



Brussels, 11 January 2022

**Questions and answers related to the  
Call for action grants under the Annual Work Programme 2021  
EU4H-2021-PJ-02  
4<sup>th</sup> set of questions**

**1. Which types of affiliation are possible between different legal entities?**

**- Single affiliation link (legal or capital link)**

**- Is there still a possibility to use the interpretation of the "wider public sector" for several entities with no vertical affiliation link between them?**

"With regard to your question 1, namely "Which types of affiliation are possible between different legal entities?", please consider what follows:

Affiliated entities are entities with a legal link to the beneficiaries, which implement parts of the action and are allowed to charge costs directly to the grant. They do not become party to the Grant Agreement (do not sign the GA), but they are part of the consortium and often play an important role. They are therefore de facto treated like beneficiaries (have their own financial statement, must provide their own CFS, must contribute to the technical report, must submit deliverables, etc).

Affiliated entities are entities with a legal link or capital link to the beneficiaries. This link is neither limited to the action nor established for the sole purpose of its implementation.

This covers:

permanent legal structures (e.g. the relationship between an association and its members)

- contractual cooperation not limited to the action (e.g. a collaboration agreement for research in a particular field)

- capital link, i.e.

- direct or indirect control of the beneficiary

- under the same direct or indirect control as the beneficiary

or

- directly or indirectly controlling the beneficiary.

This covers not only the case of parent companies or holdings and their daughter companies or subsidiaries and vice-versa, but also the case of affiliates between themselves (e.g. entities controlled by the same entity).

The beneficiaries are responsible for the proper implementation of the action tasks done by affiliated entities (proper quality, timely delivery, etc.). They must moreover ensure that the affiliated entities comply with the same obligations as they themselves (*mutatis mutandis*).

Please note that affiliated entities must fulfil the same conditions for participation and funding as beneficiaries.

Regarding the question you posed, namely “Is there still a possibility to use the interpretation of the “wider public sector” for several entities with no vertical affiliation link between them”?

The notion of affiliation in the public sphere covers amongst others:

A public body established by a public authority to serve an administrative purpose and which is supervised by the public authority. This condition is to be verified on the basis of the statutes or other act establishing the public body. It does not necessarily entail that the public body is financed, in full or part, from the public budget.”

**Is there still, as in earlier years, a possibility for “Sole beneficiary arrangement”? Case of sole beneficiary with separate legal entity that does not have a legal or structural link to the associated beneficiary – e.g. in this case the parties could prepare a national consortia agreement for the implementation of JA?**

“We understand that you would like to know whether sole beneficiaries could be part of an action (in the role of beneficiary).

In general, it is possible in accordance with Article 187(2) of the Financial Regulation “where several entities satisfy the criteria for being awarded a grant and together form one entity, that entity may be treated as the sole beneficiary, including where the entity is specifically established for the purpose of implementing the action to be financed by the grant”.

It is necessary to check, case by case, which are the eligibility and, in general, the call conditions indicated in the specific call text. Furthermore, if based on Article 13(5) of the EU4Health Regulation, the call establishes that direct grant shall be awarded to Member State authorities/bodies designated by the latter; it is the responsibility of the relevant authority to identify the competent entities to be designated, in compliance with the Regulation and with the call conditions.”

**NGOs can have important roles in the implementation of JAs – which collaboration arrangements are possible between competent authorities and NGOs?**

“Under Article 13(5) of the EU4Health Programme direct grants may be awarded without a call for proposals to fund actions:

- if such grants are duly justified, and
- if those actions have a Union added value that is explicitly provided for in the annual work programmes, and
- are co-financed by the competent authorities that are responsible for health in the Member States or in third countries associated to the Programme, by relevant international health organisations, or by public sector bodies or non-governmental bodies that are mandated by those competent authorities, regardless of whether those bodies act individually or as a network.

