

## Tools and strategies for developing and managing projects Day 3

# Funding programmes, Calls for proposals, forms and necessary documents



Directorate-General for  
Health & Consumers



Executive  
Agency for  
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# The Executive Agency for Health and Consumers



<http://ec.europa.eu/eahc/>

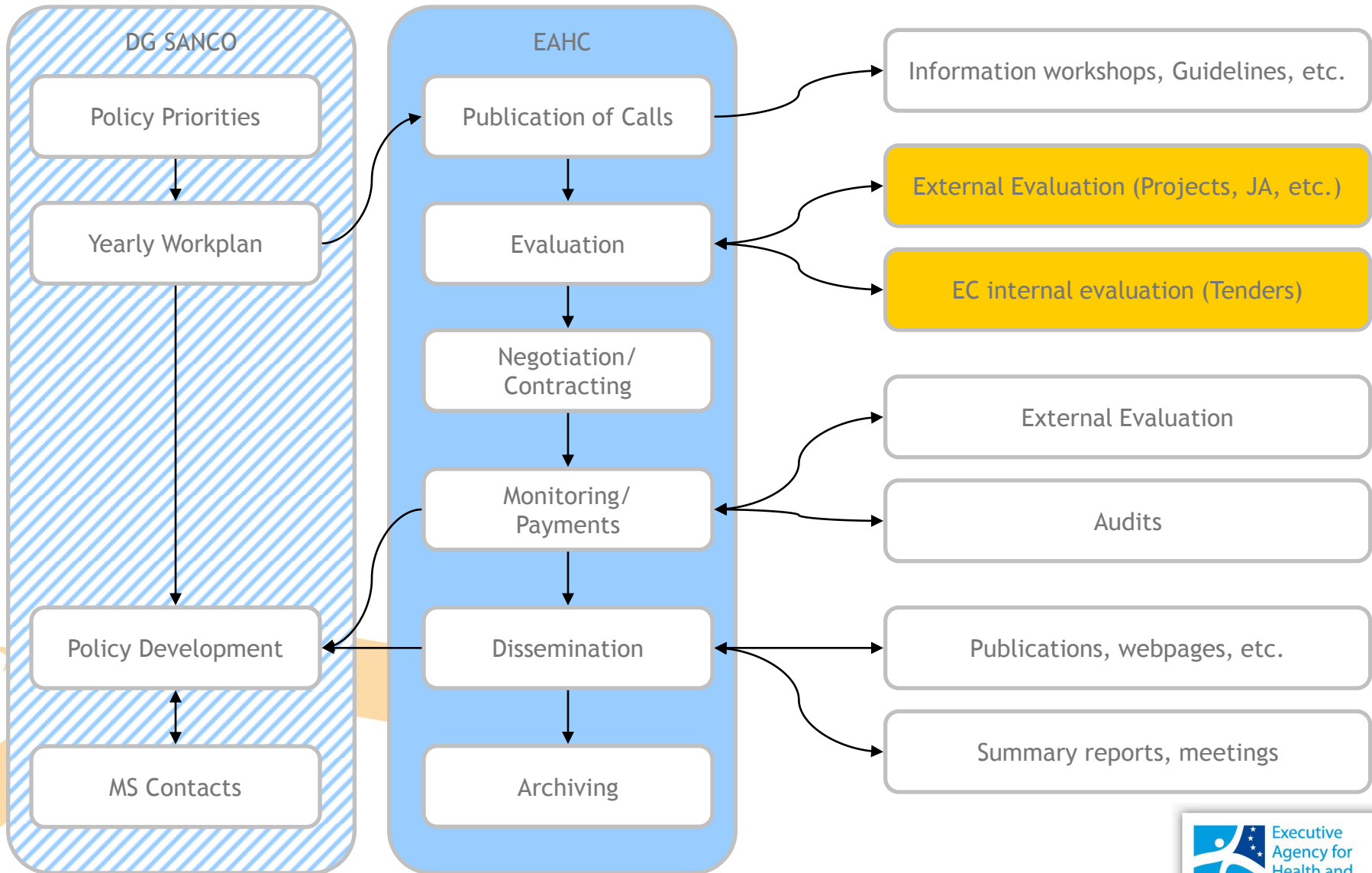
- The Executive Agency for Health and Consumers (formerly the Public Health Executive Agency) was began operations in 2006
- In 2008, the Agency's mandate was prolonged and expanded to include actions in consumer protection and training for safer food.
- The EAHC implements the EU Health programme, the EU Consumer programme and the Better Training for Safer food initiative.

