



# 2022 Business Plan Call

## Annex 1:

- Financial Aspects – EIT Health funding model – Funding Rates
- Data Interoperability Principles
- Societal Impact Requirements

## Contents

1. Financial Aspects: Funding rates and model .....	3
1.1 Minimum requirements with regards to co-funding.....	3
1.2 Flexibility to 'shift co-funding' and offer more than minimum.....	4
1.3 Definition of Co-Funding and Reimbursement Rate .....	5
2. Data Interoperability Principles.....	6
3. Societal Impact Requirements .....	7



# 1. Financial Aspects: Funding rates and model

## 1.1 Minimum requirements with regards to co-funding

The EIT Health funding model seeks to align, pool and leverage our community's innovation investments. In order to meet these objectives, EIT Health applies a funding model whereby the EIT's overall financial contribution for the entire portfolio does not exceed a certain threshold (in 2022: 80% on average) of our community's overall resources / costs.

Therefore, beneficiaries should be able to co-fund their own activities and co-finance their own costs.

The EIT's financial contribution is provided in the form of a grant, and EIT funding rates differ between partner types. The co-funding rates fix the minimum amounts of co-funding per beneficiary type.

The different co-funding rates will depend on the type of beneficiary (for-profit vs. not-for-profit):

- All for-profit beneficiaries (with a legal form classified as "private" and "business") must contribute minimum 50% co-funding (maximum funding rate / reimbursement rate of 50%) of all costs for all projects or activities of the EIT Health portfolio.
- All not-for-profit beneficiaries must contribute a minimum 20% co-funding (maximum funding rate / reimbursement rate of 80%) of all costs for all projects or activities of the EIT Health portfolio.

The terms "for-profit" or "not-for-profit" are based on the organisation's self-assessment when filling the Legal Entity Form, a mandatory step for entities wishing to receive an EU grant. A "non profit legal entity" means a legal entity which by its legal form is non-profit-making or which has a legal or statutory obligation not to distribute profits to its shareholders or individual members.

Furthermore, EIT Health considers beneficiaries with a legal form classified as "Tech Transfer", "Cluster", "NGO", "Education", "Research", "Municipality/City" or "University Hospital/Hospital" as being "not-for-profit" oriented organisations. Therefore, these types of beneficiaries must contribute a minimum 20% co-funding.

### **Exception for SMEs participating in the Start-up Amplifier instrument**

Small- and medium-sized enterprises (SMEs) that participate in the start-up Amplifier instrument are exempted from the co-funding rules described above. Such beneficiaries do not have to bring co-funding.

Please note that this applies only to the SME applying as Start-up Amplifier in a Start-up driven Innovation project. It does not apply to SMEs participating in other programmes or beneficiaries other than SMEs participating in the Start-up Amplifier instrument.

**All beneficiaries are allowed and encouraged to offer more co-funding than their minimum.**

## 1.2 Flexibility to ‘shift co-funding’ and offer more than minimum

In order to offer a certain level of flexibility, EIT Health allows the shifting of co-funding between beneficiaries within the same activity or project:

It is possible for a beneficiary to offer a higher amount/rate of co-funding (lower reimbursement rate) to allow another beneficiary within the same activity or project to request a lower co-funding amount/rate (higher reimbursement rate) as long as the total co-funding of the activity or project is not below the overall “technical” minimum.

The shift of co-funding is only allowed between beneficiaries within the same activity or project. A shift of co-funding between activities and projects is not allowed. **No partner’s co-funding can exceed their own costs.**

Example of co-funding shifts			
	Partner 1 (for-profit)	Partner 2 (for-profit)	Partner 3 (not-for-profit):
<b>Cost structure</b> (total activity costs)	€100,000	€250,000	€350,000
Step 1			
Technical co-funding minimum: <b>€245,000</b>	€50,000 (50% of total costs)	€125,000 (50% of total costs)	€70,000 (20% of total costs)
Step 2			
<b>Option 1:</b> Co-funding shift without increasing the overall co-funding amount	€30,000	€200,000	€15,000
<b>Option 2:</b> Co-funding shift with increasing the overall co-funding amount to <b>€290,000</b>	€30,000	€200,000	€60,000



### 1.3 Definition of Co-Funding and Reimbursement Rate

“Co-Funding” is defined as the difference between eligible activity costs and requested EIT Grant