Please note that beneficiaries, which are parties to a grant agreement, may rely on the use of the following third parties when implementing the action, provided that the applicable contractual provisions of the grant agreement and the call conditions are complied with:

- subcontractors (see Article 9.3 of the MGA);
- third parties receiving financial support which are not parties to a grant agreement (Article 9.4 of the MGA);
- entities affiliated to the beneficiaries (affiliated entities) (Article 8 of the MGA);
- in-kind contributors, which made available free of charge non-financial resources to a beneficiary (see Article 9.2 of the MGA);
- associated partners, which participate in the action, but without the right to charge costs or claim contributions (see Article 9.1 of the MGA).

It would be necessary to check if, in the light of the call conditions and based on the specificities of the action, patients organisations and/or NGOs involvement could occur based on one of the category indicated above. We advise you to consult the relevant Articles of the MGA [[mga\\_eu4h\\_en.pdf \(europa.eu\)](#)] to assess the conditions applicable to each category also in terms of financial implications (i.e. eligibility conditions of the costs).”

**2. I am a Europroject manager and psychologist and I work with the older adult population. In the Call PJ-09 can we also consider as a vulnerable group the adult and older population and have them as target group in the initiative ‘HealthyLifestyle4All’: promotion of healthy lifestyles?**

“The primary focus of the action on “HealthyLifestyle4all”, topic EU4H-2021-PJ-09, are children at school age. We regret to inform you that this action is not targeted at adult/older population.”

**3. In the call document, in Section 2.2 it is stated that *"The consortium must be composed by at least one NGO active in the field of mental health, preferably at EU level"* and in Section 6 Eligibility it is stated that *"Consortium composition unless stated otherwise in section 2 above (Call topics) proposals must be submitted by a consortium of at least 3 applicants"*.**

In regards to the above, I would like to ask the following:

3.1. EU level indicates that the NGO must be an International/European one or that the NGO could be a national/local NGO with activities in one or more EU member states through collaborations?

3.2. Is the specific topics open to proposals from a sole applicant?

“This call, topic EU4H-2021-PJ-07, is not open for applications by only one applicant. The proposal must be submitted by a consortium of at least 3 applicants from 3 different eligible countries. Within the consortium there must be at least one NGO active in the field of mental health, preferably at EU level. This means, that the preference is to have as a member of the consortium an NGO active at EU level. However, it should be possible for a national/local NGO with activities in one or more EU Member States to apply. Nevertheless, please note that in order to give you a definitive answer the project application must be assessed in its full complexity.”

4. I was wondering if you could tell me which countries are eligible for the 80% co-financing aid in the EU4HEALTH programme. I do not seem to be able to find the reference data considered by the programme, online and I do not have access to the chat of the info session.

In addition, I am aware that during the info session day on 28/10/21, no agreement had been signed with countries outside the EU, for funding support. However, I was wondering if any agreement had been signed since that date. Notably, I was wondering if an organization based in Australia but with activity in Ireland would be eligible for funding under the EU4HEALTH programme.

“According to Article 8(3) of the EU4Health Programme, and the Call for action grants under the Annual Work Programme 2021, EU4H-2021-PJ-02, actions with a clear Union added value shall be considered to have exceptional utility, inter alia, where: (a) at least 30 % of the budget of the proposed action is allocated to Member States whose GNI per inhabitant is less than 90 % of the Union average; or (b) bodies from at least 14 participating Member States participate in the action, of which at least four are Member States whose GNI per inhabitant is less than 90 % of the Union average. In cases of exceptional utility the contribution by the Union may be up to 80% of eligible costs.

In order to verify whether your action would fall under one of these two categories, please refer to the link Action grants - second wave under EU4Health (europa.eu), to the document named Gross National Income 2019.