# The Executive Agency Health and Consumers



- The Agency is fully autonomous in the implementation of its tasks
- It works closely with the Health and Consumers Directorate General (DG SANCO)
- The EAHC manages relations with some 2800 beneficiaries involved in close to 340 projects in the field of health; it has about 50 staff members with an administrative annual budget of 7.03 million euro (year 2011)
- The EAHC is based in Luxembourg.

# EAHC activities



# EAHC and Commission (SANCO)



## Distinct Responsibilities

### Commission (DG SANCO)

- Set priorities in annual Public Health Work Plans
- Liaise with Member States

### EAHC

- Launch calls for proposals and tenders
- Monitor projects
- Improve efficiency of management and dissemination

## but close collaboration

- Steering committee meetings
- Regular « liaison meetings »
- Regular meetings at technical level
- Participation in evaluation committee

# Financing mechanisms Under the Health Programme

- Calls for proposals for projects
- Joint actions
- Operating grants
- Conferences
- Direct grants to Intl organisations
- Calls for tenders

# Project grants

Public or private bodies based in one of the participating countries

EU contribution:

- ★ up to 60% of project costs - up to 80%
- ★ in case of exceptional utility

# Joint Actions

Joint undertaking between the EU Commission and Member States/other participating countries:

- ★ Public bodies or non-governmental organisations designated by them;

★ EU contribution up to 50% - up to 70% in case of exceptional utility



# Operating grants

Non-governmental organisations or specialised networks to cover core functioning costs – related to programme objectives;

★ EU contribution up to 60% - up to 80% in case of exceptional utility

# Conferences

## Presidency conferences

Maximum: one conference per Presidency

EU contribution up to 50% (up to € 100.000)

## Other conferences

(to be organised the year after the call)

★ EU contribution up to 50%

★ (up to € 100.000 if well justified)

★ WP priorities

Wide EU dimension

Organised by a public or non-profit making  
body

# Cooperation with international organisations



Funding through direct agreements to cover specific actions agreed with respective organisations:

- Council of Europe (CoE)
- International Agency for Research on Cancer (IARC)
- Organisation for Economic Co-operation and Development (OECD)
- World Health Organisation (WHO)

EU contribution up to 60%

# Procurement/ Tenders

Service contracts to cover specific health programme objectives  
(for a total amount of € M17)

Calls for tenders are envisaged to be published in the first semester of 2013

★ in the Official Journal following the

★ indications given in the annual Work

★ Plan

★ EU financing 100%

# Call text

# Guides for applicants,

# Application forms



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# European dimension and EU added value in the health programme



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# The Lisbon treaty

## Article 168:

1. A high level of human health protection shall be ensured in the definition and implementation of all Union policies;
2. The Union shall encourage cooperation between the MS in the areas referred to in this article and, if necessary, lend support to their action. It shall in particular encourage cooperation between the MS to improve the complementarities of their health services in cross-border areas

# The Lisbon treaty (contd.)

- Health protection in all EU policies and activities
- EU to complement national policies to **improve health and prevent disease**
- **Promoting research, health information, education, monitoring**
- Commission to **promote policy coordination – including guidelines, indicators, exchange of good practice, monitoring and evaluation**



# The Health policy responsibilities of the EU

- Union action shall respect the responsibilities of the MS for the definition of their health policy and for the organisation and delivery of health services and medical care
- Clearer guidance from the treaty about:
  - ✓ Areas for cooperation
  - ✓ Types of cooperation

# The role of the health programme

- An expenditure programme
- To support specific policy objectives
- With respect to the subsidiarity principle

# Increasing the performance of the Programme - part 1

- The Programme should contribute only **where Member States cannot act alone...**

- ... or where **coordination is the best way forward**

- **Actions should have clear EU added value** (supporting networks, fostering best practice etc.)

# Increasing the performance of the Programme - part 2



Compared to the previous and current Programmes

- **Objectives** are much more focused and tangible (SMART)
- **Progress indicators** to measure and monitor the objectives and the impact
- Annual work plans to be based on **long-term policy planning**, synchronised with Member States' needs and demands
- **Better dissemination** and communication of results



# European Added Value

To evaluate the Health programme and assess its positive impact, we need criteria related to the EU responsibilities in public health

Those criteria could be identified/ derived from the possible EU added value of PH actions

EU added value would be the best possible return given the responsibilities of the Union in Public Health

# EU added value: A tentative definition

EU added value is derived from the EU level collaboration.

