



# IMPLEMENTATION HANDBOOK

BUSINESS PLAN 2023-2025 | MARCH 2025

PROJECT MANAGEMENT OFFICE

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## Version Updates

Updates to the Implementation Handbook may be made to reflect updated processes and will be indicated in the below table. **This version replaces all other versions of the Implementation Handbook and becomes the new version to be used by all current projects, regardless of when they were awarded.**

Version	Major Changes
31 March 2025	Updated the onboarding, Project Change Request process & clarifications to pre-financing requirements
22 November 2024	Updated timelines, processes, pre-financing requirements & contacts updated
19 July 2024	Payment schedule updated
24 January 2024	Payment schedule updated
10 January 2024	Payment schedule updated Contact details updated
1 July 2023	Contact details updated
20 January 2023	First version published

# About the Implementation Handbook

The purpose of this Handbook is to provide policies and processes to **third parties receiving financial support**, referred to as subgrantees, that receive European Institute of Innovation and Technology (EIT) funding through EIT Health with clear instructions and timelines for projects in the 2023-2025 Grant Agreement period.

## Relationship Between EIT, EIT Health, & Subgrantees

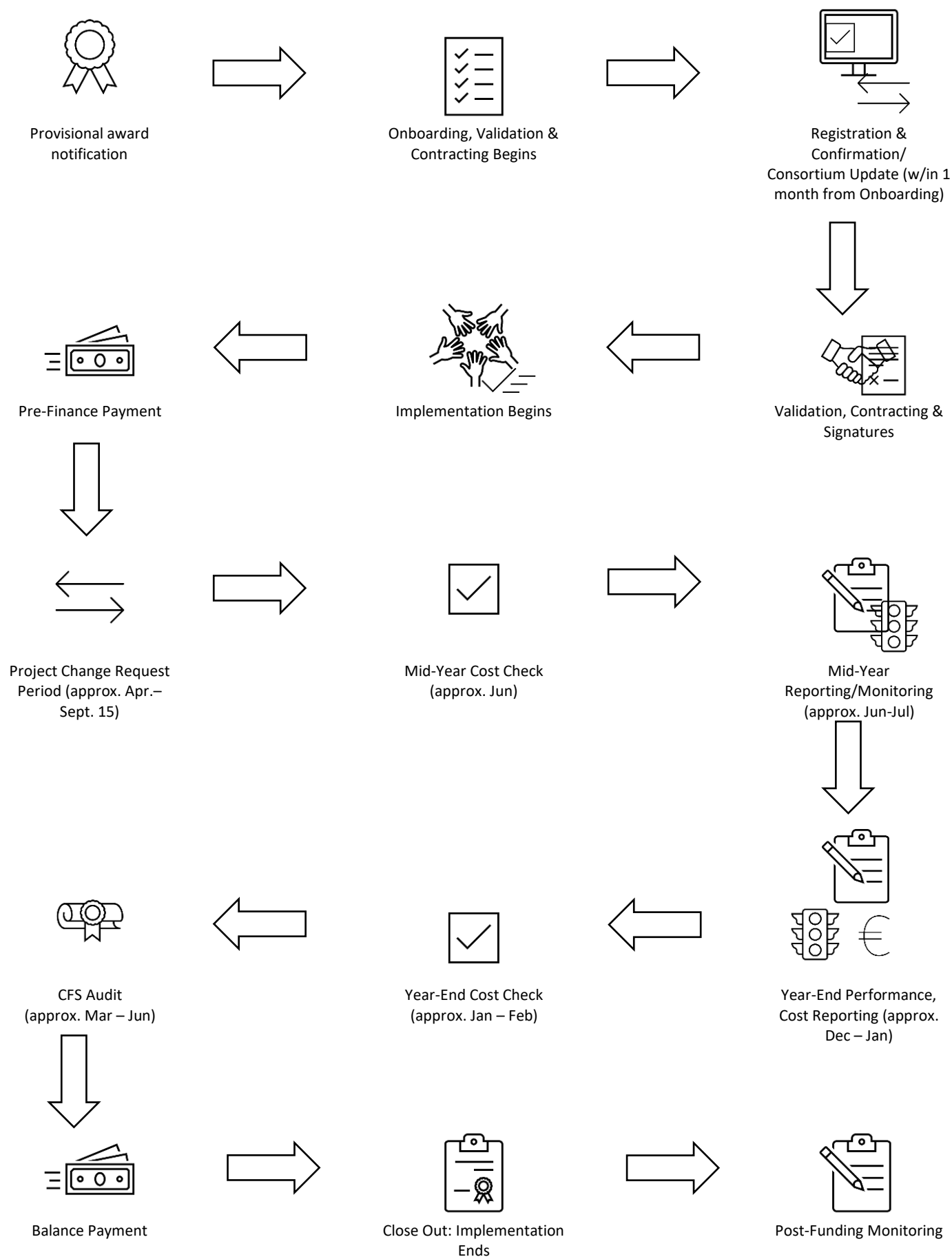
EIT Health is a Knowledge and Innovation Community (KIC) that was created by EIT. EIT Health receives public funding under Horizon Europe (HE) through EIT. To receive funds from EIT, EIT Health has a [Grant Agreement \(GA\)](#) and Business Plan<sup>14</sup> for 2023-2025. To meet our goals, EIT Health runs open calls and awards funding to subgrantees to deliver projects in support of EIT Health's mission.

## Project Lifecycle

This Handbook covers the life of a subgranted project, also sometimes referred to as an activity. Projects may begin throughout the calendar year and each project will follow similar steps, as outlined in

[Figure 1: Project Lifecycle](#).

Figure 1: Project Lifecycle



## 1 Onboarding, Validation, & Contracting

Once provisionally selected and awarded through a call process to implement project(s), organisations are contacted by the Project Management Office (PMO) [Partnership Manager](#) and provided with instructions and deadlines related to the Grant Management System (GMS), also referred to as Plaza, registration, contracting, and other obligations.

### 1.1 Plaza Registration

Subgrantees are required to register individual users in EIT Health's web-based GMS, Plaza, input subsequent organisational information, and review project details. Information in Plaza provides the data needed for the lifecycle of the project, including contacts who will sign agreements in the contracting phase. It is also the official record of the project.

The requirements and steps in this stage must be successfully completed within the timelines provided before moving to the next stage.

See the [Using Plaza](#) section in this Handbook for more information on using Plaza during implementation.