In order to be eligible for funding, your organization has to be a legal entity created under Union law or an international organization, or be established in one of the eligible countries. Eligible non-EU countries are EEA countries, and countries associated to the EU4Health Programme (third countries, candidate countries and potential candidate countries, neighbourhood countries) or countries, which are in ongoing negotiations for an association agreement and where the agreement enters into force before grant signature. Currently, there are no associated countries to the EU4Health Programme/no association agreement was sign so far. ”

5. I am contacting you regarding the EU4Health Program that is implemented by HaDEA. I have uploaded the Work programme already and it seems that several topics are focused on cancer. However, I have some difficulty to understand: 1/ what is the interconnection between this program and the Horizon Europe / Cluster Health ? ; 2/ if the “action grants” are open to any applicants or already “targeted” to member states authorities / pre-identified applicants. Almost all of the calls will fund only 1 project, which seems quite competitive calls, but in the same time the amount for each project is not so high (between 1 and 5 M€ maximum).

“Call for action grants under the Annual Work Programme 2021, EU4H-2021-PJ-02, are open to eligible entities fulfilling the requirements listed in the call.

The general criteria can be found under section Eligibility, page 49 as follows:

- be legal entities (public or private bodies) created under Union law or an international organisation, or
- be established in one of the eligible countries, i.e.: - EU Member States (including overseas countries and territories linked to it (OCTs)) eligible non-EU countries: EEA countries and countries associated to the EU4Health Programme (third countries,

candidate countries and potential candidate countries, neighbourhood countries) or countries which are in ongoing negotiations for an association agreement and where the agreement enters into force before grant signature.

Then, additionally, there are some further special requirements about the type of applicant profile for the following call topics: PJ-06, PJ-07, PJ-09, PJ-12, PJ-13, PJ-17 and PJ-18.

Besides those main requirements, this call for action grants, has not 'pre-identified' potential beneficiaries.

Regarding the success: The proposals submitted will have to follow the standard submission and evaluation procedure.

Proposals found admissible and eligible will be evaluated (for each topic) against the operational capacity and award criteria (see sections 7 and 9 of the Call for action grants under the Annual Work Programme 2021, EU4H-2021-PJ-02) and then ranked according to their scores".

**6. I would like to ask for a clarification regarding the call stated in the title, specifically for topic PJ-16. The call states the following, which refers to the call HORIZON-HLTH-2021-DISEASE-04:**

*"The work has to build on existing experiences and concepts (globally) and link in particular with efforts to 'Building a European innovation platform for the repurposing of medicinal products'".*

**I would therefore like to ask if it is necessary to have participated in the HORIZON-HLTH-2021-DISEASE-04 call in order to participate in the EU4H-PJ-16 call.**

"It is not necessary to have participated in the HORIZON-HLTH-2021-DISEASE-04 call. Nevertheless, as "The work has to build on existing experiences and concepts (globally) and link in particular with efforts to 'Building a European innovation platform for the repurposing of medicinal products (referring to HORIZON-HLTH-2021-DISEASE-04-02)", is a specific mandatory deliverable and /or milestone, you would need, as part of your application, to explain how you would build on the experiences and concepts, and how you would make the link to the Horizon call."

**7. Could you please confirm if the reimbursement rate for these Action Grants is 60% of eligible costs?**

"The costs will be reimbursed at the funding rate fixed in the Grant Agreement (60% is the maximum). You can apply for a higher project funding rate (maximum 80%), if your project is of 'exceptional utility'.

Actions with a clear Union added value shall be considered to have exceptional utility, inter alia, where:

(a) at least 30 % of the budget of the proposed action is allocated to Member States whose GNI per inhabitant is less than 90 % of the Union average (it will also apply in the case of a single beneficiary if the MS fulfils the criteria mentioned); or

(b) bodies from at least 14 participating Member States participate in the action, of which at least four are Member States whose GNI per inhabitant is less than 90 % of the Union average.

Moreover, please be aware that the final grant amount may be reduced in case of non-compliance with the Grant Agreement (e.g. improper implementation, breach of obligations, etc.).”