Should be higher than through the simple application of the scientific evidence base by the MS on their own at national, regional or local level

# EU added value: Examples of activities

- Implementation of EU legislation
- Achieving economies of scale
- Promotion of best practice
- Monitoring for coordinated action/benchmarking for decision making
- “Cross border” dimension – against threats or to support free movement
- Networking activities

# Implementing EU legislation

**High added value**

**Objective: ensuring that legislation is implemented correctly**

**Example: JA on Organ transplantation, with the objective to support MS in setting up and running living donation programmes (Directive 2010/53/EU art 15)/ JA on implementation of new pharmacovigilance legislation**

**Indicator: population concerned by the legislation (with a weighing factor still to be developed)**



# Economies of scale

**High added value, demonstrates the ‘return on investment’ for Member States and ensure sustainability.**

**Objective: To save money, and to provide better service to citizens**

**Target: No duplication of efforts**

**Examples: JA on HTA with the objective to develop pilot HTA and to complete the 2010 HTA JA; JA on Rare Diseases with the objective to support the development of RD National Plans and the EU Reference Networks for RD**

**Indicator: Cost/Benefit analysis**

# Promotion of best practice

**Everybody agrees with the idea, but the devil is in the lack of evidence based practices, and implementation is notoriously difficult and slow.**

**Identification requires scientific rigour; Implementation requires political support**

**Objective: Citizens benefit from state of the art best practice, capacity building where necessary**

**Target: ‘best practice’ applied in all participating MS**

**Example: JA on Patient Safety with the objective to gather and share data, Knowledge, experience and best practices;**

**Indicator: population concerned by the best practice (with a weighing factor still to be developed)**

## Benchmarking for decision making

**Requires strong commitment to use results. Important to focus on indicators with real impact on decision making.**

**Objective: To facilitate evidence based decision making**

**Target: Real time data comparison available**

**Example: JA on Patient Safety**

**Indicator: Availability of data at threshold quality level agreed**

# Cross border threats

**High added value, high risk of failing to meet public expectations**

**All depends on suitable structures to co-ordinate responses at EU and global level**

**Objective: To reduce risks and mitigate consequences of health threats**

**Target: Depending on individual threats**

**Indicator: Qualitative assessment of preparedness / evaluation of performance during crises**

# 'Free movement of persons'

**Patients crossing borders, migration issues and Brain drain - movement of workers across Europe**

**High 'EU legitimacy' . Ensure high quality Public Health across EU MS. Added value depends on the scale of the problem**

**Example: eHealth JA with the objective to support cross border medical information and research**

**Indicator: population concerned (with a weighing factor still to be developed)**

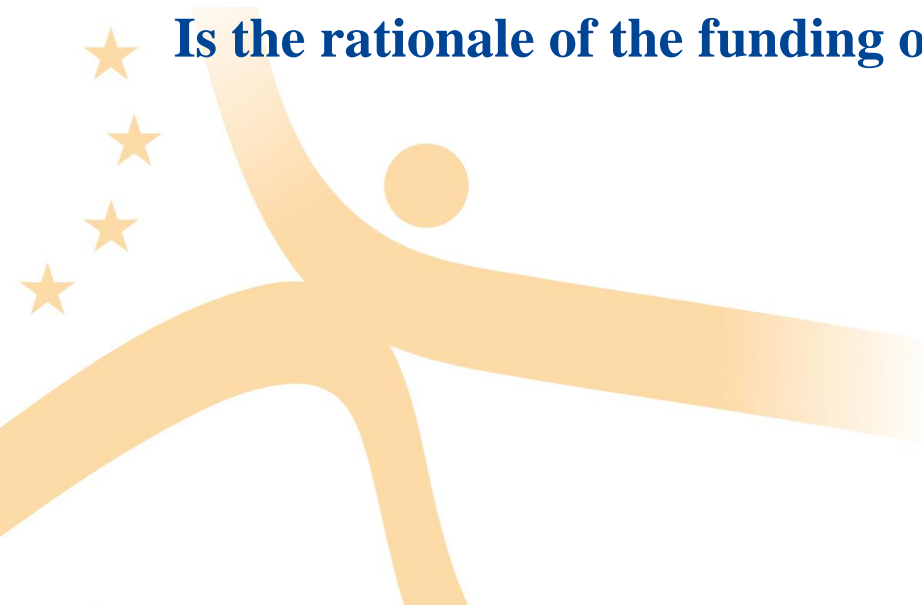
# Networking

**Only added value acknowledged by the Court of Auditors**

**Very difficult to put into objectives, targets, and indicators.**

**Is, in any case, ‘side effect’ of other actions**

**Is the rationale of the funding of ‘specialised networks’**



# European Added Value: the example of rare diseases



A high level of EU added value has been identified/achieved

- Make available to all EU citizens an interactive website with information on all rare diseases, incl. a clear description of the diseases and treatments, a list of centres of reference in the EU, a list of patients' organisations, etc. (ORPHANET database)
- Make available to all MS a template and indicators for a Rare diseases action plan (EUROPLAN)

# European Added Value: the example of rare diseases



Quid of the ROI of the Rare Disease specific networks?

