

2009 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 Community.

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 2009 Work Plan sets out details of the financing mechanisms and priority areas for action in implementing the programme. This document (Commission Decision 2009/159/EC) has been published in the Official Journal of the European Union no L 53 / 2009, pp 41 and is available under <http://ec.europa.eu/eahc>. The present call relates to the financing mechanism "call for proposals for projects".

Interested parties active in the field of public health and risk assessment 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.

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). Organisations from these countries can receive funding from the second Health Programme.

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.

Organisations from Croatia are also eligible for participation. However, in the case of selection for award, Croatian organisations can receive funding if the Memorandum of Understanding has been ratified before the adoption of the awarding decision.

Moreover, the programme is open to the participation of third countries, 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 Community programmes. These countries are not eligible for funding but may participate as collaborating partners or subcontractors.

The proposals selected will qualify for Community financial assistance (grant for an action) on the basis of the shared cost principle²

II. AREAS FOR FUNDING

Chapter 3 of Annex I of the 2009 Work Plan sets out the specific priority areas for action to be implemented through the present call. Only proposals which fall within the scope of the above mentioned work plan and the priorities specified in that document will be accepted. The table below shows the priority areas from the 2009 Work plan:

Description	Reference in WP 2008	Reference in 2008-2013 Programme
Improve citizens' health security		
<i>Protect citizens against health threats</i>	3.2.1.	
Develop prevention	3.2.1.1.	1.1.1-1.1.2
Exchange practices on promotion of vaccination in Member States (MS), in particular regarding hard to reach populations		
Support preparedness	3.2.1.2.	1.1.1-1.1.2-1.1.3-1.1.5
Underpinning rapid development of pharmaceutical counter measures including vaccines, for new and emerging threats		
Health sector's adaptation to consequences of climate change		
Improve early detection and control for health threats including Communicable diseases	3.2.1.3	
Capacity building and training in high burden countries on tuberculosis control (evidence based standards) and at risk populations		
Support awareness, early diagnosis, prevention and control of viral hepatitis		
Early detection of health threats and health impact assessment of events		
Enhance capacity building	3.2.1.4	1.1.1-1.1.4
Support implementation of International Health Regulations (IHR) in MS		
<i>Improve citizens' safety</i>	3.2.2	1.2
Improve rational use of antibiotics and fighting antimicrobial and antiviral resistance	3.2.2.1	1.2.3
Further development of protocols and monitoring of rational use of antibiotics		
Improving patient safety through high-quality and safe healthcare	3.2.2.2	1.2.3
Exchange of best practice between MS and tools to reduce hospital acquired infections, including training, based on common approaches.		
Providing tools for measuring and improving quality and safety of healthcare: develop guidelines or tools aiming at assessing the quality of healthcare provided by different healthcare settings		