**8. With several calls closing in January, we would like to know when we can expect further calls? And if you can say anything about the priorities. Representing regional and local authorities we are mainly thinking about the following objectives: To improve and foster health in the Union disease prevention & health promotion international health initiatives & cooperation To tackle cross-border health threats prevention, preparedness & response to cross-border health threats To strengthen health systems, their resilience and resource efficiency strengthening health data, digital tools & services, digital transformation of healthcare improving access to healthcare We look forward to hearing from you.**

“The Commission is progressing with the work on the EU4Health 2022 work programme and expects it to be adopted in early 2022 following which the first calls for proposals will be launched.

With regard to the priorities, the actions will fall under one or more of the 10 specific objectives of the EU4Health Programme and will have an EU added value. As part of the programming process, the Commission has consulted the Member States on the priorities to be included in the 2022 work programme and has held a number of outreach activities with stakeholders. The outcome of this outreach was shared with the European Parliament on 27 October 2021: [eMeeting \(europa.eu\)](#).

Further details may also be found on the Europa webpage dedicated to the EU4Health programme: [Latest updates | Public Health \(europa.eu\)](#). “

**9. Which version of Guide for Applicants do we need to use?**

“All relevant guidance documents for the EU4Health Programme are on the Funding and Tender Portal. Any other documents and guides can serve for additional support.”

**10. Is it possible to include international organisations and NGOs (ECL, ECPC) in the consortium as affiliated entities?**

“In general, under Article 13(5) of the EU4Health Programme direct grants may be awarded without a call for proposals to fund actions:

- if such grants are duly justified, and
- if those actions have a Union added value that is explicitly provided for in the annual work programmes, and
- are co-financed by the competent authorities that are responsible for health in the Member States or in third countries associated to the Programme, by relevant international health organisations, or by public sector bodies or non-governmental bodies

that are mandated by those competent authorities, regardless of whether those bodies act individually or as a network.

Furthermore, please note that beneficiaries, which are parties to a grant agreement may rely on the use of the following third parties when implementing the action, provided that the applicable contractual provisions of the grant agreement and the call conditions are complied with:

- subcontractors (see Article 9.3 of the MGA);
- third parties receiving financial support which are not parties to a grant agreement (Article 9.4 of the MGA);
- entities affiliated to the beneficiaries (affiliated entities) (Article 8 of the MGA);
- in-kind contributors, which made available free of charge non-financial resources to a beneficiary (see Article 9.2 of the MGA);
- associated partners, which participate in the action, but without the right to charge costs or claim contributions (see Article 9.1 of the MGA).

As regards the possibility to participate as affiliated entities, such entities must demonstrate a legal link to the beneficiaries which implement parts of the action and are allowed to charge costs directly to the grant. They do not become party to the Grant Agreement (do not sign the GA), but they are part of the consortium and often play an important role. They are therefore de facto treated like beneficiaries (have their own financial statement, must provide their own CFS, must contribute to the technical report, must submit deliverables, etc). Please note that affiliated entities must fulfil the same conditions for participation and funding as beneficiaries.

Affiliated entities are entities with a legal link or capital link to the beneficiaries. This link is neither limited to the action nor established for the sole purpose of its implementation.

This covers:

- permanent legal structures (e.g. the relationship between an association and its members)
- contractual cooperation not limited to the action (e.g. a collaboration agreement for research in a particular field)

capital link, i.e.

- direct or indirect control of the beneficiary
- under the same direct or indirect control as the beneficiary

or

- directly or indirectly controlling the beneficiary.

This covers not only the case of parent companies or holdings and their daughter companies or subsidiaries and vice-versa, but also the case of affiliates between themselves (e.g. entities controlled by the same entity).

The beneficiaries are responsible for the proper implementation of the action tasks done by affiliated entities (proper quality, timely delivery, etc). They must moreover ensure that the affiliated entities comply with the same obligations as they themselves (mutatis mutandis).”

## **What budgetary and legal restrictions are in place for such participation?**

“The budgetary and legal restrictions depend on the concrete role of the participants. We advise you to consult the relevant Articles of the MGA [[mga\\_eu4h\\_en.pdf \(europa.eu\)](#)] to assess the conditions applicable to each category also in terms of financial implications (i.e. eligibility conditions of the costs).”