<http://ec.europa.eu/eahc/projects/database.html>

- EU added value of the specific actions is questionable; only 5-10 networks are funded out of 5.000 to 6.000 RD (arbitrariness).
- Because of the impossibility of covering the entire field of RD, it is not possible to set meaningful objectives (attaining 0,01% coverage?).
- Finally, these networks are not sustainable after the end of the funding round, so the programme lacks impact.



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# Project implementation: instruments for activities planning, implementation and monitoring



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# Elements of a project plan

- **Approach and methods**

- ✓ It sets out the overall approach that will be followed to achieve the set objectives
- ✓ It should include:

**Scope and boundaries** – Clear indication of what will and will not be covered,

**Strategy and/or methodology** – Description of how the objectives will be achieved

**Critical success factors** – factors on which the success or value of the project depends



# Elements of a project plan

- **Outcomes and deliverables**
  - ✓ Specification of what the project will create
  - ✓ It should include:
    - **Deliverables** – The tangible outputs like reports, guidelines, filed work, etc
    - **Outputs** – less tangible results that should be documented and shared with the wider community, e.g. knowledge and experience
    - **Outcomes** – the changes your project will stimulate or enable, and their likely impact on the policy, health and research communities



# Elements of a project plan

## Planning and organisation of the work

- A comprehensive, logically structured and clearly written outline of who will be doing what at what time with whom to achieve the project objectives and deliverables





# Organization of tasks in work packages

Building blocks of the *work breakdown structure* that allows the project management to define the steps necessary for completion of the work

They can be thought of as sub-projects, which, when combined, form the completed project





# Planning and organization

Distinction between:

- **horizontal tasks:** coordination and management of the project
  - e.g., collection and distribution of information among the partners, monitoring and reporting of progress, communication and decision making within the partnership, ...
- **vertical tasks:** core of the different work packages of the project



# Planning and organization

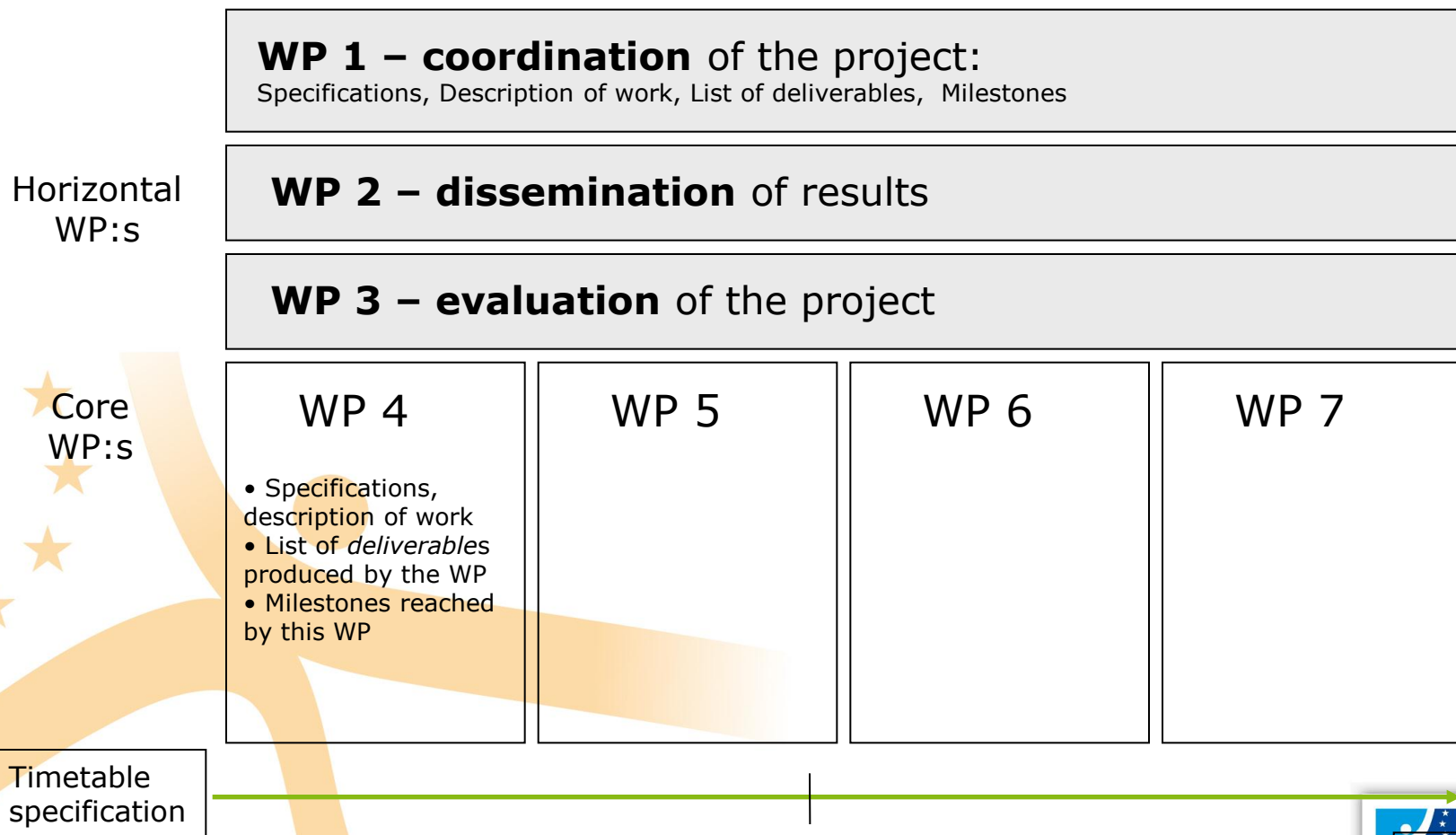
It should also include a **Timetable** with **milestones**

- ✓ scheduled events signifying important decision making moments or the completion of deliverables
- ✓ Which allows a proper monitoring of the project

An outline of how the work will be organised in **work packages**

# Work packages

- *horizontal tasks*: coordination, dissemination and evaluation (**mandatory**)
- *vertical tasks*: actions fulfilling the objectives (**maximum 6**)





# Timetable with Milestones

- scheduled significant events or completion of deliverables

X - Work package duration

D★ - Month when deliverable will be produced

M★ - Month when milestone will be reached

	WP1	WP2	WP3	WP4	WP5	WP6
M 1	X		X	X	X	
M 2	X		X	X	X, D, M	
M 3	X		X	X	X	
M 4	X, D		X	X		
M 5	X		X	X		
M 6	X, D, M		X	X		X
M 7			X	X		X
M 8			X	X		X
M 9			X	X, D		X, D
M 10			X	X		X
M 11		X	X	X		X
M 12		X	X, D, M	X		X
M 13		X		X	X	X
M 14		X		X	X, D	X
M 15	X	X		X, D	X	
M 16	X	X		X	X	
M 17	X	X		X	X	
M 18	X, D, M	X		X	X	
M 19		X		X	X	X
M 20		X		X	X, D	X
M 21		X		X	X	X
M 22		X		X	X	X, D
M 23		X		X	X	
M 24		X, D		X, D		



# Elements of a project plan

## Organisation of the partnership

- ✓ An outline of how the members of the consortium will collaborate to pool their expertise and capacities and achieve an added value





# Elements of a project plan

Organisation of the partnership should include:

- ***Synergy*** – Commonality of goals and objectives as a basis of a good collaboration within the partnership
- ***Network structure*** – What is the network logic? Why are these partners involved and not others
- ***Competence of organisations and staff*** – competence and expertise required for the project tasks
- ***Leadership and authority*** – division of responsibilities and tasks between the project manager and other decision makers



# Elements of a project plan

## Resource planning

- ✓ An estimation of the expected input in terms of human and financial resources necessary to achieve the project objectives





# Elements of a project plan

Resource planning should include:

- ✓ ***Human resource planning*** – a realistic estimation of the staff input
  - estimation of which type of staff will be required for the tasks that are planned
  - anticipated number of working days
- ✓ ***Financial plan***
  - a realistic estimation of the financial inputs
  - a realistic estimation of sources of income
  - planning of expenditure over time

# Elements of a project plan

## Evaluation plan

✓ Outline how the quality of the project implementation, outputs and outcomes will be evaluated



# The evaluation plan

Should include:

- Identification of evaluation needs in consultation with stakeholders
- Monitoring of the implementation process
  - Evaluation of the participation, outputs and deliverables
  - Evaluation of the effects (impact and outcomes)
- Definition of evaluation questions
- Formulation of appropriate indicators
- Operationalisation of indicators