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

and to promote best practice; develop measurement systems to enable increasing compliance with treatment protocols.		
Implementation of the action set out in COM(2008)689 on telemedicine for the benefit of patients, healthcare systems and society to foster collaboration between health professionals and patients in key areas for greater application of telemedicine as set out in that Communication, in order to develop specific recommendations on how to improve confidence in and acceptance of telemedicine, also taking into account ethical and privacy related aspects.		
Safety of blood, tissues, cells, organs	3.2.2.4	1.2.2
Promote the accessibility and training on specific methodology to increase organ donation in particular on Quality Improvement Programmes on organ donation.		
On blood and tissues and cells specific questions remain on the reporting systems and rapid response to serious adverse events and reactions and coding. Projects will be prioritised to help developing methodologies in this area.		
Promote health		
<i>Foster healthier ways of life and the reduction of health inequalities</i>	3.3.1	2.1
Promoting Health in All Policies approach	3.3.1.1	2.1.1
Promotion of health impact assessment: set up actions to encourage the use of health impact assessment as a tool for health oriented policy making at European, national and regional (local) level, taking into account equity aspects.		
Developing methodologies for implementing Health in All Policies approach in policy development and implementation.		
Public health capacity building	3.3.1.2	2.1.1
Developing tools, procedures and pilot work to improve interaction between public health researchers and policy development at EU level.		
Developing handbooks to support the integration of mental health promotion and mental disorder prevention into the training and work practice of professionals in youth, social, school, workplace environments, taking account of the activities under the European Pact for Mental health and Well-being		
Promotion of the uptake of injury prevention in vocational training in public health: development of modular curricula for application in the health sector.		
Improving communication skills of health professionals in order to better address the needs of patients, taking into consideration gender, age and other socio-economic and cultural variables: establish a mapping of communication training given to health professionals with the aim of including communication in public health education programmes, and possibly setting up a programme leading to master study.		
Investment in health	3.3.1.3	2.1.1 - 2.1.2
Promoting health investments in the EU Member States and regions through exchange of good practices and cooperation with EU institutions and bodies (e.g. the European Investment Bank), international organisations, private companies and NGOs.		2.1.2
Initiatives to identify best practices to improve effectiveness and sustainability of regional health investment		2.1.2
Reduction of health inequalities	3.3.1.4	2.1.2
Development and dissemination of good practice regarding strategies to tackle inequalities in health between and within Member States and regions of countries participating in the programme.		
Develop and share health systems' good practice in addressing health inequalities.		
<i>Promote healthier ways of life and reduce major diseases and injuries by tackling health determinants</i>	3.3.2	2.2
Children and young people	3.3.2.1	2.2.1
Development of the role of youth organizations, youth workers, schools and educational institutions and vocational training organisations in promoting health of young people.		
Promotion of health and prevention of injuries and illness in young people at work.		
Health promotion activities addressing the needs of young people (aged 15-25) who are neither in work nor in education.		
Health at workplace	3.3.2.3	2.2.1
Improving health at work, in particular by promoting better work organization and job control, taking into account economic aspects.		
Nutrition and physical activity	3.3.2.4	2.2.1
Implementation and exchange of good practice on comprehensive initiatives to address the reduction of the levels of saturated and trans fats, salt and sugar in manufactured foods		
Promoting physical activity through infrastructure and healthy lifestyles, urban/regional planning		

and better use of the physical environment, with a particular focus on children and young people: promoting and sharing good practice at local/regional level.		
Sexual health and HIV-AIDS	3.3.2.5	2.2.1
<i>Sexual health</i>		
Contributing towards an increased knowledge base on sexual behaviour of young people across Europe.		
Contributing towards the development and promotion of sexual health policies.		
Contributing towards the prevention of sexually transmitted infections.		
<i>HIV/AIDS</i>		
Activities focusing on the implementation of issues set out in the HIV/AIDS action plan 2005-2009, in particular on access to testing, treatment and care, on activities towards improving the situation in Eastern Europe, including with regards to IDUs, and on health promotion for young people and risk groups.		
Dissemination and exchange of good practices, to intensify awareness-raising initiatives and to contribute to future European policy developments (with a particular focus on strategies to sensitise risk groups for HIV testing).		
Improving the overall situation in Eastern Europe in terms of policy development and implementation. Improving the situation of people living with HIV/ADS, with a focus on prevention and projects targeting the accessibility to affordable antiretrovirals.		
Mental health	3.3.2.6	2.2.1
Developing partnerships for action to use the media and the internet for promoting mental health, preventing mental disorders and to combating stigma, with a specific focus on young people and at the workplace, and for addressing the related challenges, such as suicidal and self-destructive behaviour as well as eating disorders.		
Addiction prevention	3.3.2.7	2.2.1
<i>Tobacco</i>		2.2.1
Capacity building on tobacco control strategies across all policies, mainly in the areas of taxation and illicit trade.		
Development of innovative strategies and best practices, including health professionals and teachers' training programmes, concerning all types of tobacco products consumption prevention and cessation methods and services. Gender perspective, health inequalities, key settings and target groups must be considered when developing such strategies and programmes as appropriate.		
<i>Alcohol</i>		2.2.1
Alcohol and workplaces: identify and bring together good practice for effective actions in this area, involving employers (and their organizations), trade unions and health professionals. This should include developing possibilities of how to implement good practice on a wider scale and identifying gaps in current approaches.		
Curbing under-age drinking: identify and bring together good practice concerning issues such as education directed at children, their parents and retail employees. Of particular importance is the enforcement of the legal age limits for selling alcohol.		
Work on the impact of marketing communication on consumption, especially by young people, and on monitoring the effectiveness and transparency of self-regulatory mechanisms.		
<i>Illicit drug</i>		2.2.1
Prevention of first/experimental use among young people in different settings taking into account the interrelation to other health issues (including mental health) and social issues (ex. social exclusion).		
Prevention of polydrug use, specifically the concomitant use with alcohol including the prevention of drink-drugs-driving taking into account previous work undertaken in this field, in the context of road safety actions.		
Selective and innovative prevention approaches using IT tools for users of drugs showing problematic behaviours		
Prevention of major and rare diseases	3.3.2.8	2.2.2
<i>Cancer</i>		
Development of indicators or indexes specifically concerning cancer to better support action on cancer across the EU.		
<i>Rare diseases</i>		
Developing European cooperation on rare diseases, in particular regarding their recognition, shared information on them, and cross-border cooperation in diagnosis and treatment through European reference networks		
Implementing the Commission Communication COM(679) final on Rare Diseases: Europe 's		

Challenges:		
Support to pilot reference networks and networks of information		
Healthy environments	3.3.2.9	2.2.3
Quantification of emission of key indoor air pollutants from consumer products such as personal care and cleansing products, and ETS, and information on the use pattern of these products in EU Member States.		
Developing European health based ventilation guidelines for homes, offices and public places such as schools and nursery homes. These guidelines should help Member States in revising existing building codes and practices in the light of energy efficiency of buildings		
Injury prevention	3.3.2.10	2.2.4
Strengthening of networking of good practices in the seven priority areas highlighted in the Council Recommendation on injury prevention and safety promotion with a view to encouraging focused actions in all Member States		

All projects should provide high European added value, be innovative in nature and the duration should not normally exceed three years. The expected impact of the project should be measured by appropriate indicators, preferably the Healthy Life Years indicator.

Applicants should also ensure that their projects do not duplicate work already done in the previous nine public health programmes or under other Community funding programmes and , where appropriate, projects should build on work already undertaken at Community level. Details of previous funded projects are available through the Executive Agency for Health and Consumers webpage <http://ec.europa.eu/eahc> and the Commission's DG SANCO public health web page http://europa.eu.int/comm/health/ph_projects/project_en.htm.

Proposals requesting more than 60% co-funding will need to comply with the criteria for exceptional utility, specified in paragraph 3.1 of the 2009 Work plan. The following four indicators will serve as an interpretation of those criteria for the evaluation of these proposals:

- At least 60% of the total budget of the action must be used to fund staff. This criterion is intended to promote capacity building for development and implementation of effective public health policies.
- At least 25% of the budget of the proposed action must be allocated to MS with a GDP per capita (as published by EUROSTAT in its latest statistical report) in the lower quartile of all EU MS This criterion is intended to contribute to the reduction of health inequalities among EU MS.

A score of at least 5 out of 8 marks must be achieved for all criteria of the policy relevance block. This criterion aims to promote European citizens' health improvement, in the sense of enhancing the policy relevance.

- At least 10% of the budget must be allocated to organisations that did not receive any funding under the Health Programme of the EC in the past 5 years. This criterion is intended to promote the involvement of new actors for health.