#### 1.1.1 Organisational Registration

**For organisations awarded through a call process**, in an average of five to ten business days following the provisional award notification, if any organisation in the consortium is not yet registered in Plaza, EIT Health will pre-register the organisation and create a user account for the **Master Contact using the name and email provided in Smart/Simple**.

1. Once pre-registration has occurred, the Master Contact will receive an email from Plaza to complete registration and set a password.
2. To update the Master Contact, please follow the Individual User Registration steps below, then contact the [Partnership Manager](#) to update the Master Contact in the organisational record.

**For organisations joining a consortium after the subgrant has been awarded** and not yet registered in Plaza, the organisation must first register in Plaza before registering individual accounts.

1. Go to: [Registering a new Organisation Profile](#)
2. Follow the steps for registration.
3. The Master Contact will receive an automated acknowledgement of initial registration.
4. EIT Health's PMO team will process the registration, which may take on average, 3 business days.
5. The Master Contact will receive an email from Plaza to complete registration and set the password.

#### 1.1.2 Individual User Registration

To register an *individual* user, under an organisation:

1. Go to: [Individual User Registration](#) and follow the initial registration steps. **Please be sure to use the organisational email address and enter the complete name of the organisation, so that the system matches the user to the correct organisation. Please do not use personal email addresses.**
2. The user will receive an automated acknowledgement of initial registration.
3. EIT Health's PMO team will process the registration, which may take on average, 3 business days.
4. Once processed, the user will receive an email to complete registration and set a password.
5. The Activity Leader may now add the user to the project record by going to the Activity Editor > Members > and clicking + to add the member.

See the [Using Plaza](#) section in this Handbook for more information on using Plaza during implementation.

### 1.1.3 Organisational Record Completion (Partner Information Form)

Once Master Contact registration is complete and the password has been set, the Master Contact must complete the Partner Information Form (PIF) in Plaza by doing the following:

1. Log into [PLAZA](#), scroll-down and locate the *To-Do* list.
2. Select the *Partner Information Form (PIF)/SUBMIT*.
3. Complete Tabs 1, 2, 3A, 3B, and 4 and click *Check and Save* in each tab. Note that if a user is not yet registered in Plaza, they will not appear in the drop down for tab 4.
5. Click *SUBMIT*.

See the [Using Plaza](#) section in this Handbook for more information on using Plaza during implementation.

### 1.1.4 Validation

All recipients of EU funds must undergo validation to ensure they have the sufficient financial and operational capacity to carry out the activity for which they have been awarded funding<sup>1</sup>. The level of validation depends on whether the subgrantee organisation has a validated PIC on the European Commission (EC) Funding and Tenders Portal and the aggregate EIT funded amount.

Validation	Aggregate Budget	Required Documents
Basic	$X \leq \text{€}60\text{K}$ & not previously validated on Funding &Tenders Portal	<ul style="list-style-type: none"> <li>Declaration of Honour (DoH)</li> <li>Legal Entity Form</li> </ul>
Regular/ Full Legal Check	$\text{€}60\text{K} < X$ & not previously validated on EC Funding &Tenders Portal	<ul style="list-style-type: none"> <li>Declaration of Honor (containing descriptions of documents requested)</li> <li>Legal Entity Form</li> <li>Certification of registry</li> <li>ID / passport copy of authorizer person in the registry certification</li> <li>VAT number proof</li> </ul>
Financial	$\text{€}500\text{K} \leq X$ of <b>Activity Lead</b> & not previously validated on the EC Funding &Tenders Portal	<ul style="list-style-type: none"> <li>Declaration of Honor</li> <li>Legal Entity Form</li> <li>Certification of registry</li> <li>ID/passport copy of authorizer person in the registry certification</li> <li>VAT number proof</li> <li>Financial Capacity Assessment (FCA)</li> </ul>

EIT Urban Mobility, also a KIC, provides the validation services on behalf of EIT Health. Therefore, provisionally selected subgrantees that require validation will be contacted directly by EIT Urban Mobility | [eit.community.onboarding@eit.europa.eu](mailto:eit.community.onboarding@eit.europa.eu).

<sup>1</sup> Per EU Regulation 2018/1046



**Validation must be completed ideally before contract signatures, but at the latest before any payments are made at a subgrantee-level.**

## 1.2 Contracting

Any organisation implementing projects must comply with EIT Health contracting requirements. Contracts serve as the legal basis for the relationship between EIT Health and subgrantees. Contracts must be signed prior to receiving funding, including any pre-finance payments. The contracts contain the rights and obligations of the subgrantee (referred to as the Recipient throughout the agreements). Throughout this Handbook, we have highlighted areas where a process is based on a specific section in the contracts and cited them accordingly.

**Please note that EIT funding requires a standstill period of 30 days from award to signature of any contracts between EIT Health and subgrantees. This means that no contracts will be routed for signature before the end of the standstill period. The standstill period does not impact the contract start or cost eligibility dates.**

### 1.2.1 Relationship between EIT, EIT Health, & Subgrantees

The rights and obligations between EIT and EIT Health are outlined in the Model Grant Agreement (MGA), which governs HE funded activities, including EIT Health and its portfolio. EIT Health and EIT sign a new GA every few years. The current GA expires 31 December 2025, and a new one is expected to be signed for the period of 2026-2028.

The signed GA between EIT and EIT Health contains requirements that must be passed on to subgrantees. Those requirements are reflected in the Financial Support to Third Parties (FSA) agreement, which is signed by EIT Health and subgrantee organisations. The Project Grant Agreement (PGA) contains project-specific activities, which is signed by each member of a subgrantee consortium, per project.

### 1.2.2 Contracts & Obligations

The following table contains a description of each required subgrantee contract, signing requirements, whether the agreement template is negotiable, and other obligations. The following is applicable as of 1 January 2025.