# Elements of a project plan

## Indicators

- Are ***variables*** which measure the performance and progress of the work and the level to which the objectives are reached
- Differentiate between
  - ***Performance*** indicators for process evaluation
  - ***Outcome/output*** indicators for effect evaluation





# Elements of a project plan

Indicators should:

- be explicitly linked to the specific objectives
- for each specific objective, one or more indicators can be defined
- be either quantitative (e.g., numbers of participants, numbers of users, ...) or qualitative (e.g., the appreciation of project deliverables by external experts)
- ideally also specify **target values** (i.e., numbers to be achieved, level of quality aimed for, ...)
- be **measurable**: the way in which they will be measured must be detailed in a evaluation plan (e.g., document analysis, counting, questionnaire, observation, ...)



# Elements of a project plan

## Dissemination plan

Outline how the visibility and sustainability of the project outputs and outcomes will be maximized.

It should include

- What you plan to disseminate – the message
- To whom – the audience
- Why – the purpose
- How – the method
- When – the timing

# Summing up



- Ensure relevance and clear EU added value of your project: relevance for your organization – relevance for EU policies
- Use the best strategy to address the key determinants of the problem
- Use a logic model and review the evidence base!
- Justify relevance of project partners and geographical coverage using policy and contextual analysis
- Use s.m.a.r.t objectives. Aim and objectives that are too general do not enable evaluation
- A comprehensive analysis of the target group increases effectiveness of the project

***Plan so that you will know who will be doing what,  
at what time to achieve the project objectives***

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# Administrative, legal and budgetary aspects of EU projects



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# Participation



**Member States**

**EFTA/EEA countries**

**If the necessary legal arrangements are in place:**

- ★ **Applicant, candidate and accession countries**
  - ★ – currently **Croatia** participates
- ★ **European Neighbourhood Policy countries**
  - ★ **Western Balkan countries** included in the stabilisation and association process

# Main partner/ coordinator

Responsibility to ensure the action implementation as per the grant agreement.

Technical, financial and administrative management responsibility.

★ Contact point between the agency and the associated partners.

★ Responsibility, in case of audits, to provide all documentary evidences.

# Other types of partners

Associated partner

Sub-contractor

★ Collaborating partner



# Associated partners

The associated partners participate fully in the action, both technically and financially, according to the technical and budgetary annex.

The associated partners are jointly liable for the action, together with the main partner and coordinator.

★ The associated partners have a direct contractual relationship with the EAHC (whether they sign the contract, or mandate the coordinator to do so).

★ The associated partners shall ensure that all data, reports, financial documents, ... provided for in the grant agreement are delivered to the main partner



# Sub-contractor

The sub-contractor is a service provider to either the main or an associated partner.

Sub-contracting may be required. Awarding sub-contracts can be more cost effective or can be justified by the nature of the action.

The core activities of the action cannot be sub-contracted.

Sub-contractors are non financial contributor to the project.

They have no rights to the results of the action.

# Collaborating partners

They increase the technical and scientific value of the project.

But they are not mandatory in a project.

They have no contractual relationship with the agency.

And they cannot contribute financially nor in kind to the project.

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# Budget construction



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# General principles

Co-financing rule: you need to **have your own financial resources** or financial resources of third parties to contribute to the costs of the project.

Non-profit rule: the grant **may not have the purpose or effect of producing a profit** for you.

Non-retroactivity rule: you **can get co-funding only for the costs incurred after the starting date** stipulated in the grant agreement.

Non-cumulative rule: each action may give rise to the award of **only one grant** to any one beneficiary (you can't get paid twice for the same cost).

All financed activities should: provide **high added value at EU level**, be innovative, and normally last no longer than three years (except conferences and operating grants)

# Financial co-ordination

- Financial co-ordination time consuming (n° of partners, duration);
- Co-ordination should result in almost a full time position for the Main Partner (associated partners should also foresee sufficient n° of days for the financial assistant);

# Preparation of the budget (1)

- Preparation of the budget much in advance (make take several weeks);
- All partners should actively participate in the budget preparation once they are agreed on the division of tasks (Co-ordinator should only compile the budgets and obtain legal documents);
- Attention to be given to abnormal disproportions between the budgets of different partners;

# Preparation of the budget (2)

- Clear and early deadlines to be given to partners (2-3 weeks) for submission of budgets and legal documents allowing the Co-ordinator to have time for the preparation of the consolidated version of the final budget;
- ★ • Close communication between partners from the start;
- ★ • Co-ordinator should understand clearly the financial rules and procedures published in the Call and provide support to
- ★ associated partners if necessary;

# Definition of Direct Costs and Indirect Costs

➤ **Direct Costs** are those costs which are **identifiable as specific directly linked** to the performance of the joint action, so they can be charged (if they are eligible to the project). (see cost categories 1 to 6)

➤ **Indirect Costs** are those costs which **are not identifiable** as specific costs linked to the performance of the joint action, but that have been incurred in connection with the eligible direct costs for the action. (see cost categories 7 - **Overheads**)



## Direct Costs - 6 cost categories

- 1 ➤ Staff
- 2 ➤ Travel Costs and subsistence allowances
- 3 ➤ Equipment
- 4 ➤ Consumables and supplies linked to the project
- 5 ➤ Subcontracting costs
- 6 ➤ Other costs

## Indirect Cost – 1 cost category

- 7 ➤ Overheads

## E1. Staff (conditions for public and non-public officials)

- The cost of staff means the proportion of costs incurred by the organization in the direct time spent by its staff working for the joint action, provided that they can be identified and justified by the accounting system of the partners (USE OF TIMESHEETS);
- Staff assigned to the project is understood to mean permanent or temporary staff employed by Beneficiary (*standard employment contract*).
- The cost of staff must be actual salaries plus social security charges and other statutory costs included in the remuneration provided that this not exceed the average rates corresponding to the beneficiary's usual policy on remuneration.
- In principle the maximum number of productive days cannot exceed 220 per year and per person (i.e. 660 for 3 years)

# ATTENTION!!!

- **No overestimation of daily rates (lower real costs mean lower EC contribution);**
- **Contracts with staff should not be signed on the basis of estimated daily rates (higher than real rates);**
- **N° of worked days should correspond to the timesheets (final payment);**
- **Consultants should be reported under E5."Subcontracting"**
- **Staff whose salary is paid monthly by another than beneficiary's institution (often the case of public officials) cannot be claimed under E1.**
- **Be careful about equal redistribution of man-days between partners (ex. *1 partner claims 200 days of financial assistant and another only 10*);**

# Definition of Public officials

*“ An official of a public body (Beneficiary), who is directly remunerated by the budget of the State or a local authority and his/her work concerns the implementation of tasks typically devolved to public institutions.”*

**Note:** Cost of Public officials must also satisfy the cumulative and general criteria laid down in Article II.14.1 of the grant agreement defining the eligible costs.



## E2. Travel costs and subsistence allowances

- Only for the staff of the Beneficiary, assigned to the action and mentioned in E1.
- Other staff: under E5 - experts, consultants; under E6: collaborating partners, invited experts not paid the fees)
- Mission out of EU 27, EFTA – EEA and applicant countries need to receive prior approval EAHC.
- Beneficiary's rules in matter of travel costs and subsistence allowances have precedence. In absence of such rules EC rules must be applied.

## E3. Equipment

- Only the portion of the equipment's depreciation corresponding to the duration of the project and the rate of actual use for the purposes of the project (% allocation to the project) may be taken into account by the EAHC
- Only specific software can be claimed (common software falls under "E7. Overheads")
- The internal rules of the partners have precedence in matter of depreciation of equipment, if not the EC rules apply (to be clearly stated for the needs of final payment)

## E4. Consumables and supplies linked to the joint action

- In most cases these costs should normally appear in “E7. Overheads”. Nevertheless, if they are identifiable as specific costs directly linked to performance of the joint action and booked into the partners’ accounting system, they can appear under this category. (ex. Materials for training specified in the Annex I, etc.)

# E5. Subcontracting

- « Subcontracting » refers to JA specific services which have to be outsourced do to lack of internal staff resources to perform the task;

Example: translationservices, dissemination of information or reproduction are the part of the tasks outsourced then they should be classified under « subcontracting ». Translation services for dissemination of JA results, or making copies of reports are the support to the action (but not the action itself), therefore they should be classified under « other costs ».

- Contracts awarded to cover the execution of a limited part of the joint action (40% of the total eligible cost as a general rule).
- The technical and financial management of the joint action is the legal responsibility of the main partner. (no transfer to a third party or associated partner responsibility for a financial reporting, accounting, etc.).



# E5. Subcontracting

- Tasks subcontracted must be clearly set out in Annex I and the corresponding costs presented in Annex II of the Grant Agreement (otherwise these costs will be not eligible at the final payment); subcontracting needed during JA execution will require prior approval from EAHC.
- All beneficiaries shall seek **competitive tenders** from potential tender subcontractors:
  - or by applying national rules (beneficiaries with public status);
  - or by applying own/or EC rules (beneficiaries with private status)

## E6. Other costs

- Other exceptional additional costs not falling within any of the five other cost categories (E1 to E5) may be charged, provided that they fulfil the criteria of eligibility.