“Reimbursement Rate” is the share of EIT Health activity costs that will be financed by the EIT:

$$\text{Reimbursement Rate} = \text{Total EIT contribution} \div \text{Total costs of EIT Health activity}$$

#### Examples (using numbers from example above):

##### Option 1: Co-funding Shift without increasing

**Partner 1:** total EIT Health activity costs of €100,000 and co-funding of €30,000

- EIT contribution of 70,000 EUR and reimbursement rate of 70%

**Partner 2:** total EIT Health activity costs of €250,000 and co-funding of €200,000

- EIT contribution of €50,000 and reimbursement rate of 20%

**Partner 3:** total EIT Health activity costs of €350,000 and co-funding of €15,000

- EIT contribution of 335,000 EUR and reimbursement rate of 95,7%

## 2. Data Interoperability Principles

Although EIT Health does not request compliance to a specific set of data standards, we strongly advise the creation of a Data Management plan to facilitate any future upon-request match-making to data sets, projects or specialists. Please ensure that your activity is tagged according to our EIT Health ontology, to facilitate a future matchmaking process and to fully enable the findability of the project and data in the EIT Health network.

EIT Health strongly advocates the usage of standards such as related to the World Geospatial Consortium and FAIR:

- Making data findable and cataloguing the data.
- Facilitating access to the data and potentially to the code generated.
- Ensuring inter-operability by mapping to existing ontologies or documenting how the generated ontologies map to the existing standards.
- Describing for how long and for which purpose the data can be reused in further projects.

A Data Management plan is recommended from the beginning of the project and should be maintained to offer a detailed view of data descriptions, data management procedures and opening access for further use.

Ensuring that the data complies to the FAIR principles allows you to explore the full EIT Health network potential and to be connected with similar projects, required specialists and interesting data sets generated in previous projects. The EIT Health Ontology enables future matchmaking based on historical activities.

Maintaining an up to date Data Management plan ensures that the data is ready to be reused and fully documented.

### *Resources*

An online tool for generating a Data Management Plan is available under:

<https://dmponline.dcc.ac.uk/>

**More documentation about the H2020 data management practices are to be found here:**

- [https://ec.europa.eu/research/participants/docs/h2020-funding-guide/cross-cutting-issues/open-access-data-management/data-management\\_en.htm](https://ec.europa.eu/research/participants/docs/h2020-funding-guide/cross-cutting-issues/open-access-data-management/data-management_en.htm)
- [H2020 Covid Data](#)

**Information about the EIT Health ontology:**

- Ontology Term Selector: <https://ontologies.eithealth.eu/term-selector/>
- Full ontology documentation (please use “documentation” tab): <https://ontologies.eithealth.eu/ols-boot/index>



## 3. Societal Impact Requirements

Activities seeking support through EIT Health’s Business Plan 2022 are expected to contribute to the achievement of societal (i.e. socio-economic) impact by considering the following actions:

### *Reaching out to citizens and patients*

Outreach happens when citizens and patients are provided with information and knowledge generated by or about EIT Health or an EIT Health supported project. This includes undertakings such as festivals, seminars, demonstrations at public events and screenings – to give a few examples.

### *Involving citizens & patients*

[Involvement](#) happens when individual citizens and patients and/or civil society organisations share their views and experiences to guide and inform how activities are designed (co-design), carried out (co-creation), shared and adopted. Activities should be done “with” or “by” people, rather than “to” or “for” them. Examples of such activities include: involving patient and citizen as members of project consortia and/or advisory groups, and inviting them to respond to surveys or participate in focus groups and discussion forums. Participation of citizens and patients as subjects of research and innovation that is done solely “to”, “about” or “for” them (eg. participation in clinical trials or usability studies) does not qualify as involvement.

### *Designing projects that deliver those outcomes that matter most to citizens and patients*

Outcomes that matter to patients go beyond the clinical end points to account also for the symptom burden, the functional impact and health-related quality of life. They include [improvements to patients’ life, independence, pain relief, mobility, emotional wellbeing, and recovery time](#) – to give a few examples.

### *Complying with ethical, legal and social principles*

Compliance with [ethical rules](#) and standards, relevant European legislation and international conventions is required. The diversity of participants (race, gender, age, unheard voices) and consideration for gender differences in research and innovation content will also be noted. The accessibility of digital and physical spaces for people with disabilities will be considered.