i>(When claims will be submitted to ARPA)</i>	Value Excluding VAT (€)	VAT Amount and Rates		Total Amount (Including VAT) (€)
					(€)	(%)	
TOTAL							

SECTION 7: APPLICATION REQUIREMENTS CHECKLIST

7a.	Are the following documents in place?	
1)	Original signed project application form (1) together with two (2) copies of the signed project application forms	Yes <input type="checkbox"/> No <input type="checkbox"/>
2)	A soft copy of the application form saved both in PDF (.pdf) and WORD (.doc or .docx) format including also the supporting documentation	Yes <input type="checkbox"/> No <input type="checkbox"/>
3)	Copy of I.D. Card of Project Leader	Yes <input type="checkbox"/> No <input type="checkbox"/>
4)	Letter of Intent signed by the entity's official representatives or by the Committee or the majority of the committee appointing the Project Leader	Yes <input type="checkbox"/> No <input type="checkbox"/>
5)	Title Deeds or Lease or other form of contract for Project Location (Contract) in cases of infrastructural interventions or any other interventions that are related to the building	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
6)	Signed owner's consent in the case of a lease/management agreement/guardianship or any other form of contract for the works to be carried out	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
7)	Signed declaration from owner of the premises specifying the address from where the applicant will be delivering the proposed service for the following 5 years from projected completion date of the project (in cases of investments that are NOT related to the buildings)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
8)	Log/Timeline of activities (in case of investments that will result in delivery of specific services – Section 6g of the application form)	Yes <input type="checkbox"/> No <input type="checkbox"/>
9)	Copy of Voluntary Organisation (VO) Certificate issued by the Commissioner for Voluntary Organisations	Yes <input type="checkbox"/> No <input type="checkbox"/>
10)	A copy of the certificate of compliance issued by the Commissioner for Voluntary Organisations till the year ending 2017	Yes <input type="checkbox"/> No <input type="checkbox"/>
11)	A copy of the latest VO Statute as approved by the Commissioner for Voluntary Organisations	Yes <input type="checkbox"/> No <input type="checkbox"/>
12)	Financial Accounts for year ending 2017 as submitted to the Commissioner for Voluntary Organisations	Yes <input type="checkbox"/> No <input type="checkbox"/>
13)	PA permit and approved site plans and drawings related to the proposed investment	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
14)	Copy of application with PA and proposed drawings and site plans related to the proposed investment	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
15)	Correspondence with the PA that the enhancement to premises or the proposed use does not require a PA permit or a DNO.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
16)	Copy of VAT Certificate	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
17)	VAT declaration form	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

18)	Itemised comparable guaranteed quotations ⁶ or pro-forma invoices for all project costs which are not related to infrastructural investment (3 quotations , including VAT number, original signature details of both supplier and applicant)	Yes <input type="checkbox"/> No <input type="checkbox"/>
19)	Detailed, Signed and Dated Estimate by an architect in case of structural works (Bill of Quantities)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
20)	Signed Adjudication Report stating the chosen supplier/s – to be signed by the project leader and another legal representative of the entity	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
21)	Original Signed and Dated Bank or Auditor’s Declaration confirming that the applicant’s availability of own financial resources matches the co-financing element (20% + VAT)	Yes <input type="checkbox"/> No <input type="checkbox"/>
22)	Sanction Letter from Bank (<i>In case of a bank loan</i>)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
23)	Section 8 of the Application is duly signed – Declaration	Yes <input type="checkbox"/> No <input type="checkbox"/>
24)	All sections of the application have been filled in	Yes <input type="checkbox"/> No <input type="checkbox"/>
LIST OF ANNEXES CHECKLIST		
25)	Annex 1 – VAT Declaration Form (If applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

SECTION 8: DECLARATION

⁶ “Guaranteed quotations” means that the applicant must get a signed quotation from the supplier/s which must remain valid until completion of the project if the project is selected for funding. This quotation must be a formal one including the letterhead of the supplier, details of both supplier and the applicant, VAT number and original signature.

- 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 for is the minimum required for the project to proceed as described.
- 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 Section 6 of this Application Form.
- 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.
- I **will notify GXF** in advance of carrying out any changes, alterations or modifications to the project or any of the project activities (for example changes to models of equipment chosen at application stage). GXF reserves the right not to approve any request for modifications.
- 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 grant 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.
- I will provide information on the results achieved following implementation of the project and I undertake to provide this information on an annual basis for five (5) years from the date of the grant agreement.
- I will provide any further information as may be required by all stakeholders within the Ministry for European Affairs and Equality (MEAE), Agriculture and Rural Payments Agency (ARPA), Government entities and the GAL XLOKK Foundation (GXF) that may undertake audit checks and controls.
- I understand that if the application is not complete in all relevant detail and every aspect, including this section, it may be rejected.
- I confirm that the entity submitting this application has not received any other grant for the project being proposed in this application. I confirm that should the entity receive a grant for this project prior to the adjudication of the grant under LEADER, I will inform GXF, MA and ARPA immediately. I am aware that should I receive the grant under LEADER, I **will not be eligible** to apply under other grants to obtain additional funding for the same project proposed in this application.

Signature of Project Leader:

Name in Block Capitals:

Date:

Position Held:

SECTION 9: DATA INFORMATION

Part or all of the information you provide will be held on computer. This information will be used for the administration of application, publicity and producing monitoring reports. The Foundation has the right to share information with 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.

This Application form along with any attached documents will be treated as confidential throughout and after the project appraisal process. However, 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 European Affairs and Equality and GXF have the right to publish the name of the applicant, the amount of grant awarded and a brief summary of the project.

I understand that GXF are required to set ***performance indicators/targets*** for each project at the outset and monitor these during the implementation of the project, immediately after completion of the project and thereafter on an on-going basis.

Details of all grants will be published on the GXF website www.galxlokk.com

Please return your completed Application form and Annexes along with the necessary documentation by hand to:

GAL XLOKK FOUNDATION (GXF)

'269'

Main Street,

Hal-Qormi. QRM1107.

Malta.

For official use only:

Acknowledged by: _____

Date: ____/____/____

EU Database Ref Number: GXF_____

Signature: