

## 1. Title of contract

**Exploring the synergy between promoting active participation in work and in society and social, health and long-term care strategies (see contract VC/2006/0340)**

## 2. Background

Population is ageing: more people are living longer with the percentage of those 60 and over increasing vis-à-vis a declining proportion of children and young people. In 2050 there will be about 2 billion people over 60 where there are now 600 million and the world will contain more people over 60 than under 15 (WHO). Those 65 and over will constitute more than 28% of the EU15 population in the year 2050 (Eurostat). In 2030 Europe will have 18 million children and young people fewer than today and the number of "older workers"(aged 55 to 64) will have risen by 24 million. The oldest old are the fastest growing segment of the population and the EU will have then 34.7 million citizens aged over 80 compared to 18.8 million today (SHARE, Eurostat).

Ageing is seen (OECD, SHARE, ACTIVAGE, European Commission) as "one of humanity's greatest triumphs" (WHO) and as one of the 21<sup>st</sup> century greatest challenges due to the economic and social demands it poses: a shrinking labour force and higher dependency ratios and the associated rising financial burden for social protection systems including pensions, health and long-term care systems (European Commission age-related public expenditure projections and the EU Walter studies).

The focus on the costs of ageing, though legitimate, has helped developing the myth that older persons are dependent and a burden to society. However, older people are a "precious often ignored resource that makes an important contribution to the socio-economic fabric of our societies" (WHO). They are an important resource to their families, communities and economies both through formal employment and through informal activities such as care for dependent relatives, friends and children and volunteer work. "And as more people that are better educated live longer and stay healthy longer they can make greater contributions to the community; by promoting they active participation in society and development we can ensure that their invaluable gifts and experience are put to good use" (Mr. Kofi Annan, Second World Assembly on Ageing, 2002). Indeed, older people muster intellectual, emotional and social reserves and experience and skills that are unavailable to younger people.

Ensuring that people make positive/active contributions to society and enjoy a high quality of life throughout their life and well into their late years requires a high level of health which can be attained through various policies such as adequate health care and health promotion and ill-health prevention, education and social protection and general supportive social and environmental conditions.

Currently, though, fewer than 60% of those aged between 50 and 64 have a job in OECD countries (OECD) even if many (women especially) may undertake family tasks such as looking after grandchildren and caring for dependent and sick relatives, which represents a sizeable economic value (SHARE). Low labour force participation is related to public policies and workplace practices that discourage older people from working and many barriers to older age employment. Ill-health can impact negatively on employment, social participation and contribution to family activities while, by hampering people in their earnings ability and career chances, it results in a less wealthy elderly population. Older people also suffer from exclusion, abuse, violence, disrespect, discrimination and negligence by their families and society at large (EU Social Inclusion Process). Consequently, older age often exacerbates the socio-economic, race or gender inequalities of earlier periods.

How can we cope with the impact of an ageing population, while providing opportunities to the youngest in our society? By raising this question the European Commission's Green Paper "Confronting demographic change: a new solidarity between the generations" launched a wide debate amongst everyone in society. Moreover (WHO), Now that people are living longer, how can we improve the quality of life throughout all ages and in old age in particular? How do we help older people remain independent and active? How can we best make use of older people's wisdom, experience and talents? How do we best balance the role of the family and the state when caring for

those who need assistance? The challenge is that to activate the rich reservoir of human and social capital.

Evidence points to the following factors as good predictors of how well individuals and populations age. They include: economic determinants (income, social protection schemes like pensions, health and long-term care insurance,...), social determinants (social isolation and loneliness, illiteracy and lack of education, abuse, exposure to conflict,...), physical environment (e.g. clean water, air and safe foods, malnutrition, physical barriers, proximity to family/relatives, low security, accessible and affordable transport, safe and adequate housing,...), personal determinants (genetics, personal expectations, intelligence and cognitive capacity, coping styles,...), behaviour (smoking, alcohol, physical activity, nutrition, medication and adverse effects,...), health and social services (e.g. health promotion policies, disease prevention mechanisms, access to quality health and long-term care including access to safe/cost effective medication, home and institutional care, formal and informal care, coordinated care,...), gender (e.g. women have an unpaid care giving role, men are more prone to occupational hazards and less healthy behaviour) and culture (values and traditions affect the provision of related services and health behaviour,...).

Countries must therefore enact policies to enhance the health, participation and security of citizens and their quality of life throughout their lives and well into their later years. While providing adequate protection and care when required, countries must develop programmes that allow people to realise their potential and to participate in society (in social, economic, cultural, spiritual and civic affairs including in paid and unpaid roles in domestic family and community life). This requires both a life-course and a holistic approach regarding various sectors, the involvement of various levels of government (national, regional, local), the non-governmental sector and the private sector including employers and service providers.

The pool of policies is large. It regards recognising older people's rights and ensuring equal opportunities and treatment in all aspects of life by fighting age discrimination and "ageism", the view that older people are a burden to society. Policies should take account of gender: women outlive men but spend more time in morbidity suffering from chronic diseases and are poorer than men. Thus, it is important to combat gender discrimination in all aspects of life - education, work, pay, access to health care and caring and leisure activities - throughout the life course.

It also implies pension and labour market reforms. Employment policies are needed to encourage people to remain longer in the workforce and barriers to the labour market must be removed (EU Employment and Pensions process). Pensions and other welfare arrangements must encourage work at all ages including older ages for those who are healthy and should provide maximum individual choice. Employers must end age discrimination and adapt work practices to an age-diverse workforce. Working conditions should help all workers including older workers maintaining their health. Barrier-free workplaces, greater flexibility (e.g. flexible hours, part-time, gradual retirement, self-employment) and quality of work should help workers balance private and working decisions including childbearing and retirement.

As income and wealth are strongly correlated with health and well-being policies that reduce social inequalities, poverty and social exclusion (e.g. access to proper housing and income protection) are essential to complement individual efforts.

As education is shown to be strongly related to better jobs, higher income and good health ensuring basic education to all and literacy programmes and educational services to adults are important steps in ensuring an active population.

Regional and local governments can provide safer walking, accessible and affordable public transport and recreation services, eliminate barriers to access in public buildings and ensure a safe environment (clean water and air, safe food).

As good health determines participation in work, family and community activities and wealth in old age (through ill-health induced unemployment and increased employment security) the health and long-term care fields must be considered. Here changes at an individual and an institutional level are required.

First, with age non-communicable diseases (e.g. cardiovascular diseases, diabetes, musculoskeletal conditions, mental health conditions) become the leading causes of morbidity, disability and mortality. These diseases can be prevented or postponed through a range of policies including education and health policies. A life free of disability depends on individual behaviour which emphasises the importance of health promotion and ill-health prevention policy: encouraging individuals to adopt positive personal health practices throughout their lives and develop supportive environments to make the healthy choices the easy choices (EU-funded Healthy Ageing project). The right life styles can preserve well-being at all ages ensuring that children grow into healthy adults able to participate

productively in society. Health care systems must therefore refocus to provide both preventive and curative care.

Moreover, access by all to adequate health care is necessary to restore function and expand participation (regain working and participation capacity) at all ages including older ages. In this view, the health sector can offer appropriate prevention and screening accessible and affordable to all target groups, equitable access to effective procedures, exercise programmes, enabling rehabilitation programmes, access to safe, essential and cost-effective medicines and vaccination schemes.

As more people achieve the age of 80 and over, the demand for long-term care is likely to grow. Thus, access to high quality dignified long-term care to all is important especially in later life. Moreover, activity and societal participation of the elderly including the very old and frail call for innovative concepts of provision. Societies must think of how to organise and deliver effective long-term care. Currently, about one-fifth of older people in developed countries receive formal care (medical or social services) with one-third of such care provided in institutions. In recent years, many countries moved away from institutional care in favour of home care that allows older people to remain in the community for as long as possible. In this setting older people are both receivers and providers of care with many older people caring for other family members, especially their spouses and their own, often very aged, parents. Care at home is typically a combination of medical and social services. The demands of providing such care may be stressful and detrimental to the caregiver's own health. This calls for assistance to the informal caregiver (respite care, training, income security) and allow for people to combine work with care. Adequate training and working conditions of care professionals namely through adjustments in the medical curricula is important. Long-term care should therefore be seen to include both informal and formal support systems and coordination between all these should be established. Changing the attitudes of health and social service providers towards older individuals is necessary to eliminate discrimination in the access to services and ensure the respect of older people's dignity and independence.

Importantly, while good health is the precondition for an active life, this, in turn, promotes good health so that expanding the opportunities to participate in volunteer work can maintain an older population healthier.

Hence, countries must enact policies and programmes that enhance the health, participation and security of citizens. These measures require a life-course approach not just an old age focus as early life experiences impact on how one grows older. They also require the involvement of various levels of government (national, regional, local), various sectors, the non-governmental sector and the private sector including employers and service providers.

### **3. Subject of the contract**

The purpose of this contract will be to provide the Commission with information input in the form of a report that can help the Commission and EU Member States engage in policy discussion on how social, health and long-term care systems can help enhance participation in work and family, social and community activities and how, in turn, participation in paid employment, family, social and community activities can contribute to healthy and autonomous living at present and in the future.

More specifically, the purpose of this contract can be broken down in six main steps which can correspond to six chapters of the report:

1. The first step consists in providing an overview of existing work regarding a) possible determinants (e.g. ill-health, work practices, financial incentives, distance to family/relatives, cultural values,...) of work participation and participation in family, social and community activities and b) on the way participation (employment, voluntary work, family care) impacts on present and future health status. This investigation should be based on existing academic/research work (e.g. SHARE, ACTIVAGE) and reports by international organisations (OECD, WHO). When reasonable it should be coupled with statistical evidence.
2. The second step would be to provide a general literature review of broad active (including healthy) ageing policies, that is, policies in various sectors that can enhance individuals' health and participation in the above activities. This chapter constitutes an introduction to the more specific chapter on social, health and long-term care that follows and helps setting the latter in a broader background. This investigation should be based on existing academic/research work (e.g. SHARE, ACTIVAGE) and reports by international organisations (OECD, WHO). Due attention should be paid to the time dimension. Policies need to be analysed with a view not only on how they impact on health status and participation today but also in the future.
3. The third step would be a more detailed specific analysis of social, health and long-term care policies of interest to the study. Where appropriate statistical information should be provided

showing policy trends but also relating policies to outcomes thus providing a basis for evidence based policy making. Due attention should be paid to the time dimension: policies need to be analysed with a view not only on how they impact on health status and participation today but also in the future. This should include issues of care integration, restructuring care activities in line with promoting active and healthy ageing, prevention, promotion of healthy and active behaviour. This part of the analysis should also highlight the changes in these sectors to develop active ageing programmes including the actors involved and the partnerships established (between government and international organisations, between different levels of government, between government and NGOs).

- a. The analysis of policies should pay specific attention to the role of social protection systems and how they impact on/ are associated to these policies. Leading questions should be: Do social protection systems encourage a forward looking approach to policy development? Do they encourage a comprehensive approach to the different policies involved, care coordination and care restructuring in line with changing priorities?
  - b. The analysis should refer to the effectiveness of interventions and health investments
4. Following the identification of such policies in (3) the fourth step will comprise the mapping of what policies have been/ are being/ will be implemented in each country. Statistical indicators should be used when appropriate and available to identified changes/trends in each country. This step of the analysis should lead to the identification of common or diverse approaches across Member States allowing a cross-country comparison. A table (or similar comparison tool) for all countries and all policies chosen in the analysis could be produced to summarise this part of the analysis thus allowing for a synthetic and comparative view across Member States.
- As far as possible, the investigation should aim at covering the situation in the 25 Member States. In any event, an in-depth analysis of the situation in at least ten different Member States based on the size, the time of its accession to the EU (i.e. both old and new EU Member States), the geographical location and the approach of the respective Member States, that is, the organisational specificities of social, health and long-term care services is accepted. The tenderer will propose the countries in the tender. This list of selected countries will be agreed with the Commission services and, if needed, adjusted during the first meeting following the signature of the contract.
5. The fifth step will consist in describing in detail examples of best practice from the various countries that correspond to the various policies identified and which deserve to become a matter of exchange across Member States. This chapter will serve to identify policies that may be transferable across Member States.
  6. A final step would consist of policies implications notably in relation to: a) areas where policy gaps can be identified and greater efforts need to take place to implement policy for the EU overall and for each country in specific; b) the existing barriers to policy implementation in those areas and possible opportunities, c) the possible means to overcome such barriers both in terms of national level and EU level policy; d) where do we go next.

This study will be used by the Commission to prepare an in-depth discussion under the health and long-term care strand of the Open Method of Coordination. The Social Protection Committee will review the results and use these to draw policy conclusions on how social protection systems can contribute to active and healthy ageing.

#### **4. Participation**

Please note that:

- The competition is open to any physical person or legal entity coming within the scope of the Treaties and any other physical person or legal entity from a third country which has concluded with the Communities a specific agreement in the area of public contracts, under the conditions provided for in that agreement.
- Where the Multilateral Agreement on Public Contracts concluded within the framework of the WTO applies, the contracts are also open to nationals of States that have ratified this Agreement, under the conditions provided for therein. It should be noted that research and development services, which come under category 8 of Annex II-A of Directive 2004/18/CE, are not covered by this Agreement.

- In practice, the participation of applicants from third countries that have concluded a bilateral or multilateral agreement with the Communities in the area of public contracts must be allowed, under the conditions provided for in that agreement. Bids submitted by applicants from third countries that have not concluded such an agreement may be accepted, but may also be rejected.

## 5. Tasks to be carried out by the contractor

The study will consist of the following tasks:

- A. An inception report in English – to be prepared for discussion at the kick-off meeting that follows the signature of the contract and to be determined bilaterally once the contract is signed – presenting a draft work programme, defining the country coverage and explaining the choice of countries to be used in the analysis and the planned scope of social, health and long-term care services studied

As far as possible, the study should cover the 25 Member States. In any event, an in-depth analysis of the situation in at least ten different Member States based on the size, the time of its accession to the EU (i.e. both old and new EU Member States), the geographical location and the approach of the respective Member States, that is, the organisational specificities of social, health and long-term care services is accepted. The tenderer will propose the countries in the tender. This list of selected countries for in-depth analysis will be agreed with the Commission services and, if needed, adjusted during the first meeting following the signature of the contract.

- B. An interim report in English within five (5) months after the signature of the contract presenting:

- a. A first draft of steps/chapters 1 and 2 identified in section 3 "Subject of the contract" above: 1) an overview of existing work regarding possible determinants of work participation and participation in family, social and community activities and the way participation in employment and family social and community activities impact on present and future health status; and 2) a literature review of broad active ageing policies, that is, policies that can enhance individuals' health and participation in those activities. This investigation should be based on existing academic/research work (e.g. SHARE, ACTIVAGE) and reports by international organisations (OECD, WHO). If and when reasonable it should be coupled with statistical evidence and a present and future time dimension should be emphasised.

- b. Ongoing work in steps/chapters 3) and 4) identified in section 3 "Subject of the contract" above: 3) detailed analysis of social, health and long-term care policies of interest to the study paying attention to the role of social protection systems and their impact on/ relation to policies and 4) mapping of what policies have been/ are being will be implemented in each country. Where appropriate and available, statistical information should be provided showing policy trends but also relating policies to outcomes. Changes/evolution in these sectors in terms of the various actors involved and the partnerships established (e.g. between government and international organisations, between different levels of government, between government and NGOs) are also to be highlighted.

- C. A first draft of the final report in English within eleven (11) months after the signature of the contract including a first draft of the first five steps/chapters describe in section 3 "Subject of the contract" above and some preliminary conclusions and policy implications. The study would then be revised taking into account the comments made by the Commission Services on the draft report. The first draft of the final report should contain:

- a. A draft of steps/chapters 1, 2, 3, and 4 identified in section 3 "Subject of the contract" above: 1) an overview of existing work regarding possible determinants of work participation and participation in family, social and community activities and the way participation in employment and family social and community activities impact on present and future health status; 2) a literature review of broad active ageing policies, that is, policies that can enhance individuals' health and participation in the above activities; 3) a detailed analysis of social, health and long-term care policies of interest to the study and the role of social protection systems; and 4) mapping of what policies have been/ are being/ will be implemented in each country;

- b. A first draft of step/chapter 5 described in section 3 "Subject of the contract" above detailing examples of best practice from the various countries which deserve to become a matter of exchange across Member States.
  - c. Some preliminary conclusions and policy implications which constitute step/chapter 6 of the study in section 3 "Subject of the contract" above: a) areas where policy gaps can be identified and greater efforts need to take place to implement policy for the EU overall and for each country in specific; b) the existing barriers to policy implementation in those areas and possible opportunities, c) the possible means to overcome such barriers both in terms of national level and EU level policy; d) where do we go next.
- D. A complete draft of the final report in English twelve (12) months after the signature of the contract including the final draft of all the six steps/chapters described in section 3 "Subject of the contract" above. The study should then undergo final revisions taking into account the comments on the final report made by the Commission Services (see oral presentation below) and be finalised and delivered within fourteen (14) months after the official start of the contract. The final report should also contain:
- a. An executive summary of maximum two (2) pages in English, French and German;
  - b. A more substantial summary of ten (10) pages in English, French and German;
  - c. A methodology note in English (e.g. literature reviewed, interviews carried, databases used...);

The study team should be available for three (3) working meetings with the Commission services corresponding to the delivery of the above reports

- the kick-off meeting to be determined bilaterally after the signature of the contract to discuss the inception report regarding the draft working program and country coverage
- Five (5) months after the official start of the contract in order to discuss the interim report consisting of a first draft of steps/chapters 1 and 2 and ongoing work in steps/chapters 3 and 4;
- Eleven (11) months after the official start of the contract to discuss the draft of the final report consisting of a draft of steps/chapters 1, 2, 3, and 4, a first draft of chapter 5 and some preliminary conclusions and policy implications (step/chapter 6)

The study team should be available for two (2) oral presentations of the final report at meetings to be determined by the Commission services including: a) a meeting twelve (12) months after the official start of the contract to present the complete draft of the final report of the study to the Commission services and b) a presentation of the final report during the in-depth discussion on this topic to take place under a Social Protection Committee meeting in Brussels and to be organised/determined by the Commission and EU Member States.

## **6. Professional qualifications required**

See Annex IV of the contract, experts' CVs.

## **7. Time schedule and reporting**

See Article I.2. of the contract.

**The contract will last 14 months from the official start of the contract which will be the date of signature of the contract by the second party.**

**Additional requirements** (specific deadlines for the performance of tasks):

The following reporting requirements are expected:

- An inception report in English consisting of a draft work program and detailing the country coverage and the study team for the kick-off meeting to be determined bilaterally after the signature of the contract;
- An interim report in English containing a first draft of steps/chapters 1 and 2 and ongoing work in steps/chapters 3) and 4) as identified in section 3 "Subject of the contract" above within five (5) months after the official start of the contract,
- A first draft of the final report in English containing a first draft of the first five steps/chapters and some preliminary conclusions and policy implications (step/chapter 6) as described in section 3 "Subject of the contract" above within eleven (11) months after the official start of the contract,

- The complete draft of the final report of the study in English, taking into account comments made by the Commission services on the first draft of the final report, within twelve (12) months after the official start of the contract,
- The study should then be finalised taking into account final remarks by the Commission services and the revised complete final report in English should be delivered within fourteen (14) months after the official start of the contract. The final report in English is to be coupled with a) an executive summary of maximum two (2) pages in English, French and German and b) a more substantial summary of ten (10) pages in English, French and German.

Each reporting presentation should include:

- a progress report on the work programme detailing the outline and timetable for the further work needed;
- an update on the methodology (literature reviewed, interviews carried and planned, databases used).

The final study should be in English accompanied by summaries in English, French and German and approved by the Commission services. It should be in a web-friendly format and publishable format.

## **8. Payments and standard contract**

See Articles I.3, I.4, II.4 and II.5 of the draft contract.

Payments will be made according to the following schedule:

### **Interim payment**

Requests for interim payment by the contractor shall be admissible if accompanied by:

- the draft of the interim report within five (5) months after the official start of the contract;
  - the relevant invoices,
  - statements of reimbursable expenses in accordance with Article II.7 of the contract,
- provided the report has been approved by the Commission.

The Commission shall have 45 days from receipt to approve or reject the report, and the Contractor shall have 30 days in which to submit additional information or a new report.

Within 30 days of the date on which the report is approved by the Commission, an interim payment corresponding to the relevant invoices, up to maximum 50% of the total amount referred to in Article I.3.1 of the contract, shall be made.

### **Payment of the balance**

The request for payment of the balance of the Contractor shall be admissible if accompanied by:

- the final report within fourteen (14) months after the official start of the contract;
  - the relevant invoices,
  - statements of reimbursable expenses in accordance with Article II.7 of the contract,
- provided the report has been approved by the Commission.

The Commission shall have 45 days from receipt to approve or reject the report, and the Contractor shall have 30 days in which to submit additional information or a new report.

Within 30 days of the date on which the report is approved by the Commission, payment of the balance of the total amount referred to in Article I.3.1 of the contract shall be made.

**In drawing up the bid, the tenderer should take into account the provisions of the standard contract comprising the "General terms and conditions applicable to service contracts".**

## **9. Prices**

Under the terms of Articles 3 and 4 of the Protocol on the Privileges and Immunities of the European Communities, the latter are exempt from all charges, taxes and duties, including value added tax; such charges may not therefore be included in the calculation of the price quoted. The amount of VAT is to be indicated separately.

The price must be stated in EUR(€), net of VAT (using, where appropriate, the conversion rates published in the C series of the Official Journal of the European Union on the day when the invitation to tender was issued), and broken down according to the model in Annex III included in the attached standard contract.

**The format given in Annex III "Breakdown of prices" of the attached blank, draft contract MUST be followed and include:**

***Part A: Professional fees and direct costs***

- fees, expressed as the number of person-days multiplied by the unit price per working day for each expert proposed. The unit price should cover the experts' fees and administrative expenditure, but not the reimbursable expenses referred to below;
- daily subsistence allowances and travel expenses of the contractor and his staff or other people involved in the work for participation in:
  - the two (2) oral presentations of the final report planned in Brussels including: a) a meeting twelve (12) months after the official start of the contract to present the complete draft of the final report of the study to the Commission services and b) a presentation of the final report during the in-depth discussion on this topic to take place under a Social Protection Committee meeting in Brussels and to be organised/determined by the Commission and EU Member States
  - the three (3) working meetings planned in Brussels corresponding to the delivery of the inception, interim and draft final reports.
- any translation expenses;
- expenses for the shipment of equipment or unaccompanied luggage, directly connected with performance of the tasks specified under point 5 of the present specifications;
- unavoidable expenses necessary to the achievement of the contract (to be specified);
- other direct costs (to be specified), if applicable, by the tenderer;

***Part B: Reimbursable expenses***

- daily subsistence allowances<sup>1</sup> and travel expenses (other than local transport costs)<sup>2</sup> of the contractor and his staff or other people involved in the work for additional requested meetings by the Commission not stated in the part A above and covering expenditure incurred by experts on short-term trips outside their normal place of work.

**The total price = Part A + Part B and ought not to exceed 200.000 €in total**

**10. Composition of a partnership or consortium**

If a partnership or consortium is envisaged, its composition should be specified, and the criteria listed under point 12 should be detailed for each individual member of the partnership. In addition, one of the consortium or partnership members must be designated lead contractor and will assume full responsibility towards the Commission as regards both this bid and the future contract, if awarded.

**11. Exclusion criteria and supporting documents**

**Governed by**

*Article 93 of the Financial Regulations:*

1. Applicants or tenderers shall be excluded if:

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<sup>1</sup> Agreed per diem rates are to be used for each Member State (see Annex III.2.2.1 of the draft contract).

<sup>2</sup> Travel expenses will be accepted, where appropriate, on the basis of the shortest itinerary.

- travel by air shall be accepted up to the maximum cost of an economy class ticket at the time of the reservation;

- travel by boat or rail shall be accepted up to the maximum cost of a first class ticket;

- travel by car shall be accepted at the rate of one first class rail ticket for the same journey and on the same day;

- travel outside Community territory shall be accepted under the general conditions stated above provided the Commission has given its prior written agreement.

a) they are bankrupt or being wound up, are having their affairs administered by the courts, have entered into an arrangement with creditors, have suspended business activities, are the subject of proceedings concerning those matters, or are in any analogous situation arising from a similar procedure provided for in national legislation or regulations;

b) they have been convicted of an offence concerning their professional conduct by a judgement which has the force of *res judicata*;

c) they have been guilty of grave professional misconduct proven by any means which the contracting authority can justify;

d) they have not fulfilled their obligations relating to the payment of social security contributions or the payment of taxes in accordance with the legal provisions of the country in which they are established or with those of the country of the contracting authority or those of the country where the contract is to be performed;

e) they have been the subject of a judgement which has the force of *res judicata* for fraud, corruption, involvement in a criminal organisation or any other illegal activity detrimental to the Communities' financial interests;

f) following another procurement procedure or grant award procedure financed by the Community budget, they have been declared to be in serious breach of contract for failure to comply with their contractual obligations.

2. Applicants or tenderers must certify that they are not in any of the situations listed in paragraph 1 above.

#### *Article 134 of the Implementation Arrangements – Supporting documents*

1. The contracting authority shall accept, as satisfactory evidence that the candidate or tenderer is not in one of the situations described in points (a), (b) or (e) of Article 93 of the Financial Regulations, production of a recent extract from the judicial record or, failing that, a recent equivalent document issued by a judicial or administrative authority in the country of origin or provenance showing that these requirements are met.

2. The contracting authority shall accept, as satisfactory evidence that the candidate or tenderer is not in the situation described in point (d) of Article 93 of the Financial Regulations, a recent certificate issued by the competent authority of the State concerned.

Where no such document or certificate is issued in the country concerned, it may be replaced by a sworn or, failing that, a solemn statement made by the interested party before a judicial or administrative authority, a notary or a qualified professional body in his country of origin or provenance.

3. Depending on the national legislation of the country in which the tenderer or applicant is established, the documents referred to in paragraphs 1 and 2 above shall relate to legal entities and/or physical persons, including, where considered necessary by the awarding authority, company directors or any person with powers of representation, decision-making or control in relation to the tenderer.

#### *Article 94 of the Financial Regulations:*

Contracts may not be awarded to candidates or tenderers who, during the procurement procedure:

a) are subject to a conflict of interest;

b) are guilty of misrepresentation in supplying the information required by the contracting authority as a condition of participation in the contract procedure or fail to supply this information.

See Annex I (which may be used as a checklist) for the supporting documents accepted by the European Commission to be provided by applicants, tenderers or bidders.

**Any bid not including the supporting documents provided for in this Annex will be excluded.**

**A written self-declaration by the candidate that he is not in the situation described by article 93 § 1. a), b), d) and e) (see above) will not be accepted by DG Employment.**

## 12. Selection criteria

The selection of offers will be carried out in accordance with the following criteria:

a) **Economic and financial capacity** to carry out the tasks set out in the tender specifications must be demonstrated as follows:

- the tenderer (or consortium) must provide proof of turnover in the last financial year at least equivalent to 100 % of the proposed price of the contract;
- presentation of accounts –balance sheet and profit and loss account for the past three years. They have to be certified by an external audit where it is required by the legislation of the country where the tenderer is established;
- regular accounts for the quarter preceding that in which the contract notice of the tender was published if the full accounts for the previous financial year are not yet available;

Please note that in the case of tenders from consortia, the above mentioned documents must be provided by each member of the consortium.

b) **Technical capacity:**

- A list of the main works carried out by the tenderer in relation to the subject of this call over the past five years. In the case of tenders from consortia, this must be provided by each member of the consortium.
- Solid experience of analysis in the field concerned as attested by the CVs
- The tenderer should demonstrate:
  - Experience in the field of social, health and long-term care services research in several EU Member States;
  - A mix of health policy, social policy, economic and statistical expertise;
  - Project management experience, especially regarding the proposed project leader;
  - Language skills sufficient to execute the tasks efficiently. These should include the working languages of the Commission (English, German, French) but also languages that allow the tenderer to cover linguistically at least 10 EU Member States (see country coverage as in section 2 "Subject of the contract"). The tenderer should ensure that the project contains a provision for translation if this is considered necessary by the contractor.
- In the case of tenders from consortia: clear identification of the co-ordinator of the work who will also be responsible for signing the contract, and written confirmation from each member of the consortium that they would be ready and willing to participate in the project, and describing their role.

