

2011 CALL FOR PROPOSALS FOR PROJECTS

PROGRAMME OF COMMUNITY ACTION IN THE FIELD OF HEALTH (2008-2013)

(Text with EEA relevance)

I. BACKGROUND AND PURPOSE OF THIS CALL

On 23 October 2007, the European Parliament and the Council adopted a Decision establishing a second programme of Community action in the field of health (2008-2013)¹. This programme entered into force on 1 January 2008.

The programme replaces the previous Programme of Community action in the field of public health (2003 – 2008) which laid down the foundations for a comprehensive and coherent approach to public health at EU level contributing to the promotion of a high level of health and well-being throughout the Union.

The second Health Programme is intended to complement, support and add value to the policies of the Member States and to contribute to increased solidarity and prosperity in the European Union. The Programme's objectives are

- to improve citizens' health security;
- to promote health, including the reduction of health inequalities and
- to generate and disseminate health information and knowledge.

The 2011 Work Plan sets out details of the financing mechanisms and priority areas for action in implementing the programme. This document (Commission Decision) has been published in the Official Journal of the European Union no C 69/2011 pp. 01 and is available under <http://ec.europa.eu/eahc>. The present call relates to the financing mechanism "call for proposals for projects".

Proposals involving only a regional, sub-national or national dimension (i.e. which involves only one eligible country or a region in a specific country) will be automatically rejected and will not be evaluated.

Interested parties active in the field of public health are invited to submit an application, through this call for proposals for projects, in accordance with the procedures set out in Annex I Paragraph 2.1 and Annex II of the above Commission Decision, in order to implement the priority actions defined in the programme decision.

The areas for funding, the selection and award criteria, the procedures for application and approval and the indicative amount are described hereafter.

¹ Decision No 1350/2007/EC of the European Parliament and of the Council of 23 October 2007 establishing a second programme of Community action in the field of health (2008-2013), OJ L 301, 20.11.2007.

In addition to the 27 Member States of the European Union, the call is also open to the participation of EFTA-EEA countries within the context of the Agreement on the European Economic Area (Iceland, Liechtenstein and Norway) and Croatia. **Organisations from these countries can receive funding from the second Health Programme.**

Moreover, third countries not participating in the programme (in particular countries to which the European Neighbourhood Policy applies, countries that are applying for, are candidates for or are acceding to membership of the European Union, and the western Balkan countries included in the stabilisation and association process, in accordance with the conditions laid down in the respective bilateral or multilateral agreements establishing the general principles for their participation in Union programmes) **are eligible to participate as collaborating partners or subcontractors.** However, this participation should not involve any financial contribution under the Programme.

The proposals selected will qualify for Union financial assistance (grant for an action) on the basis of the shared cost principle.²

II. AREAS FOR FUNDING

Chapter 3 of Annex I of the 2010 Work Plan sets out the specific priority areas for projects to be implemented through the present call. Only project proposals which directly correspond to the specific titles described in sections 3.2, 3.3 and 3.4 and where "Project grant" is indicated as the financing mechanism will be considered for funding. There are 7 calls for proposals for projects. For each one application form with the title already inserted is available with this call. Is not possible to submit project applications with other titles/covering other topics.

Hereafter you will find an extract of priority areas from the 2011 Work plan for which project proposals are expected. The text describes the specific titles, objectives and expected outcomes to which project proposals have to correspond directly. Proposals which only address the wider subject area without matching the specific description of a given action will not be considered for funding. For each of the actions, only one proposal will be funded, except where it is mentioned otherwise.

Description		Ref. in WP 2011	Indicative amount
IMPROVE CITIZENS' HEALTH SECURITY		3.1	
<i>Protect citizens against health threats</i> (Point 1.1.1. in Annex to the Health Programme)		3.1.1.	
Call 1:	Project on multi-sectoral preparedness and health-security: public health preparedness and response planning in the field of pandemic influenza and other serious cross-border health threats, including bio-threats.	3.1.1.1.	500.000 €
Objective	– This action will study preparedness and response planning at European level for pandemic influenza preparedness and other serious cross-border health		

² [art. 109 of the Financial Regulation and art. 165a of the implementing rules]

	<p>threats. It will support the Council Conclusions of 13 September 2010 on lessons learnt from the A/H1N1 pandemic and health security. Monitoring of progress in Member States will be a key element of the measures proposed under this action. The potential benefits of lessons learnt and tools developed for pandemic preparedness for other health emergencies should be explored as well as the experiences gained from multi sectoral work (e.g. the One-Health approach). The action seeks to a) raise awareness of the need to strengthen robust, continued and coordinated functioning of sectors beyond the health sector; b) support Member States in planning for enhanced and robust functioning of crucial sectors in society in a pandemic based on best practice exchange; and c) provide guidelines for preparedness for other health emergencies, in particular caused by biological and/or chemical threats based on pandemic influenza preparedness; and d) assist in developing an effective information forum on best practices in counteracting bio-threats by the existing European networks, including on the safety of laboratories and responders.</p>		
Expected outcome	<p>This action should establish an inventory of existing structures, procedures and mechanisms that Member States have already put in place to enhance coordinated functioning of sectors in the event of a pandemic and any other type of major cross-border health threat; identify criteria for the selection of prioritised sectors of critical importance; identify best practice; identify gaps that still exist in response capacities and provide advice and recommendations for further measures to enhance preparedness and response planning to health threats. The action should encourage Member States to share their experiences and propose models for peer learning exchanges. A monitoring tool to assess and evaluate progress made in preparedness and response planning for both pandemic influenza and other health threats (generic preparedness) has also to be provided.</p>		Funding for one proposal
Call 2:	Project on crisis communication in the area of risk management	3.1.1.2	300.000 €
Objective	<p>– This action will support the implementation of improved communication to the public during a major health emergency and build on the lessons learnt from the response to the H1N1 pandemic that has been reviewed by the Belgian Presidency conference held in July 2010. Monitoring of progress in Member States related to communication whilst managing a crisis will be a key element of the measure. The potential benefit of lessons learnt and tools developed for pandemic preparedness for other</p>		

	<p>health emergencies should be explored as well as the experiences gained from multi sectoral work (e.g. the One-Health approach). The action covers crisis communication in the area of risk management with key stakeholders, in particular health professionals/healthcare workers and with the general public and specific target groups. The objectives of the action are to seek support from key stakeholders at EU level, in particular health professionals/healthcare workers organisations and social partners in developing and delivering coherent messages to the public; to enhance public confidence in medical interventions for pandemic preparedness (e.g. prevention methods, vaccines); and to provide guidance for crisis communication related to other health threats based on experience with pandemic preparedness.</p>		
Expected outcome	<p>The action should identify key stakeholders at EU level, in particular health professionals/healthcare workers' organisations, social partners and Member State authorities, and use results of evaluations and reports on H1N1 pandemic to analyse reasons for different reactions in the public to measures taken to control H1N1, particularly vaccination measures, and suggest strategies and actions to enhance public confidence in medical interventions for pandemic preparedness and response (e.g. prevention methods, vaccines); create partnerships with key stakeholders' organisations to prepare for and improve public communication in a health crisis; develop guidelines for crisis communication at EU level related to other health threats based on experience with pandemic preparedness and organise exercises and training with the EU Health Security Committee and Communicators Network; develop a common communication system during crisis and strengthen common communication capacities in preparation for a pandemic; develop tools and mechanisms for monitoring the impact in real time of public health messages; and create an implementation report including guidance for crisis communication that can also be transferred to other health emergencies.</p>		Funding for one proposal
PROMOTE HEALTH			
<i>Identifying the causes of, addressing and reducing health inequalities and promoting investment in health in cooperation with other EU policies and funds (Point 2.1.2. in Annex to the Health Programme)</i>		3.2.1.	
Call 3:	Reducing health inequalities: preparation for action plans and structural funds projects	3.2.1.1	1.200.000 €

Objective	<p>– The objective of this action is to assist Member States to develop action plans on reducing health inequalities, which would also support them in the context of the structural funds activities in the next programming period beginning in 2013. The action contributes towards the implementation of Commission Communication COM(2009) 567 final of 20 October 2009 on Solidarity in health: reducing health inequalities in the EU which sets out the Commission's intention to "review the possibilities to assist Member States to make better use of EU Cohesion policy and structural funds to support activities to address factors contributing to health inequalities." The activity will prioritise those Member States and regions where premature mortality exceeds 20 per cent of the EU average (defined by under 65 years standardised mortality rates).</p> <p>The activities should include an analysis of health inequalities and preparation of outline actions to reduce health inequalities within and between regions or sub regions; information exchange and sharing of good practice between Member States and regions in relation to action to tackle health inequalities with the possibility of a limited amount of input from centres of expertise from outside of these regions; and the development of plans to address inequalities in a) access to health care and health prevention services, with special attention to vulnerable groups and communities and underserved regions, b) causes of health inequalities relating to health related behaviours and c) causes of health inequalities related to living and working conditions, including access to basic needs such as water and sanitation.</p>		
Expected outcome	<p>The action should produce analyses of needs and costed plans to meet needs with the aim of reducing health inequalities in relation to access to health care, health related behaviours and living and working conditions; integration of outputs into the overall processes for use of the structural funds; and a synthesis report analysing good practice at EU level with case studies from participating regions and Member States. This action should also support Member States and regions in developing integrated approaches to health inequalities as part of overall programmes for economic and social development supported by the structural funds; and underpin efforts to overcome regional and socio-economic inequalities in health.</p>		Funding for one proposal
<p><i>Addressing health determinants to promote and improve physical and mental health and taking action on key factors such as nutrition and physical activity, tobacco, and alcohol (Point 2.2.1. in Annex to the Health Programme)</i></p>		3.2.2.	

Call 4:	Good practice on brief interventions to address alcohol use disorders in primary health care, workplace health services, emergency care and social services	3.2.2.5	350.000 €
Objective	– The objective of the action is to identify and systematise good practice on brief interventions to address alcohol use disorders in primary health care, workplace health services, emergency care and social services; tailor and field-test tools, methods and materials for each of these contexts for early identification, brief interventions and referral to treatment; and make a start in further dissemination and adaptation of tailored brief intervention approaches across the EU. The work should build on existing evidence of effectiveness and experience of the implementation of brief interventions in primary health care. Special attention should be given to involving actors in Member States with lower levels of experience of the deployment of brief interventions and to opportunities for fostering cooperation between health and social services.		
Expected outcome	The action should result in sets of brief intervention tools, methods and materials tailored to and evaluated in specific contexts, in guidelines for developing and rolling out tailored brief intervention approaches in further countries, and in a concrete plan for dissemination across the EU. This will provide widened opportunities to deploy targeted interventions to address alcohol use disorders at an early stage in a manner to prevent the development of more serious and costly adverse consequences.		Funding for one proposal
<i>Prevention of major and rare diseases</i> (Point 2.2.2. in Annex to the Health Programme)		3.2.3.	
Call 5:	Support to actions in line with the Commission Communication on Action against Cancer: European Partnership	3.2.3.1.	300.000 €
Objective	– The joint action "European Partnership for Action against Cancer" launched under the call for proposals 2010 is the starting point for action in support of the European Partnership. As the collaboration develops, new needs will emerge in addition to actions identified in Commission Communication COM(2009) 291 final of 24 June 2009 on Action against Cancer: European Partnership but which are not covered by the above joint action. The objective of this action is to provide additional support to the European Partnership according to the needs arising in the identified areas. The focus is health promotion and cancer prevention in relation to environmental factors and cancer. The aim is to identify relevant		Funding for one proposal

	environmental factors and demonstrate if, how and which environmental factors are specifically addressed in relation to cancer by Member States' policies. The examples of best practices existing in Member States in addressing environmental causes of cancer should lead to demonstration and proposition how a comprehensive cancer plan or strategy could best include this aspect..		
Call 6:	Support to European rare diseases information networks	3.2.3.3.	1.500.000 €
Objective	– The objective of this action is to provide support to the different European Rare Diseases Information Networks as mentioned in point 4.4 of Commission Communication COM(2008) 679 of 11 November 2008 on Rare Diseases: Europe's challenges, and in the Council Recommendation of 8 June 2009 on an action in the field of rare diseases.		
Expected outcome	This action contributes to meeting the priorities established in the Commission Communication and in the Council Recommendation and to the direct benefit obtained by patients from the creation of the existing pilot European Reference Networks, European registers of rare diseases or other forms of rare diseases information networks. This action should allow to fund more than one network.		Funding for one or more proposals
GENERATE AND DISSEMINATE HEALTH INFORMATION AND KNOWLEDGE			
<i>European Health Information System</i> (Point 3.2.1. in Annex to the Health Programme)		3.3.1.	
Call 7:	Support creation of pilot network of hospitals related to payment of care for cross border patients	3.3.1.1	500.000 €
Objective	– The objective of this action is the setting up of a network which will investigate hospitals which are receiving a significant number of patients from other Member States, with more than a third of members being hospitals located in cross border regions. Hospitals will report and exchange information on any administrative issues related to payment of care for cross border patients, including issues related to determination of tariffs for care, potential loss of revenue for the hospitals, possible use of up-front payments and delays in reimbursement to the hospitals. The network will assess main causes of problems and propose possible solutions. The network will also set up a system to receive feedback from patients on their experience related to reimbursement of their own costs for cross border care, based on informed consent. Finally, the network will compare DRG-based tariffs for a list of common types of elective surgery and propose conclusions on general cost levels between Member States and discrepancies between relative cost levels.		Funding for one proposal

All projects should provide high European added value and be innovative in nature. Their duration should normally not exceed three years.

Applicants should also ensure that their projects do not duplicate work already done in the previous nine public health annual work plans or under other Union funding programmes and, where appropriate, projects should build on work already undertaken at Union level. Details of previously funded projects are available through the Executive Agency for Health and Consumers webpage <http://ec.europa.eu/eahc>, more specifically in the project database: <http://ec.europa.eu/eahc/projects/database.html>

Proposals requesting more than 60% co-funding will need to comply with the criteria for exceptional utility, specified in point 2 of the Annex VII of the 2011 Work plan.

III. SELECTION AND AWARD CRITERIA (GRANTS FOR ACTIONS (PROJECTS))

Project proposals will be evaluated by an evaluation committee set up according to Article 116 of the Financial Regulation⁵ and Article 178 of the Implementing Rules⁶, assisted by external experts.

Eligibility of applicants and evaluation criteria (exclusion, selection and award criteria)

Applicants must meet the evaluation criteria set out in Annex II of the 2011 Work Plan Decision: “Criteria for financial contributions to projects under the second Community programme in the field of health (2008 – 2013)” in sections 2 (exclusion and eligibility criteria), 3 (selection criteria) and 4 (award criteria). The awarding authority reserves the right to reject proposals that neither meet these criteria nor follow the procedures.

As regards award criteria, each proposal will be assessed according to the scale of marks referred to in the table below.

Proposals that do not reach a threshold of 50% of the total points will be rejected.

Furthermore, a threshold is set for each of the following blocks of criteria:

- Policy and contextual relevance of the project: threshold is 20 points.
- Technical quality of the project: threshold is 15 points.
- Management quality of the project and budget: threshold is 15 points.

In addition, for the individual criteria 'Overall and detailed budget including financial management' the threshold is set at 5 points.

Proposals not reaching one or more of these thresholds will be rejected.

A Policy and contextual relevance of the project 40/100 (threshold: 20)	Proposed Weighting	B Technical quality of the project 30/100 (threshold: 15)	Proposed Weighting	C Management quality of the project and budget 30/100 (threshold: 15)	Proposed Weighting
(a) Project's contribution to meeting the objectives and priorities of the second Health Programme, as defined in the Work plan for 2011;	8	(a) Evidence base Applicants must include the problem analysis and clearly describe the factors, the impact, the effectiveness and applicability of measures proposed;	6	(a) Planning and organisation of the project Applicants must describe the activities to be undertaken, timetable and milestones, deliverables, nature and distribution of tasks, risk analysis.	5
(b) Strategic relevance in terms of relevance to the EU Health Strategy ³ and in terms of expected contributions to existing knowledge and implications for health;	8	(b) Content specification Applicants must clearly describe the aims and objectives, target groups including relevant geographical factors, methods, anticipated effects and outcomes;	6	(b) Organisational capacity Applicants must describe the management structure, competency of staff, responsibilities, internal communication, decision making, monitoring and supervision;	5
(c) Added value at European level in the field of public health: — impact on target groups, long term effect and potential multiplier effects such as replicable, transferable and sustainable activities; — contribution to, complementarity, synergy and compatibility with EU relevant policies and other programmes;	8	(c) Innovative nature, technical complementarity and avoidance of duplication of other existing actions at EU level Applicants must clearly identify the progress the project intends to accomplish within the field in relation with the state of the art and ensure that there will be neither inappropriate duplication nor overlap, whether partial or total, between projects and activities already carried out at European and international level.	6	(c) Quality of partnership Applicants must describe the partnerships ⁴ envisaged in terms of extensiveness, roles and responsibilities, relationships among the different partners, synergy and complementarity of the various project partners and network structure	5
(d) Pertinence of the geographical coverage Applicants must ensure that the geographical coverage of the project is appropriate with regard to its objectives, explaining the role of the eligible countries as partners and the relevance of the project resources or target population they represent. Proposals of a national or sub-national dimension (i.e. which involve only one eligible country or a region of a country) will be rejected.	8	(d) Evaluation strategy Applicants must clearly explain the kind and adequacy of methods proposed and indicators chosen.	6	(d) Communication strategy Applicants must describe the communication strategy in terms of planning, target groups, adequacy of channels used, visibility of EU co-funding.	5
(e) Adequacy of the project with social, cultural and policy context Applicants must relate the project to the situation of the countries or specific areas involved, ensuring the compatibility of the envisaged actions with the culture and views of the target groups.	8	(e) Dissemination strategy Applicants must clearly illustrate the adequacy of envisaged strategy and methodology proposed to ensure transferability of results and sustainability of the dissemination.	6	(e) Overall and detailed budget including financial management Applicants must ensure that the budget is relevant, appropriate, balanced and consistent in itself, between partners and with the specific objectives of the project. Budget should be distributed within partners at a minimum reasonable level, avoiding excessive fragmentation. Applicants must describe financial circuits, responsibilities, reporting procedures and controls. (2)	10 (threshold 5)

³ COM(2007)630 final; http://ec.europa.eu/health/ph_overview/strategy/health_strategy_en.htm

⁴ These may include private sector partners

IV. FINANCIAL PROVISIONS

The Financial Regulation⁵ lays down the rules to be applied with a view to ensuring that the procedures for protecting Union funds are complied with. This Regulation and the associated implementing rules⁶ constitute the reference documents for all the financial measures needed to implement the second Health Programme.

Following the evaluation, proposals recommended for funding are drawn up in a list, ranked according to the total marks awarded. Depending on budget availability, the highest ranked proposals will be awarded for co-funding or placed on a reserve list.

For projects selected for funding, the Awarding authority will determine the amount of financial assistance to be granted and the percentage of co-financing on the basis of budget availability.

Projects are financed under the shared cost principle. If the amount granted by the Awarding authority is lower than the funding sought by the applicant, it is up to the latter to find supplementary financing or to cut down on the total cost of the project without diluting either the objectives or the content.

Given the complementary and motivational nature of Union grants, at least 40% of the project costs must be funded by other sources. Consequently, the Union financial contribution will normally be up to 60% of the eligible costs for the projects considered.

For projects considered of exceptional utility i.e., which meet the criteria mentioned in sections 1 and 2 of Annex VII of the Work Plan 2011, a maximum Union contribution of 80% of the eligible costs could be envisaged.

The Awarding authority will determine in each individual case the maximum percentage to be awarded.

The programme budget for the period 2008-2013 is € 321 500 000. For the work programme 2011, the indicative amount of the operating budget is €48.313.028. Of this amount, €4.650.000 are reserved for the call for proposals for projects.

V. PROCEDURES

In submitting a proposal, applicants accept the procedures and conditions as described in this call and in the documents to which it refers. Applications that do

⁵ [Council Regulation \(EC, Euratom\) No 1605/2002 of 25 June 2002 on the Financial Regulation applicable to the general budget of the European Communities \(OJ L 248, 16. 9.2002\)](#), amended by Council Regulation (EC, Euratom) No 1995/2006 of 13 December 2006 (OJ L 390, 30.12.2006) and Council Regulation (EC, Euratom) No 1525/2007 of 17 December 2007 (OJ L 343, 27.12.2007, p. 9).

⁶ [COMMISSION REGULATION \(EC, EURATOM\) No 2342/2002 of 23 December 2002 laying down detailed rules for the implementation of Council Regulation \(EC, Euratom\) No 1605/2002 on the Financial Regulation applicable to the general budget of the European Communities \(OJ L 357, 31.12.2002\) and amended by Commission Regulation \(EC, Euratom\) No 1261/2005 of 20 July 2005, \(OJ L 201 2.8.2005\) and Commission Regulation \(EC, Euratom\) No 1248/2006 of 7 August 2006 \(OJ L 227 19.8.2006\) and Commission Regulation \(EC, Euratom\) No 478/2007 of 23 April 2007 \(OJ L 111 28.4.2007\).](#)

not comply with the requirements set out will be excluded from the selection procedure.

V.1 Application package

A proposal is made up of a standard application form and supporting documents, as mentioned in the table below. To be considered complete, the application must comply with these formal requirements. **If the application is not complete it will be automatically excluded.**

Please bind the original (together with the supporting documents) and each of the four copies separately.

Documents	Comments	Formal requirements
PROPOSAL		
Application form for projects	The application form, to be downloaded from the website: http://ec.europa.eu/eahc provides information on administrative aspects of the main and associated partners as well as the technical and financial information of the project .	1 original + 4 photocopies + an electronic version saved on a CD-ROM
Declaration of honour	Declaration of honour stating that the applicant (main partner and associated partners) is not in any of the situations of exclusion listed in Articles 93 and 94 of the Financial Regulation. This declaration of honour (for the main partner and each of the associated partners of the project) will be automatically created by the form based on the entered data. These need to be printed and signed by all partners. Signing the form occurs through signing the Declarations of Honour by the main and associated partners.	Signed original or copy (fax, scan) from the main and all associated partners, to be included with the application package. Declarations of honour sent separately will lead to the rejection of the proposal. In case of copies, the original shall be requested in the case that the proposal is selected for funding.

SUPPORTING DOCUMENTS TO BE SUBMITTED ONLY BY THE MAIN PARTNER		
The organisation's status/articles of association	Supporting documents are not required from public bodies.	1 copy, signed by the legal representative of the organization
The official		1 copy, signed by

registration certificate of the association		the legal representative of the organization
Profit and loss accounts for the last 2 years for which the accounts are closed		1 copy, signed by the legal representative of the organization

SUPPORTING DOCUMENTS TO BE SUBMITTED BY PRIVATE PARTNERS		
An external audit report produced by an approved auditor, in case of a requested co-funding in excess of € 500 000 (The threshold applies to each partner.)		1 copy

OBLIGATORY CHECKLIST TO BE FILLED IN BY THE APPLICANT AS PART OF THE APPLICATION FORM		
Checklist	The mandatory checklist only needs to be filled in once by the main partner, who submits the application package. It helps the applicant to ensure that a complete and correct application is provided on time. Please check each applicable box, date and sign it.	1 signed original

Be aware that only complete application packages will be admitted to the evaluation procedure. Applicants are responsible for ensuring the application is complete according to the requirements specified in this chapter. Incomplete application packages or applications received in more than one package will be automatically excluded.

The overview table below specifies which documents are mandatory for main and associated partners in both cases – public and private entities

	Public entity		Private entity	
	<u>Main partner</u>	<u>Associated partner</u>	<u>Main partner</u>	<u>Associated partner</u>
Declaration of Honour (*)	yes	yes	yes	yes
Organisation's statutes / articles of the association	no	no	yes	no
Official registration certificate of the association	no	no	yes	no
Profit and loss accounts for the last 2 years for which the accounts are closed	no	no	yes	no

(*) The Declaration of honour certifies that the applicant organisation is not in any of the situations of exclusion listed in Articles 93 and 94 of the Financial Regulation. The declaration can be found at the end of the application form. When completing the form a declaration of honour will automatically be generated for the main as well as the associated partners.