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 Regulation and article 178 of the Implementing Rules, assisted by 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 2009 Work Plan Decision: “General principles and selection, award and other criteria for financial contributions to the actions under the second Community programme in the field of health (2008 – 2013)” in sections 2 (exclusion criteria), 3 (selection criteria) and 4 (award criteria). The awarding authority reserves the right to reject proposals that do not 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 which do not reach a threshold of 50% of the points total 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 the "second Community Programme in the field of health" and its annual work plan in terms of meeting the objectives and priorities;	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 and in terms of expected contributions to the 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 ⁽²⁾ 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 a 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 at 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 with the situation of the countries or specific areas involved, ensuring the compatibility of the envisaged actions with culture and views of the target groups. ⁽¹⁾ COM(2007) 630 final; http://ec.europa.eu/health/ph_overview/strategy/health_strategy_en.htm	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 budget be 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⁾ These may include private sector partners	10 (threshold 5)

IV. FINANCIAL PROVISIONS

The Financial Regulation³ lays down the rules to be applied with a view to ensuring that the procedures for protecting Community funds are complied with. This regulation and the associated implementing rules⁴ 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. The remaining proposals recommended for co-funding will be 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 Community grants, at least 40% of the project costs must be funded by other sources. Consequently, the Community 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 paragraph 3.1 'Issues of strategic importance' of the Work Plan 2009, a maximum Community contribution of 80% of the eligible costs could be envisaged. No more than 10% of the number of funded projects will receive a Community contribution of over 60%.

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

³ [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..

⁴ [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.](#)

[Commission Regulation \(EC, Euratom\) No 1261/2005 of 20 July 2005 amending Regulation \(EC, Euratom\) No 2342/2002 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 201, 2.8.2005.](#)

[Commission Regulation \(EC, Euratom\) No 1248/2006 of 7 August 2006 amending Regulation \(EC, Euratom\) No 2342/2002 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 227, 19.8.2006](#)

The duration of projects to be co-funded should normally not exceed three years.

The programme budget for the period 2008-2013 is € 321 500 000. For the work programme 2009, the indicative amount of the operating budget is €48 261 000. Of this amount, €24 130 500 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 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.

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 technical and financial information of the project The main sections are: partners information; specification of the project; technical aspects of the project; policy and context relevance; management of the project; description of the work packages; financial management data; participation in European Union funded projects and financial viability information	1 signed original + 4 photocopies + electronic version saved on CD-ROM
Declaration of honour (main partner and associated partners) that he/she is not in any of the situations listed in paragraph 2.1. of Annex II of the Work plan 2009	A declaration of honour for the main partners 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.	1 signed original, or a signed fax print out (in case of fax, the original shall be requested at a later stage) of each declaration (main and associated partners)

Supporting documents⁽¹⁾		
The organisation's status/articles of association	Main partner only	1 certified copy
The official registration certificate of the association		1 certified copy
⁽¹⁾ The supporting documents are not required from public bodies, international public organisations created by inter-governmental agreements or from specialist agencies created by the latter		

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

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. The awarding authority may also request, from the main partner or any associated partner, an external audit report produced by an approved auditor. 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 at: 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 **20 May 2009**.

Application file 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 – 2009"
PROJECTS

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

2. or by hand delivery **during the working hours of the European Commission: (8H30 – 17H30)** to:

European Commission
**CALL FOR PROPOSALS “HEALTH – 2009”
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 – 2009”
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 V3.1 and V3.3.i above, but which have not been actually delivered by post or by private courier service to the awarding authority **before 3 June 2009**, 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 for the service he contracts. The awarding authority will not accept hand delivery as described in paragraphs V3.2 and V3.3.ii above after 20 May 2009.

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 14.30 – 17.30. Please note that the helpdesk will be unavailable on weekends and the following public holidays: 9, 10, 13 April and 1 May 2009.

VI. General requirements

1. The proposal application form (the original and four copies), the declarations of honour, the supporting documents and the CD-ROM must be sent in one single batch.

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** 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 submission nor requested according to paragraph V.1 will not be taken into consideration.

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.