### **11. In relation to call Action grants to the call EU4H-2021-PJ-13 - support the implementation of best practices in community-based services for the human immunodeficiency virus (HIV) infection and acquired immunodeficiency syndrome (AIDS), tuberculosis, viral hepatitis and sexually transmitted infections, could you kindly confirm that public bodies are eligible to apply?**

“For the Topic EU4H-2021-PJ-13 - action grants to support the implementation of best practices in community-based services for the human immunodeficiency virus (HIV) infection and acquired immunodeficiency syndrome (AIDS), tuberculosis, viral hepatitis and sexually transmitted infections laying down, in Part B - special requirements under this call topic, you can read as follows.

Applicants – specific eligibility criteria

1. Civil society organisations (associations, foundations, NGOs and similar entities).
2. The applicant organisation(s) has to have activities related to the prevention, outreach and awareness raising, public health support services, community services and/or other similar activities aimed at reducing the transmission or improving the quality of life of people living with HIV/AIDS, viral hepatitis (B and/or C) and/or tuberculosis as a main focus of its work.
3. The applicant organisations would ideally belong to one or more of the following categories: - Organisations working in/with affected communities or key at-risk populations; - Regional networks/ umbrella organisations.

However, and above, under Examples of Applicants, the applicants’ profile and institutional type could be the ones listed in the column to the right. Other types of applicants will be also accepted.

Therefore, we would not rule out the possibility for a public body to participate in the project without knowing the full information on all the projects applicants. Additionally, please note that in order to give you a definitive answer; the project application must be assessed in its full complexity.

### **12. I am preparing a proposal for the following:**

- **Call: EU4H-2021-PJ-02**
- **Topic: EU4H-2021-PJ-14 Action grants supporting training activities, implementation, and best practices – EU One Health Action Plan against antimicrobial resistance**

**I want to apply for 80% funding (exceptional utility) by allocating 30% or more of the budget to LIMS.**

**Please inform: Are Italy and Spain considered as a low income member states (LIMS)?  
Can you send a link to the list of LIMS?**

“According to Eurostat latest data applicable, and for the purpose of your application, Spain is considered a low income Member State, however Italy is above the threshold and therefore not considered low income country.

You can also consult all Member States situation on below link:

[https://hadea.ec.europa.eu/document/download/759054e6-94c7-407c-953d-ea0a1f13bab5\\_en](https://hadea.ec.europa.eu/document/download/759054e6-94c7-407c-953d-ea0a1f13bab5_en) “

**13. Topic - EU4H-2021-PJ-13 - Action grants to support the implementation of best practices in community-based services for the human immunodeficiency virus (HIV) infection and acquired immunodeficiency syndrome (AIDS), tuberculosis, viral hepatitis and sexually transmitted infections.**

If some of the participants/ beneficiaries as part of the consortium would qualify as of “exceptional utility”, because they are based in and their budget will be allocated to Member States whose GNI per inhabitant is less than 90 % of the Union average, does the higher funding rate (80% instead of 60% with a 20% instead of 40% own contribution) apply to the individual participant’s budget only, or could this apply to the full application, on the condition that > 30% of the total budget for the full application is allocated to these participants?

Furthermore, could you clarify based on which data set the EU validates if this criteria is valid?

“The 80% will apply to all the eligible costs. However, at least 30 % of the budget of the whole proposed action should be allocated to those Member States whose GNI per inhabitant is less than 90 % of the Union average.

According to Eurostat latest data applicable, you can also consult all Member States GIN situation on below link

[https://hadea.ec.europa.eu/document/download/759054e6-94c7-407c-953d-ea0a1f13bab5\\_en](https://hadea.ec.europa.eu/document/download/759054e6-94c7-407c-953d-ea0a1f13bab5_en) “

**14. I have some questions re section B in the Topic description:**

“This action aims to support enhanced hospital and long-term care facilities infection prevention and control practices, as well as antimicrobial stewardship practices, and the development of best practices and implementation at all levels. It supports the commitment in the EU One Health Action Plan against AMR for the Commission to help to address patient safety in hospitals by supporting good practices in infection prevention and control and antimicrobial stewardship”

1. In the first statement “hospitals and long-term care facilities” are addressed. I assume this means hospitals and nursing homes. Please confirm.
2. In the second statement “patient safety in hospitals” is addressed. I assume that this should also include safety of residents in nursing homes. Please confirm.

“For the Topic EU4H-2021-PJ-14, we can only add that the term long-term care encompasses a spectrum of options and a progression of choices. The second part of the aim refers to support the EU One Health Action Plan against AMR, with you can find in full on below link:

[EU Action on Antimicrobial Resistance | Public Health \(europa.eu\)](#)

Additionally, please note that in order to give you a definitive answer; the project application must be assessed in its full complexity.”

**15. Question regarding EU4 Health Programme (EU4H) – Topic EU4H-2021-PJ-07. Is co-funding necessary in order to participate in this project? Or can we do it as a stand-alone legal entity?**

“This call, topic EU4H-2021-PJ-07, is not open for applications by only one applicant. The proposal must be submitted by a consortium of at least 3 applicants from 3 different eligible countries. Within the consortium there must be at least one NGO active in the field of mental health, preferably at EU level. This means, that the preference is to have as a member of the consortium an NGO active at EU level.

Regarding the co-funding, the project costs will be reimbursed at the funding rate fixed in the Grant Agreement (60% is the maximum). You can apply accordingly.”

**16. Call EU4H-2021-PJ-02 - Topic EU4H-2021-PJ-09: I would like to know the minimum of Countries in which the project can be implemented.**

“For the open call topic EU4H-2021-PJ-09 ‘Action grants for the initiative ‘HealthyLifestyle4All’: promotion of healthy lifestyles’, it is up to the applicant to prepare a proposal indicating the number of Member States involved in the funded action, which is also an indicator that will be taken into consideration by the evaluators. We cannot rule on the number of Member States that the applicants decide to involve in their proposals. For this specific topic, applications by either a sole (one) applicant or by a consortium (minimum 3 entities from 3 different eligible countries) are acceptable.”

**17. Topic - EU4H-2021-PJ-13 - Given the uncertainties associated with the Covid-19 pandemic, would it be possible to add a risk mitigation budget that would allow beneficiaries to cope with unforeseen circumstances caused by the pandemic affecting the execution of activities under this programme?**

“According to Article 6 on eligibility of the model grant agreement, provisions are not eligible.

The grant agreement provides great flexibility (Article 5.5) for potential budget reallocations between cost categories and beneficiaries, in case of need. It is recommended that the beneficiaries plan and set a budget monitoring system, which follows the implementation of over / under expenditure.

Furthermore, in the 3<sup>rd</sup> year of the pandemic, the experience shows that mainly those activities, which require physical meeting or presence are impacted. It is therefore recommended that the beneficiaries carefully consider alternative solutions (video / audio

options, on-line events) and consider arrangements for potential cancellations when travelling becomes essential to carry out an activity.”

**18. We are responding to a call for proposals ‘for the initiative HealthyLifestyle4All’: promotion of healthy lifestyles. (EU4H-2021-PJ-09)**

**It essentially calls for the implementation of ‘best practices’ on health literacy and healthy lifestyles in schools. Our partnership will involve public authorities and civil society organizations with strong links to schools. We are however unlikely to be able to be able to involve schools directly as beneficiaries or affiliated entities, since this will be too administratively complex (most do not have PIC numbers).**

**We were therefore wondering if you could advise on how we would be able to transfer project funds to schools, to implement the relevant health promoting initiatives?**

**Can/should the schools be listed as associated partners or third parties, and could the relevant public authorities, as beneficiaries, hold this budget (included for example under their ‘other costs’) and transfer this to schools?**

**In the EU Funding and Tenders Portal online manual it is written that:**

**Associated partners and third parties giving in kind contributions normally do not get any part of the grant money and will therefore have to organize other funding sources (bear their own costs, internal allocation of funding inside the consortium, find investors etc.)**

**Could you help to clarify what ‘internal allocation of funding inside the consortium’ means? Does it mean that public authorities or other beneficiaries can ‘allocate’ a part of their budget to schools, to implement best practice?**

**And/or would it be better for the beneficiaries to hold large subcontracting budgets, and in the proposal justify that this is to implement the selected best practices in schools?**

**Any insight or suggestions that you can provide about how to use grant money to invest in and implement best practices directly in schools, to e.g., renovates school canteens or encourage active travel to schools, as the call suggests, would be greatly appreciated.**

“For clarity, please keep in mind that associated partners may participate to the action bearing the cost of their participation (not receiving EU funding)

Associated partners are entities that implement action tasks but without receiving EU funding. They do not become party to the Grant Agreement (do not sign the GA), but they implement important parts of the action and are thus often involved actively in the consortium. Therefore, the Grant Agreement mentions them and defines their role (rights and obligations).

If those entities you mention in your question can no participate as eligible for funding, and do not want to be associated partners, one option can be to involve them as sub-contracting, according to the EU4Health Regulation and Financial Regulation rules.

Subcontractors do not become party to the Grant Agreement (do not sign the GA), but they often implement important parts of the action. Therefore, the Grant Agreement mentions them and defines their role (rights and obligations).

Subcontracting should normally constitute a limited part and must be performed by third parties. Subcontracting going beyond 30% of the total eligible costs must be justified in the application.

Once said that, we cannot get deeper on the possibilities for those entities to participate in the project without knowing the full information on all the projects applicants and details. Additionally, please note that in order to give you a definitive answer; the project application must be assessed in its full complexity."

**19. My question is related to EU4HEALTH Programme, namely to TOPIC ID: EU4H-2021-PJ-06. Could you please confirm if the reimbursement rate for these Action Grants is 60% of eligible costs?**

"The costs will be reimbursed at the funding rate fixed in the Grant Agreement (60% is the maximum). You can apply for a higher project funding rate (maximum 80%), if your project is of 'exceptional utility'.

Actions with a clear Union added value shall be considered to have exceptional utility, inter alia, where:

(a) at least 30 % of the budget of the proposed action is allocated to Member States whose GNI per inhabitant is less than 90 % of the Union average (it will also apply in the case of a single beneficiary if the MS fulfils the criteria mentioned); or

(b) bodies from at least 14 participating Member States participate in the action, of which at least four are Member States whose GNI per inhabitant is less than 90 % of the Union average.

Moreover, please be aware that the final grant amount may be reduced in case of non-compliance with the Grant Agreement (e.g. improper implementation, breach of obligations, etc.)."

**20. I have a question about the number of entities in the consortium for the EU4Health Action Grant call. In the Work Programme eligibility section it says below:**

**Consortium composition:**

**Unless stated otherwise in section 2 above (Call topics) proposals must be submitted by a consortium of at least 3 applicants (beneficiaries; not affiliated entities), which complies with the following conditions: Minimum 3 entities from 3 different eligible countries.**

**But in the separate topic description sections these topics - EU4H-2021-PJ-08, 09, 10, 11, 13, 15, 17, 18 all say "No special requirement: applications can be either a sole applicant or by a consortium."**

**Does this mean for these topics it is eligible for there to be only one applicant?**

"Indeed, the EU4Health Programme: Call for action grants under the Annual Work Programme 2021 EU4H-2021-PJ-02, for actions PJ-08, PJ-09, PJ-10, PJ-13, PJ-15, PJ-16, PJ-17 and PJ-18, specifies that applications by either a sole applicant or by a consortium are acceptable. This means that only one applicant (one eligible entity) besides a consortium of at least three applicants (three eligible entities from three different eligible countries) may apply.

In order to be eligible for funding, the applicants must be legal entities (public or private bodies) created under Union law or an international organization or be established in one of the eligible countries.”