Contract Name	Description	Signature/Requirements	Negotiable?
<a href="#">Financial Support Agreement (FSA)</a>	Contains conditions for receiving financial support from EIT Health or participating in a project, imposes the provisions of the GA to subgrantees, and includes the Declaration of Honour. The FSA is the umbrella agreement under which PGAs fall.	One FSA is signed by each individual subgrantee organisation receiving financial support or participating in a project. One FSA is signed once per GA period with the effective date being the first project during that GA period.	No.
<a href="#">Annex 5 of the FSA: Declaration on joint and several liability of Affiliated Entities</a>	By signing the declaration, the Affiliated Entity accepts joint and several liability with the EIT Health subgrantee that it is linked to (e.g. main entity). By signing the declaration both parties (main and Affiliated Entity) acknowledge that there is a legal link established between the entities <sup>3</sup> .	Signed by any Affiliated Entities <sup>4</sup> of the subgrantee.	
<a href="#">Project Grant Agreement (PGA)</a>	The PGA is an annex to the FSA and governs the relationship between EIT Health and the subgrantee consortium members, per project. An organisation may have one or more PGA at any time, depending on how many projects in which it is participating.	Signed by the subgrantee consortium member organisations that are part of the project. One PGA is signed per project with the earliest effective date being the cost eligibility date of the project.	
Financial Sustainability Agreement (FS)	Per Article 8: Financial sustainability of the FSA, financial sustainability is a requirement. A separate communication is sent regarding the FS, if required.	Signed by a subgrantee consortium member organisation.	Only non-standard terms may be negotiable.
Ethical Approval	Innovation projects with clinical studies must provide at least one Ethics Committee approval no later than four months after the subgrant award notification. The assigned Single Point of Contact	Both the study initiation package and ethical certificate must be submitted by the subgrantee Activity Lead to the Innovation SPOC, per their instruction by the deadlines provided.	No.



Contract Name	Description	Signature/Requirements	Negotiable?
	(SPOC) will send a separate communication about the Ethical Approval, if required.		

### 1.2.3 Communication Block Until Contracts Signed

Please note that there cannot be any public communication about the successful selection of the project until all contracts have been dually signed. The signatory receives a copy of the dually signed contracts once completed.

### 1.2.4 Notable Compliance Requirements

The contracts contain rights and obligations; therefore, it is vital for subgrantees to be familiar with the contents of the contracts that will be signed. Highlighted below are some pertinent sections. **This is not a comprehensive list of requirements and does not relieve subgrantees from reading and understanding the contracts.**

#### 1.2.4.1 Branding Compliance Requirements

Per Article 11: Communication, dissemination and visibility rules of the FSA and section 2.3 in Annex 3 of the FSA, all activities funded by EIT Health must comply with the communication, dissemination and visibility requirements. Additionally, subgrantees must follow EIT Health's [Brand Book](#). The Brand Book, templates, and logos, which must be used during implementation, and are available on EIT Health Connections under [Communication guidance](#).



For questions about branding requirements, contact Corporate Affairs at [internal.communications@eithealth.eu](mailto:internal.communications@eithealth.eu).

#### 1.2.4.2 Cost Eligibility Requirements

Per Article 5: Project Contribution in the FSA, eligibility of costs is evaluated according to HE's general and specific cost eligibility criteria. For guidance on cost eligibility, refer to [Horizon Europe's Annotated Model Grant Agreement \(MGA\)](#).

#### 1.2.4.3 Subcontracting Requirements

Use of third-party subcontractors in an EIT Health subgrant agreement is allowed if the subcontractor is **not** already a member of the subgrant consortium and provided that the subcontract selection followed the subgrantee's usual purchasing practices in accordance with Articles 6 and 12 of the MGA.

A subcontractor participating in one project does not prevent them from participating as a subcontractor or consortium member in another, unrelated project.



**To avoid cost eligibility challenges, EIT Health discourages the use of subcontractors in providing work toward implementation, and strongly recommends, that if a subgrantee wishes to undertake tasks in a project, it does so as a subgrantee consortium member with duly allocated EIT financial support.**

Please see section 4.4 Involvement of third parties, including affiliated entities, subcontractor, of the FSA for additional details.

#### 1.2.4.4 Certificate on Financial Statement (CFS) Audit Requirements

Per section 6.1.4 of the FSA, CFS audits are required per subgrantee, per grant period for any EIT funded amount that is equal or greater than €430,000 cumulatively. See more information in the [Certificate on the Financial Statements \(CFS\) Audit](#) section of this Handbook.



For questions on cost eligibility, cost reporting, or audits, contact the [Grant Assurance team](#).

#### *1.2.4.5 Post-Funding Monitoring Requirements*

Post-funding monitoring is an obligation of the MGA on all funded activities in the EIT Health portfolio, especially KPIs. As such, the obligation has been transposed into Article 6.8 of the PGA. Please see the [Post-Funding Monitoring](#) section in this Handbook for further information.

### 1.2.5 Onboarding, Registration, & Contracting & Obligations Checklist & Timelines<sup>2</sup>

This table contains the overall steps in the Onboarding, Contracting, and Obligations processes and target deadlines.

Goal	Process	Duration/Deadline	Example
Onboarding information	<ul style="list-style-type: none"> <li>PMO Partnership Manager contacts subgrantee Activity Leader with Plaza registration, validation, and contracting instructions and deadlines.</li> </ul>	Usually sent within 5 business days of the provisional award notification.	<ul style="list-style-type: none"> <li>Award notification sent 1 January 2025.</li> <li>Onboarding sent by 8 January 2025.</li> </ul>
Ethics approval & certificate information	<ul style="list-style-type: none"> <li>If running clinical studies, SPOC contacts Activity Lead organisation with instructions, requirements, and timelines related to the ethics approval process, per site.</li> </ul>	Sent shortly after the Onboarding information.	Sent by 8 January 2025.
Financial Sustainability Agreement (FS) information	<ul style="list-style-type: none"> <li>EIT Health contacts appropriate subgrantee organisation with FS instructions and timelines, if required.</li> </ul>	Sent shortly after the Onboarding information.	Sent by 8 January 2025.
Plaza user registration & organisational record	<ul style="list-style-type: none"> <li>EIT Health creates organisational records for any organisations that do not yet exist and pre-registers the Master Contact, as listed in Smart/Simple.</li> <li>Master Contact receives an email from Plaza to set their complete registration and set password.</li> <li>All individual users who are part of the consortium register in Plaza.</li> </ul>	Plaza registration completed, within 10 business days of Onboarding information.	Registration completed by 17 January 2025.

<sup>2</sup> All timelines are goals and may be adjusted based on the season and other factors and actual deadlines will be set by the PMO.