## 13. Award criteria

The contract will be awarded to the bid offering the best price/quality ratio, taking account of the following criteria:

**Quality of the tender:** understanding of the context and nature of the project and the tasks to be carried out. The tenderer should provide detailed information on the subject matter and previous related research, identify the most relevant research questions and characterise the work to be done

- Formal presentation and written quality of the tender (5%)
- Context of the study: the tenderer should demonstrate understanding of the topic and its background (10%)
- Nature of the tasks to be carried out and results to be achieved: the tenderer should demonstrate understanding of the conceptual approach to be used by clearly identifying the issues to be addressed, the methodology to be used and the results to be achieved (15%)

**Quality of the methodology proposed:** the methodology and work strategy proposed will be the basis for the evaluation of this point

- Methodology proposed: the tenderer should describe how the analysis will be carried out, i.e., the various steps envisaged, the documentary efforts undertaken, the required data collection and research, the methodological approach. A proposed approach and outline of the report will provide a basis for evaluation. (30%)
- Data quality and accessibility or availability: the tenderer should clearly explain how he/she will carry out original research, describe the information to be used, its quality, accessibility or availability and specify which information the tenderer can access directly or has at his/her disposal (15%)
- Strategy to carry out the tasks: the tenderer should explain how the different parts of the analysis and research will be integrated and fit in the overall conceptual approach. (15%)
- Organisation of work: the tenderer should explain how the team of experts will be organised and co-ordinated as well as the working methods within the team and the appropriate Commission Services. The coherence of the workplan and calendar would be an element for evaluating this criterion. (10%)

Please note that the contract will not be awarded to any bid that receives less than 70% in the award criteria. The points total will then be divided by the price, with the highest-scoring bid being chosen.

## **14. Content and presentation of bids**

### **14.1. Content of bids**

The tenderer must provide all the information and documents necessary to enable the Commission to conduct an appraisal of the offer on the basis of the selection criteria and the award criteria (see points 12 and 13 above) and taking account of the exclusion criteria listed in point 11 above.

Tenders must be presented in three parts:

a) **a first part:** containing all administrative information including:

- Date of bid for the provision of services;
- Name of tenderer, full address, telephone and fax numbers and e-mail address;
- Legal entity form duly completed<sup>3</sup>;
- Legal status;
- Indication of the tenderer's headquarter or domicile (presented with the supporting evidence normally acceptable under its own law);
- Date of establishment or registration;
- Name and quality of the Contractor's legal representative (i.e. the person duly authorised to act legally on behalf of the Contractor in relation to third parties);
- VAT number or proof of exemption;
- Social security number;
- Certified copies or certificates as required under point 11 "Exclusion criteria and supporting documents";
- Details of the tendering organisation's structure.

b) **a second part:** concerning the technical content of the bid and including:

- A description of the intended organisation and management of the services and tasks to be carried out;
- A detailed description of the planned approach and methodology to be used;
- A work-plan, indicative timetable and detailed description of the services to be provided;
- If not already covered elsewhere, the tenderer must supply specific information covering each of the award criteria listed in point 13;
- Description of relevant professional experience with emphasis on the specific fields covered by the invitation to tender;
- Detailed curriculum vitae and classification (see Annex IV 'CVs and classification of experts' of the attached blank draft contract) of key project team members.

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<sup>3</sup> Form available from [http://europa.eu.int/comm/budget/execution/legal\\_entities\\_fr.htm](http://europa.eu.int/comm/budget/execution/legal_entities_fr.htm)

c) **a third part**: comprising the financial part of the tender and including:

- Full details of the proposed price presented as described in point 9 above and following the format of Annex III of the attached blank draft contract;
- A "Financial identification" form, duly completed, signed and stamped by the bank<sup>4</sup>;
- Balance sheets and results for the past 3 accounting years;
- The accounting situation for the quarter previous to that in which the notice is published if the results of the past financial year are not yet available;
- Overall turnover for the last financial year;

#### 14.2. *Presentation of bids*

Bids must be submitted in triplicate (i.e. one original and two copies).

- They must include all the information required above.
- They must be clear and concise.
- They must be signed by the legal representative. **Unsigned bids will be rejected.**
- They must be submitted in accordance with the specific requirements of the invitation to tender, within the deadlines laid down.

### 15. **Validity of tenders**

Tenders must be valid up to 6 months after submission.