Examples of other costs: dissemination of information/ reproduction/translations other than foreseen in JA (and being a support to the action), financial audits (only if required by EAHC like for NGOs), financial guarantee, bank charges for transfers, travels costs and subsistence allowances for collaborating partners or for external invited experts, etc.

## 7. Overheads (indirect costs)

- Costs which are not identifiable as specific costs directly linked to performance of the action;
- A maximum of 7% of the total eligible direct costs;

Examples of other costs : hiring, depreciation of buildings and plant, water/gas/electricity, maintenance, insurance, supplies and petty office equipment, communication, postage, administrative and financial management, human resources, training, legal advice, IT, etc.

# Incomes : 5 categories

- **I1. Co-funding request from the Community budget:** Financial contribution granted by European Union.
- **I2. Contribution pertaining to public officials:** Amount automatically copied from “Costs pertaining to public officials” – **No input required.**
- **I3. Applicant financial contribution:** Own financial contribution provided by main or each associated applicants.
- **I4. Income generated by the project:** Revenues linked to and generated by the action itself such as admission fee to a conference, sale of publications, etc.
- **I5. Other external resources of the project:** financial transfers received from donors/sponsor (contribution in kind not eligible).

## Handling finances (recommendations & potential risks)

- 1) Stay in touch with all partners during the whole duration of the JA;
- 2) Set up internal reporting system allowing the periodical collection of financial documents (ex: monthly reporting, harmonised templates, etc.) – result: avoiding delays in submitting reports to EAHC due to delays in receiving documents from partners;
- 3) Send copies of grant agreement and Guidelines for payments (further pre-financing, final payments) to all partners since the beginning;

# Handling finances (recommendations & potential risks)

4) Important documents: « Individual certificates of costs » and « attestations on VAT exemptions » (templates available in the guidelines for payments);

5) non-EURO countries: the use of correct exchange rate for interim and final reporting (Art.I.11.1 of grant agreement):

*« (...)The Beneficiary shall submit the payment requests in accordance with article.I.5 including underlying financial cost statements in euro. By way of derogation from Article II.16.1, any conversion of actual costs into euros shall be made by the beneficiary at the monthly accounting rate established by the Commission and published on its website for the first day of the month following the end of the reporting period (...) »*

# Handling of project finances (Amendments)

## 1) Article II.13 of the grant agreement:

« (...) Any amendment to the agreement must be the subject of a written supplementary agreement (...) The request for amendment must be sent to EAHC in good time before it's due to take effect (...)

2) « collect » items to be amended before proposing an amendment and before changes will take place;

3) Earliest acceptable modifications at the reception of the official request for amendment (paper version);



# Handling of project finances (Amendments)

- 4) Available with EAHC POs pre-checklists for amendments;
- 5) Carefully weight pros and cons of an amendment → heavy administrative burden for beneficiary and EAHC (*ex. change/addition of partner, recalculation of entire budget, request for final cost statements from leaving partners, etc.*)



# References



## *EU Health Programme*

<http://ec.europa.eu/eahc/health/projects.html>:

[Call for proposals for projects](#)

[Guide for applicants](#)

[Model grant agreement](#)

**Decision establishing [second programme](#) of Community action in the field of health 2008-13**

[Financial Regulation and its implementing rules](#)

## *★ Logic model*

Basic Logic - Model Kellogg Foundation “Logic Model Development Guide” (2004)

Centers for Disease Control and Prevention <http://www.cdc.gov/>

## *★ S.M.A.R.T objectives*

University of Glasgow,  
[http://www.gla.ac.uk/services/humanresources/pdr\\_ref\\_guide/objsandstds/settingobjs/#d.en.53775](http://www.gla.ac.uk/services/humanresources/pdr_ref_guide/objsandstds/settingobjs/#d.en.53775)

Wikipedia [http://en.wikipedia.org/wiki/SMART\\_\(project\\_management\)](http://en.wikipedia.org/wiki/SMART_(project_management))

# Conclusions

Is applying for EC funding  
a waste of time? (ex ante)

→ Apply only if it fits your strategy AND if you play a major role in the project and get significant funding.

→ Don't get dragged into projects/consortia.

→ Do not view EC grants only as a source of cash, but as a means to access know-how & resources from partners

# Conclusions

Is applying for EC funding  
a waste of time? (ex post)

- Don't let yourselves be scared off by potential problems;
- Be realistic about the time required for the action administration – even after the end of the project;
- Ensure that all partners have legal and financial experts able to manage European projects;