V.2 Additional documentation

At any moment during the selection phase the awarding authority may request, from any associated partner, the organisation's status / articles of association, the official registration certificate of the association, etc. It may also request a letter of commitment, etc. from any external sponsor. Such documentation must be delivered by the main applicant, **within the deadline specified in the request**, by e-mail to: EAHC-PHP-CALLS@ec.europa.eu and by fax at: +352 4301 30359.

V.3 Deadline

The final deadline for the submission of proposals is **27 May 2011** (date of post stamp).

V.4 Submission

Application package and CD-ROM

Applicants may submit their proposals, in one single batch:

1. either by postal mail, preferably by registered mail, clearly postmarked on or before the deadline indicated above, to:

European Commission
**CALL FOR PROPOSALS “HEALTH – 2011”
PROJECTS**

Bâtiment Jean Monnet
Rue Alcide de Gasperi
L-2920 LUXEMBOURG;

2. or by hand delivery **during the working hours of the European Commission: (9H00 to 16H30 Monday to Thursday and 9H00 to 16H00 on Friday)** to:

European Commission
**CALL FOR PROPOSALS “HEALTH – 2011”
PROJECTS**

Bâtiment Jean Monnet
Rue Alcide de Gasperi
L-2920 LUXEMBOURG;

either by the applicant in person or by an authorised representative and confirmed by a duly signed and dated acknowledgment of receipt on or before the deadline indicated above;

3. or by private courier service to:

European Commission
**CALL FOR PROPOSALS “HEALTH – 2011”
PROJECTS**

Bâtiment Jean Monnet
Rue Alcide de Gasperi
L-2920 LUXEMBOURG.

i. If a dated acknowledgment of receipt is returned to the applicant by the private courier service, the date of delivery to the private courier service will act as proof of delivery.

ii. In the absence of a dated acknowledgment of receipt by the private courier service, the date of delivery to the awarding authority at the address above will be proven by a signed and dated receipt.

IMPORTANT NOTICE

To avoid any delays in the call evaluation procedure, the awarding authority will disregard and not process proposals sent before or on the set deadline, as described in paragraphs V3 and V4.3.i above, but which have not been actually delivered by post or by private courier service to the awarding authority **before 24 June 2011**, even if late delivery is due to postal delays or to other reasons beyond the control of the submitter. It is understood that it is the responsibility of the submitter to ensure timely delivery of the proposal by a quality delivery service and that he will seek appropriate guarantees from the service he contracts.

Submission by fax or electronic mail will not be accepted.

A helpdesk at the Executive Agency for Health and Consumers will be available at: +352 4301 37707, e-mail address: EAHC-PHP-CALLS@ec.europa.eu on weekdays between 9.30 – 12.00 and 14.00 – 17.00. Please note that the helpdesk will be unavailable on weekends and the following public holidays: 21, 22 and 25 April and 9 May. 2011.

VI. GENERAL REQUIREMENTS

1. The proposal application form (the original; four copies; CD-ROM), the declarations of honour, the supporting documents and the checklist must be sent in one single batch. Proposals arriving in various packages will not be accepted and will be automatically rejected.
2. The awarding authority may request clarification at any time on the contents of the application documents submitted. Any clarification or information so requested must be delivered **within 5 working days** of the request by e-mail to: EAHC-PHP-CALLS@ec.europa.eu or by fax to: +352 4301 30359. Additional documentation not included in the single batch application package will not be taken into consideration. Additional documents not listed in paragraph V will not be taken into account in the evaluation procedure (e.g. scientific publications, letters of recommendation, reports etc).
3. In all correspondence relating to this call (e.g. when requesting information, or submitting an application), reference must be clearly made to this specific call. Once the Awarding authority has allocated a registration number to a proposal, indicated in the acknowledgement of receipt, the applicant must use this number in all subsequent correspondence.

VII. PROTECTION OF PERSONAL DATA

All the applications received by the EAHC will be treated confidentially and all personal data contained in the applications or related to the call will be processed in accordance with Regulation (EC) No 45/2001 of the European Parliament and of the Council on the protection of individuals with regard to the processing of personal data by the

Community institutions and bodies and on the free movement of such data. For more information, please refer to the website of EAHC:
http://ec.europa.eu/eahc/about/data_protection.html.