Goal	Process	Duration/Deadline	Example
Validation	<ul style="list-style-type: none"> <li>If required, EIT Urban Mobility contacts subgrantees to submit validation documents, within the deadlines provided by EIT Urban Mobility.</li> </ul>	Validation initiated after Plaza registration/organisational record is complete, if required.	Due within 10 business days after contact from EIT Urban Mobility, if required.
Prepare & send organisational level contracting	<ul style="list-style-type: none"> <li>PMO Partnership Manager prepares and sends each consortium organisation their respective FSA, if one has not yet been signed for the GA period, for electronic signature. This is contingent on the organisational record being complete and submitted in Plaza.</li> </ul>	Sent within 5 business days after organisational record is completed and submitted and after the 30-day standstill period.	Sent by 24 January 2025.
Confirm project details in Plaza to prepare PGA & accurate information on the consortium & budget	<ul style="list-style-type: none"> <li>PMO Project <a href="#">Manager (PM)</a> notifies Activity Leader that their project is ready to view in the Plaza Activity Editor and provides the project code.</li> <li>Subgrantee Activity Lead checks project information in Plaza to confirm accuracy and to ensure all work packages have an assigned consortium organisation.</li> <li>The Activity Leader may request to add a subgrantee consortium member and adjust the budget accordingly per the <a href="#">Consortium Change Requests</a> section of this Handbook.</li> <li>Any approved consortium member must follow the instructions and timelines as provided by the PMO Partnership Manager.</li> </ul>	<ul style="list-style-type: none"> <li>Subgrantee consortium member requests must be made and registered in Plaza within the window of the onboarding and prior to the PGA being sent for signature.</li> <li>Confirmed 10 business days after user registration complete.</li> </ul>	Confirmed 31 January 2025.

Goal	Process	Duration/Deadline	Example
Signature of FSA to legally bind the parties at an organisational level	<ul style="list-style-type: none"> <li>Each consortium organisation signs their respective FSA.</li> </ul>	Each consortium organisation signs their own FSA within 10 business days after organisational contract send date.	Signed by 7 February 2025.
Signature of PGA at project level	<ul style="list-style-type: none"> <li>PMO Partnership Manager sends PGA electronically to consortium members to sign jointly.</li> </ul>	Sent within 5 business days of project confirmation deadline and after the 30-day standstill period.	Sent 7 February 2025.
	<ul style="list-style-type: none"> <li>Subgrantee Activity Leader and consortium members sign the PGA.</li> </ul>	Signed within one month of confirmation of project details.	Signed by 7 March 2025.
Signature of the FS at project level	<ul style="list-style-type: none"> <li>After successful negotiation, the FS is sent for signatures and signed, if required.</li> </ul>	Negotiated and signed within three months of FS information.	Signed by 7 April 2025.
Ethics approval & certificate per site level	<ul style="list-style-type: none"> <li>After issuance and approval of study protocol, subgrantee Activity Leader submits certificate per the SPOC instructions, if required.</li> </ul>	Within four months of Ethics information, if required	Finalised and sent by 7 April 2025, if required.

### 1.2.6 Consortium Change Requests During Contracting

The first opportunity to request a change occurs during the [Contracting](#) phase and before the contracts are sent for signature. The Activity Leader has one month from the onboarding email to make such requests. During this phase, subgrantee Activity Leaders may request to update their project to add subgrantee consortium members and allocate the budget to consortium members accordingly by contacting their Project Manager and SPOC.

It is important for subgrantees to adhere to the deadlines set by the PMO during this phase. This allows EIT Health to issue the appropriate pre-financing payment and balance payment to the subgrantee consortium members<sup>3</sup>. Consortium changes made after contracting may impact EIT Health's ability to make additional pre-financing payments to new consortium members.



**Requests that materially change the project implementation from the provisional award and requests for increase in EIT funded budget will not be accepted.**

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<sup>3</sup> Consortium changes beyond this period may not be accepted and must be requested during the next project change request period. In some cases, consortium changes may impact pre-finance amounts and reclaiming funded amounts may be required.

## 2 Implementation

During implementation, it is vital that subgrantees communicate with their assigned contacts at EIT Health. There are two main contacts within EIT Health: Single Point of Contact (SPOC) and Project Managers (PM).

### 2.1 Effective Date

Each project has an effective date, which is reflected in the PGA. This effective date is the cost eligibility date (i.e. the date on which the project may begin incurring costs). **Note that the FSA and PGA must be signed to be reimbursed for any costs.**

### 2.2 Project Contacts

#### 2.2.1 Single Point of Contact (SPOC)

Each project has a designated programmatic SPOC who specialises in the programmatic areas of Education, Innovation, or Business Creation, with whom subgrantees should be in regular contact throughout the project. For programmatic and content-related questions, the assigned SPOC is responsible.

During implementation, subgrantees must work with their SPOC to discuss progress, identify potential risks, and improvements. During the interactions, SPOCs also ensure that subgrantees are aware of the expected outcomes of the project.

#### 2.2.2 Project Manager (PM)

Additionally, each project has an assigned PM, who provides necessary information related to processes, such as [Project Change Requests](#) and [Reporting and Monitoring](#) of the project. For subgrant operational topics, such as project change requests, reporting, and monitoring questions, the assigned PM is responsible.



Both SPOCs and PMs should be contacted concurrently. This allows each team member to consider any implications on their remit.

### 2.3 Subgrantee Consortiums

All subgrantee Activity Leaders must arrange an implementation kick-off meeting with their consortium members. The kick-off meeting should take place no later than one month after the start of the project. The Activity Leader should invite their SPOC to the kick-off meeting.

#### 2.3.1 Subgrantee Consortium Agreements

EIT Health is not involved in the drafting of the consortium agreements between consortium members. With that said, subgrantee consortiums may wish to use the Development of a Simplified Consortium Agreement (DESCA) model: <https://www.desca-agreement.eu/desca-model-consortium-agreement/> as a template for consortium agreements.

### 2.4 Using Plaza

The GMS, Plaza, contains several important record types:

1. Organisational record
2. User record
3. Project record



#### 2.4.1 Organisational Record

The organisational record is also referred to as the Partner Information Form (PIF). This record contains information at an organisational-level. The organisational record contains basic contact information, organisational contacts, and required information for reporting and payments, including banking details.

**Subgrantee Master Contacts** of organisations are required to complete and maintain the organisational record. Master Contacts must use Plaza to assign contacts, including signatories and Finance and Legal Contacts to submit Cost Reporting. Once the information in the record has been submitted, only the Master contact can modify the “Partner Roles” tab in the organisational record.

##### 2.4.1.1 *Updating the Organisational Record*

Once an organisational record has been completed and submitted, the Master Contact must contact their PM or Partnership Manager to unlock the PIF for updates. Once updated, the Master Contact must re-submit.

##### 2.4.1.2 *Updating the Master Contact*

While updating the Master Contact does not require approval, only EIT Health can update the Master Contact in Plaza. Requests to update the Master Contact must be documented, in writing, and sent to the [Partnership Manager](#) with the full organisation name and 4-digit code.

Note that to be assigned a Master Contact, the user must already be registered and associated with the organisation in Plaza as outlined in the [Individual User Registration](#) section of this Handbook.

#### 2.4.2 User record

Each user must be connected to an organisation. The user record contains the contact information for an individual user. Users must use their professional organisational email.

#### 2.4.3 Project record

Project records, which are in the Activity Editor, contain project-level information, including the consortium members (e.g. “partners”), individual users who are part of the project (e.g. “members”) and their roles, deliverables/outcomes, KPIs, project budget information, and budget for each subgrantee consortium member.

Each project has an assigned **Activity Leader** role. Activity Leaders are required to use Plaza to submit [project-level reporting](#), and must keep all project-level information up-to-date.

##### 2.4.3.1 *Updating the Project record*

Within the project record, changes that do not require approval and may be completed by the Activity Leader include:

- Adding individual project members from organisations who are already part of the consortium;
- Updating the Activity Leader<sup>4</sup> to an individual from the **same subgrantee lead organisation**.

Please note that to be assigned as the new Activity Leader or to be added as an individual user, the user must already be registered and associated with the subgrantee lead organisation in Plaza as outlined in the [Individual User Registration](#) section of this Handbook.

These types of changes may be made at any time in the project period and are managed by the Activity Leader in Plaza.

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<sup>4</sup> In this context, the Activity Leader is an individual who is part of the Lead Organisation or Consortium Leader.

Please see the [Project Change Requests](#) section of this Handbook for information on how to request other types of changes to a project.

## 2.5 Plaza To-Do List

The To-Do List appears for Master Contacts and Activity Leaders who have items that require action and attention. Master Contacts and Activity Leaders must log into Plaza and complete the items in their To-Do List, as they appear and within the specified deadlines.

Master Contacts will see PIF related To-Do items, while Activity Leaders will see Deliverable and Milestones, KPIs, Progress Reports (also known as [mid-year and year-end reporting](#) or Activity Performance Report (APRs)), and Follow-Up Report on the Use of Resources, that are due in the To-Do List.

## 2.6 Connections

[Connections](#)<sup>5</sup> is where subgrantees find EIT Health resources and guidance. It is accessed with the same credentials as Plaza.

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<sup>5</sup> <https://connections.eithealth.eu/>

### 3 Project Change<sup>6</sup> Requests

Subgrantees may request changes to their project during implementation. **After the contracting period, and during implementation, subgrantees may submit up to two change requests beginning 1 April until 15 September for 2025.** Requests must be combined to increase efficiency and minor changes, such as slight changes to existing line items should be avoided. The PMO will aim to review complete requests within five business days of submittal and implement changes within 10 business days<sup>7</sup>.



**Requests must be submitted using this [form](#) and as instructed by the PMO, within the timeline provided by the PMO. Requests received outside of the process or incomplete requests will not be accepted. It is vital to adhere to the deadlines and instructions to ensure that requests can be considered and implemented, if approved.**

**Change requests, to the budget, KPI additions, or extension changes will not be considered approved until they appear in Plaza as approved or final. In the case of adding a new organisation to the subgrantee consortium, the changes will not be considered final until the required FSA and PGA accession contracts have been dually signed.**

#### 3.1 Budget Requests

Activity Leaders must make all budget request types using this [form](#). Then, Activity Leaders must submit the line item/cost category change(s) in Plaza.



**Budget change requests must be accompanied with appropriate and adequate descriptions. The reduction of co-funding percentage at the project-level will generally not be accepted and may only be reduced upon an exceptional reduction of EIT financial support. Additionally, such changes may impact Financial Sustainability requirements and must be carefully considered. An increase of EIT financial support is generally not possible.**

##### 3.1.1 Moving budget from an existing consortium member to another

This should be requested to shift budget between *existing* consortium members in the same project. Activity Leaders may request to move funding between consortium members with justification. The request must ensure that the work outlined in the work packages will still be completed as outlined in Plaza and may not exceed the approved EIT funding amount. If approved, the budget would be reduced for a consortium member and increased for another, as reflected in Plaza.

##### 3.1.2 Move Budget between Line Items/Cost Categories

This should be requested to shift costs between an organisation's project cost categories. Activity Leaders may request to move funding between cost categories with justification. The request must ensure the work outlined in the work packages will still be completed as outlined in Plaza and may not exceed the approved EIT funding amount.

Increasing a line item for funding to third parties (i.e. sub-subgrantees) and/or subcontractor costs may not be approved if not clearly and duly justified. If approved, one or more cost category amounts would be reduced and one or more would be increased, as reflected in Plaza.

<sup>6</sup> Previously, these were referred to as amendments and may sometimes be referred to as such. However, the distinction is that an amendment occurs when there is a change to the legal document after signature. Only some project changes require a contract amendment.

<sup>7</sup> These timelines may be longer during months with holidays. Incomplete or unclear requests may also require longer timelines. The timelines for completion of consortium additions depend on how quickly the new consortium member completes all registration tasks.

### 3.1.3 Add/Remove a Line Item/Cost Categories

This should be requested to when a cost category is required in an organisation's project budget. Activity Leaders may request to add a new cost category with justification. The request must ensure the work outlined in the work packages will still be completed as outlined in Plaza and may not exceed the approved EIT funding amount.

Adding a new line item for funding to third parties (i.e. sub-subgrantees) and/or subcontractor costs may not be approved if not clearly and duly justified. If approved the cost categories would be added/removed, as reflected in Plaza.

### 3.1.4 Moving budget from one year to the next

This should be requested when a cost is anticipated or known to occur in the following year, within the same BP. Activity Leaders may request to move funding from one year to the next within a BP period and within the project's duration but may not exceed the approved EIT funding amount per project and must maintain co-funding requirements. If approved, the budget would be reduced for one year and increased for the next. **Note that this will not be allowed in 2025 as it is the last year of the BP.**

### 3.1.5 Budget Change Request Process

1. Activity Leaders use this [form](#) to request and specify budget change types.
2. Activity Leader also submits request in Plaza. Budget request appears as "pending" in Plaza.
3. PM and SPOC review, appropriateness, justification, compliance, co-funding/funding requirements, impact on Financial Sustainability, etc.
4. If approved by the SPOC and PM, PM approves budget, and it appears as "current" in Plaza.
  - a. If additional information is needed, PM and SPOC follow up with the Activity Leader and send back the request in Plaza.
  - b. If denied, PM rejects the request, and it will no longer be pending in Plaza.

### 3.1.6 Carry Forwards

Carry Forwards may be requested when a project has unspent funding from one year to the next, within the same project and within the BP, when underspending was not anticipated. Activity Leaders may request to use unspent funding, however, **carry forwards are not allowable across BP periods. For example, funding from a 2023-2025 project cannot be carried forward to 2026.**

Approval for carry forwards of unspent funds are conditional and based on consideration of whether performance is satisfactory, and the carry forward is justified. Carry forwards from a closed-out year are not allowable. For example, a project may not, in 2025, carry forward previously unused funding from 2023.

### 3.1.7 Carry Forward Process

**The amount of carry forward of unspent funding from 2024 to 2025 must be validated by EIT Health, based on actuals from Cost Reporting. Activity Leaders with unspent 2024 funding will be invited by their PM to allocate unspent funding in their 2025 project budget in a process outside of the Project Change Request form.**

## 3.2 Changes to Consortium

This may be re used to add consortium members and adjust budget changes between consortium members to reflect the change. Subgrantee Activity Leaders may request to add a consortium member with justification. The request must ensure the work outlined in the work packages will still be completed as outlined Plaza and may not exceed the approved EIT funding amount. **Any substantial change in the consortium construction must be evaluated and approved by EIT Health.**

In the case of adding consortium members, if pre-financing has already been paid, then no additional pre-financing is available for the new consortium member until the next round of pre-financing. **Note that for 2025, this may mean that no additional pre-financing will be made available after initial pre-financing payment because it is the last year of the BP.**

### 3.2.1 Changes to Consortium Process

1. Activity Leader uses this [form](#) to make request.
2. PM and SPOC review request and communicate with the Activity Leader.
3. If approved, Partnership Manager contacts new subgrantee consortium member to follow the [Onboarding, Validation, & Contracting](#) in this Handbook.
4. Once the new organisation is registered in Plaza, the PM adds it to project in Plaza.
5. The new consortium organisation signs the FSA, if not previously signed for the current BP and signs the Accension to the PGA with an effective date to 1 January of the year added.
6. The budget request steps 2. to 4. In the budget process.

**If an organisation wishes to exit the consortium, the exiting organisation follows the process outlined in section [Pre-Close Out Exit/Termination](#) of this Handbook.**

### 3.3 Changes to KPIs, Deliverables, Outcomes

Please note that EIT Health will no longer accept reductions to Deliverables, KPI, or Outcome targets during project implementation. Deliverables or Outcomes that are delayed may be marked as delayed in Plaza as outlined in the following steps and screenshots.


1. Activity Leaders go to Plaza and scroll to the *To-Do* list.
2. Click the magnifying glass icon next to Deliverables and Milestones that need submittal.



3. Click on the edit icon Deliverable/Outcome that will be delayed.

Edit	ID	Type	Code	Title
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	35931	MSC	230105-M01	Kick off 2023
	83937	KPI SUP	EITHE06.1	Investment attracted by KIC supported
	86933	DEL	240047-D02	test del
	86934	OUT	240047-O02	test

4. Click on Report Delay.

test del	
Activity	240047 / INTERNAL TEST
Work Package	240047-A2401 TEST WORKPACKAGE
Cost Centre	0645 EIT Test
Type	DEL
Code	240047-D02
Title	test del
Description	test
Expected Date	31 March 2025
<b>Reporting</b>	
Achieved	<input checked="" type="radio"/> No <input type="radio"/> Yes <input checked="" type="radio"/> Report Delay
Delayed Until	<input type="text"/> 
Reason for Delay	<input type="text"/>

5. Select the date to which the Deliverable/Outcome will be delayed and provide a concise, clear and accurate reason for the delay. **Note that Deliverables/Outcomes may not be delayed beyond the project end date or BP period. For 2025, this is 31 December 2025. For projects that end before 31 December 2025, a no-cost extension may be requested.**
6. Click Save and Submit.
7. The Deliverable/Outcome should show as having a Delayed Until date in the Activity Editor view.

Edit	Log	Year	Type	Code	Description	Reference	Due Date	Delayed Until
		2024	DEL	240047-D01	TEST		04 Dec 2024	
		2024	OUT	240047-O01	TEST		04 Dec 2024	31 Dec 2025

### 3.3.1 Considerations

**Any KPIs, Deliverables, and/or Outcomes that are not achieved or under-achieved must be reported as such during mid-year and year-end performance reporting. Please note that delays may have impacts on the Financial Sustainability requirements.**

### 3.3.2 KPI Additions

New KPIs may be added, with targets, in a project through the following process:

1. If requesting to *add* a new KPI, Activity Leader uses this [form](#).
2. PM and SPOC review.
3. If approved by the SPOC and PM, PM enters the new KPI and it appears in Plaza.
4. If additional information is needed, PM and SPOC follow up with the Activity Leader.

## 3.4 Project Extensions (with no additional funding)

Project extensions may be requested for projects that end before 31 December 2025 and may be approved by EIT Health, but no additional funding will be provided with the extension.<sup>8</sup> **Please note that extensions may have impacts on the Financial Sustainability requirements.**

Please note that for 2025, only projects that end before 31 December 2025 will be considered for an extension, as 31 December 2025 is the close of the BP.

To request an extension:

1. Activity Leader uses this [form](#).
2. PM and SPOC review.
3. If approved by the SPOC and PM, PM enters new project end date, and it appears in Plaza.
4. If additional information is needed, PM and SPOC follow up with the Activity Leader.

<sup>8</sup> Note that projects may not be extended beyond the end of a Business Plan.

## 4 Payments

For most projects, payments are made in two tranches based on a yearly planning and reporting cycle.

### Pre-Financing Payment

**Per Article 7: Financial provisions of the FSA, pre-financing will be released when all project subgrantees have met their requirements.**

Pre-financing is assessed at a project consortium level and then, at a subgrantee level.

Project consortium level:

1. Fully signed FSA;
2. Fully signed PGA;
3. Fully signed FS, if required; and
4. Have completed ethics obligations, if required.

Subgrantee level:

5. Have completed any required validation;
6. Have no outstanding balance payments (e.g. no open accounts) due to EIT Health.

This means that project subgrantees will be paid once criteria 1., 2., 3., and 4., are met, however, if one of the project's subgrantees has not completed 5., or 6., they will be excluded from the pre-financing payment until criteria 5. and 6. have been met.

The pre-financing payment is typically sent within three months following the completion of the above. Please note that if a subgrantee consortium member has been added *after* a pre-financing payment has been made, no additional pre-financing will be available for that year.

Pre-financing payments are made at the *subgrantee-project level*. The subgrantee will receive as many pre-financing payments as the number of projects in which it participates, with some exceptions if the subgrantee joins the consortium after initial pre-financing has been paid.

The pre-financing amount is based on a percentage of the EIT funded amount a subgrantee has been allocated in Plaza for the year N (e.g. 2023, 2024, or 2025, respectively). The exact amount will be communicated to subgrantees at the time of the execution of the payment.



**EIT Health releases the agreed upon pre-financing percentage via electronic transfer. Pre-financing is released monthly as projects begin, except for the months in the first quarter of the year. Pre-financing is calculated based on the agreed upon percentage based on the budget at the time of payment within three months of meeting the above criteria. As of 1 January 2025, the pre-financing payment is no longer contingent on payment of membership fees. However, any open balance must be cleared before EIT Health sends the pre-financing payment.**

### 4.1 Balance Payment

The balance payment occurs after cost reporting and/or cost check, and/or CFS audit and after satisfactory monitoring, with no outstanding previous year balance payment to EIT Health, satisfactory cost reporting, cost check, and CFS audit requirements have been met, and sent latest by September of the year N+1. Balance payments are usually made between the business days on the 15<sup>th</sup> and 20<sup>th</sup> of the month following successful completion of all requirements.

This payment is made at the *subgrantee level*, meaning a subgrantee receives one single balance payment calculated using the total **accepted** EIT Health funded amount across all activities and the sum of all pre-financing payments received for each project in which it has participated.



**The balance payment is contingent upon satisfactory monitoring and no outstanding balance payment due to EIT Health. In cases of severe underperformance and negatively assessed final report according to article 4.3 in the FSA, the final balance payment of financial support may be reduced.**

Both pre-financing and balance payments are communicated to the Master, Legal and Finance contacts as listed in Plaza.

#### 4.2 Payment to Micro, Small and Medium Sized Enterprises (SMEs)<sup>9</sup>

Some micro and SMEs, that are developing products or services to be commercialised as part of implementing Innovation projects may be eligible for an exceptional pre-financing scheme. To be eligible for this pre-financing scheme, the micro or SME must be the owner of core technology or Intellectual Property (IP) of the final product under development and to be commercialized.

Micro and SMEs in Innovation projects, which fall under an exceptional payment scheme will go through the cost check, unless going through the CFS audit, e.g. year N+1 with requested cumulated EIT financial support equal or greater than €430,000. See the

[Cost Check](#) and [Certificate on the Financial Statements \(CFS\) Audit](#) sections of this Handbook for more detail.

The balance payment will be released as outlined above. No additional exceptions, i.e. different rates, outside of this scheme will be considered.

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<sup>9</sup> See the definition: [https://single-market-economy.ec.europa.eu/smes/sme-fundamentals/sme-definition\\_en](https://single-market-economy.ec.europa.eu/smes/sme-fundamentals/sme-definition_en)



## 5 Performance Reporting & Monitoring

All projects are required to report on their activities at a project level, per Article 6: Monitoring and reporting of the FSA. Projects that are in their first and last years of implementation may only have one reporting and monitoring cycle if the start and end dates are not full years. **Actual reporting and monitoring requirements will be at the discretion of EIT Health.**

### 5.1 Performance Reporting

Performance reporting is required for all projects and must be submitted in Plaza by the Activity Leader. Consortium members who are not the Activity Leader will not see the reporting in the Plaza *To-Do* list.

Activity Leaders must report against their project and provide explanations for each achievement, any deviations, and corresponding justification in the project. The typical areas of reporting are described in the below table.

Area	Description
Deliverables, Outputs, Milestones	These are reported throughout the project period, based on the specified timelines. When reporting, the Activity Leader reports on achievement, level of completeness, and uploads any required documentation. The reported achievements also appear in the Year-End Performance reporting. Activity Leaders may report a delay within the project period, with justification.
Key Performance Indicator (KPI)	Although KPIs may be achieved throughout the year, they are reported at year-end. The reported KPI achievements also appear in the year-end performance reporting where Activity Leaders must comment on over/under achievements.
Mid-Year and Year-End Performance Reporting (APR)	These reports contain several sections on the progress/achievements of outcomes, work implemented to date, KPI deviations, summarised the reported Deliverables, Outputs and Milestones, consortium member ("partner") roles/changes, and lessons learned.
Horizon Europe Questionnaire <sup>10</sup>	This Questionnaire collects results and impacts of Horizon Europe indicators and is usually administered outside of Plaza.
Follow Up Report on Use of Resources	After Cost Reporting, Activity Leaders are required to submit this report, which requires explanations of deviations and justifications for over/underspending in cost categories. This report is used during monitoring and any monitoring meetings.

During reporting, Activity Leaders must ensure that reporting is submitted:

- By the PMO-provided deadline;
- Of sufficient quality (i.e. branding, appropriate language);
- With all required content according to the description (i.e. including graphs, tables, images); and
- Using the required templates, when required.

Projects have the following performance reporting frequency:

- A **mid-year report** is an annual mid-point report that contains the progress thus far in the calendar year, typically submitted in June-July.

<sup>10</sup> This is usually sent as a separate questionnaire collected outside of Plaza. PMO is working to incorporate it in Plaza reporting process for future years.

- A **year-end report**<sup>11</sup> is the annual report that describes annual achievements for the calendar year, typically submitted in December-January.

#### 5.1.1 Mid-Year Performance Reporting

Projects are required to submit mid-year performance reporting, with some exceptions based on the project's first year start month. Mid-year reporting typically begins in June and subsequent monitoring occurs in July. Actual reporting components and deadlines will be determined by the PMO and communicated to subgrantees accordingly.

#### 5.1.2 Year-End Reporting

All projects, regardless of when they begin, must submit year-end performance reporting. Year-end reporting typically begins in December and is typically due on the last business day of January. Actual reporting components and deadlines will be determined by the PMO and communicated to subgrantees accordingly.

### 5.2 Monitoring

Performance reporting serves as the basis for monitoring, which takes place after a performance report has been submitted. Each report is reviewed by the assigned PM. The goal of monitoring is to assess project performance, spending deviations, and impact related to the EIT Health Strategic Objectives. Monitoring also allows EIT Health to evaluate risk, underperformance, underspending, and to provide mitigation through a [stage-gate \(e.g. go/no go\) framework](#).