### **Annex I: Articles 93 & 94 (see point 11- Exclusion Criteria)**

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<sup>4</sup> Form available from [http://europa.eu.int/comm/budget/execution/tiers\\_fr.htm](http://europa.eu.int/comm/budget/execution/tiers_fr.htm)

*Annex I*

Exclusion criteria (Article 93(1) FR)	Supporting documents to be provided by applicants, tenderers or bidders	
	Procurement (Article 93(2) FR; Article 134 IR)	
<b>1. Exclusion from a procurement procedure, Article 93(1) FR :</b> <i>« Candidates or tenderers shall be excluded from participation in a procurement procedure if:</i>		
<b>1.1. (subparagraph a)</b> <i>they are bankrupt or being wound up,</i>  <i>are having their affairs administered by the courts,</i>  <i>have entered into an arrangement with creditors have suspended business activities, are the subject of proceedings concerning those matters,</i>  <i>or are in any analogous situation arising from a similar procedure provided for in national legislation or regulations<sup>5</sup>;</i>	Recent extract from the judicial record <b>or</b> recent equivalent document issued by a judicial or administrative authority in the country of origin or provenance <b>or</b> Where no such certificate is issued in the country concerned : sworn or, failing that, a solemn statement made by the interested party before a judicial or administrative authority, a notary or a qualified professional body in his country of origin or provenance	
<b>1.2. (subparagraph b)</b> <i>they have been convicted of an offence concerning their professional conduct by a judgment which has the force of res judicata<sup>6</sup>;</i>	Cf. supporting documents for Article 93(1)(a) FR above	

<sup>5</sup> See also Article 134(3) IR : Depending on the national legislation of the country in which the tenderer or candidate is established, the documents referred to in paragraphs 1 and 2 shall relate to legal persons and/or natural persons including, where considered necessary by the contracting authority, company directors or any person with powers of representation, decision-making or control in relation to the candidate or tenderer.

<sup>6</sup> Cf. footnote n° 1.

Exclusion criteria (Article 93(1) FR)	Supporting documents to be provided by applicants, tenderers or bidders	
	Procurement (Article 93(2) FR; Article 134 IR)	
<b>1.3. (subparagraph c)</b> <i>they have been guilty of grave professional misconduct proven by any means which the contracting authority can justify;</i>	Declaration by the candidate or tenderer that he is not in the situation described	
<b>1.4. (subparagraph d)</b> <i>they have not fulfilled obligations relating to the payment of social security contributions or the payment of taxes in accordance with the legal provisions of the country in which they are established or with those of the country of the contracting authority or those of the country where the contract is to be performed<sup>7</sup>;</i>	Recent certificate issued by the competent authority of the State concerned confirming that the candidate is not in the situation described <b>or</b> Where no such certificate is issued in the country concerned : sworn or, failing that, a solemn statement made by the interested party before a judicial or administrative authority, a notary or a qualified professional body in his country of origin or provenance	
<b>1.5. (subparagraph e)</b> <i>they have been the subject of a judgment which has the force of res judicata for fraud, corruption, involvement in a criminal organisation or any other illegal activity detrimental to the Communities' financial interests<sup>8</sup>;</i>	Cf. supporting documents for Article 93(1)(a) FR above	
<b>1.6. (subparagraph f)</b> <i>following another procurement procedure or grant award procedure financed by the Community budget, they have been declared</i>	Declaration by the candidate or tenderer that he is not in the situation described	

<sup>7</sup> Cf. footnote n°1.

<sup>8</sup> Cf. footnote n° 1.

<i>to be in serious breach of contract for failure to comply with their contractual obligations. »</i>			
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<b>Exclusion criteria (Article 94 FR)</b>	<b>Supporting documents to be provided by applicants, tenderers or bidders</b>	
	<b>Procurement</b>	<b>Grants</b>
<b>2. Exclusion from a procurement or grant award procedure Article 94 FR :</b> <i>« Contracts may not be awarded to candidates or tenderers who, during the procurement procedure:</i>		
<b>2.1. (subparagraph a)</b> <i>are subject to a conflict of interest;</i>	Statement by the applicant, tenderer or bidder confirming the absence of conflict of interests, to be submitted with the application, bid or proposal	
<b>2.2. (subparagraph b)</b> <i>are guilty of misrepresentation in supplying the information required by the contracting authority as a condition of participation in the contract procedure or fail to supply this information»<sup>9</sup>.</i>	No specific supporting documents to be supplied by the applicant, tenderer or bidder  It is the responsibility of the authorising officer, represented by the evaluation committee, to check that the information submitted is complete <sup>10</sup> and to identify any misrepresentation	

<sup>9</sup> Cf. Article 146(3) of the FR Implementing Rules: « ...the evaluation committee may ask candidates or tenderers to supply additional material or to clarify the supporting documents submitted in connection with the exclusion and selection criteria, within a specified time-limit. » and Article 178(2) of the FR Implementing Rules: « The evaluation committee may ask an applicant to provide additional proof or to clarify the supporting documents establishing financial and operational capacity, within a specified time-limit. »

<sup>10</sup> Cf. footnote n°1