#### 5.2.1 Monitoring Meeting

Monitoring meetings are scheduled between the PM and Activity Leader at least one month in advance. A monitoring meeting may take place either after the mid-year report, which would occur in July, or year-end reporting, which would occur in February/March.

Monitoring meetings typically occur at least once every 12 months, unless a previous monitoring or other risk factors indicate the need for additional monitoring meetings. Monitoring meeting frequency is at EIT Health's discretion.

#### 5.2.2 Go/No Go Categories

The monitoring and monitoring meetings result in one of four go/no go categories as outlined in the below table.

Category	Assessment Criteria	Resulting Action
Green (No risk/ Overperformance)	<p>To receive a <i>Green</i> status, the project must meet <u>all</u> of the following:</p> <ul style="list-style-type: none"> <li>• Deliverables, outcomes, milestones, and/or KPIs have been achieved or are on track for overachievement and are of high quality and/or the project has an outstanding achievement contributing significantly to <a href="#">EIT Health's strategic agenda</a>; and</li> <li>• No over/under spending and no significant budget deviations; and</li> <li>• Subgrantee demonstrates compliance with all obligations in</li> </ul>	<ul style="list-style-type: none"> <li>• Continue implementation.</li> <li>• May be considered for external promotion/communication and/or proposed to Management Board (MB) for further funding, depending on available funding.</li> </ul>

<sup>11</sup> Referred to as an Activity Performance Report in Plaza.

Category	Assessment Criteria	Resulting Action
	the legal documents and Handbook.	
White (Low risk, meeting expectations)	<p>To receive a <i>White</i> status, the project must meet the following:</p> <ul style="list-style-type: none"> <li>• Deliverables, outcomes, milestones, and/or KPIs have been achieved or are on track for achievement and are of good quality; and</li> <li>• Any deviations are accepted by EIT Health, and the overall scope remains; and</li> <li>• No over/under spending with no significant budget deviations; and</li> <li>• Subgrantee demonstrates compliance with all obligations in the legal documents and Handbook.</li> </ul>	<ul style="list-style-type: none"> <li>• May be considered for external promotion/communication and/or</li> <li>• Continue implementation</li> </ul>
Orange (Some risk/ underperformance)	<p>To receive an <i>Orange</i> status, the project must meet the following:</p> <ul style="list-style-type: none"> <li>• Deliverables, outcomes, milestones, and/or KPIs are between 50% and 80% achieved or are of poor quality or missing; and/or</li> <li>• Spending is moderately under/over given the remaining time in the project and/or the project has moderate budget deviations; and/or</li> <li>• Subgrantee demonstrates incompliance with one or more obligation in the legal documents and Handbook.</li> </ul>	<ul style="list-style-type: none"> <li>• The consortium is given 10 business days to develop remedial action plan.</li> <li>• PMO schedules a meeting to review remedial action plan.</li> <li>• Consortium given between 14 days<sup>12</sup> and up to 8 weeks to implement the remedial actions.</li> <li>• PMO schedules follow up meetings to review progress on remedial actions.</li> <li>• Projects that fail to implement remedial actions are appraised in a meeting with EIT Health.</li> <li>• Based on the appraisal, the project may continue, be proposed to the MB for potential continuation with potential grant reduction, or be terminated<sup>12</sup>.</li> </ul>
Red (High risk/severe underperformance)	<p>To receive a <i>Red</i> status, the project must meet one or more of following:</p> <ul style="list-style-type: none"> <li>• Achievement of deliverables, outcomes, milestones and/or KPIs are below 50% achievement or are of poor quality and/or missing; or</li> <li>• The main goals of the original plan will not be reached and/or <u>cannot</u> be remedied; and/or</li> <li>• Spending is significantly under/over given the remaining time in the project and/or the</li> </ul>	<ul style="list-style-type: none"> <li>• The project is must be scrutinized by the MB to assess termination, as outlined in Article 6 of the FSA and Article 6.2 of the PGA<sup>12</sup>.</li> </ul>

<sup>12</sup> See section 3 Effects of Termination of the FSA for information on surviving obligations after termination.

Category	Assessment Criteria	Resulting Action
	<p>project has significant budget deviations; and/or</p> <ul style="list-style-type: none"> <li>Subgrantee demonstrates noncompliance with the legal documents and Handbook.</li> </ul>	

### 5.2.3 Examples of Green, Orange and Red Statuses per Pillar

Pillar	Green	Orange	Red
<b>Education</b>	<ul style="list-style-type: none"> <li>KPI achievements are exceeded compared to the plan (e.g. higher number of learners).</li> <li>Additional impact can be achieved (e.g. citizens trained, investment attracted).</li> <li>Good practices or success stories can be identified.</li> </ul>	<ul style="list-style-type: none"> <li>Delays in the first 6 months of the project.</li> <li>Potential under-achievement of KPIs.</li> <li>Critical consortium member leaving the consortium without a replacement.</li> <li>Marketing and recruitment strategy not aligned with the learner targets.</li> <li>Evaluation plan not in place.</li> </ul>	<ul style="list-style-type: none"> <li>Majority of KPIs cannot be achieved, especially EIT KPIs</li> <li>No mitigation plan is put in place to address shortcomings</li> <li>There is limited timeframe left to implement significant changes</li> <li>Shortcomings can no longer be solved (e.g. recruitment of students not possible, creating a start-up with sales is not possible)</li> </ul>
<b>Innovation</b>	<ul style="list-style-type: none"> <li>Additional funding was attracted.</li> <li>Additional members joined the consortium to add value to the project or speed up development.</li> <li>KPIs, deliverables, work plans, outputs and/or milestones are overachieved within the timeframe.</li> </ul>	<ul style="list-style-type: none"> <li>No clear commercialisation plan is in place or commercialisation plan is not aligned with the project timeline.</li> <li>Delays in Ethical approval.</li> <li>Delays in the first 6 months of the project.</li> <li>Delays in study execution or in submission of regulatory approval documentation.</li> <li>Potential under-achievement of KPIs.</li> <li>Critical consortium member leaving the consortium without a replacement.</li> </ul>	<ul style="list-style-type: none"> <li>Majority of KPIs cannot be achieved, especially EIT KPIs.</li> <li>No mitigation plan is put in place to address shortcomings.</li> <li>There is limited timeframe left to implement significant changes.</li> <li>The planned targets and overall project progression strategy changed significantly throughout the project and are not aligned with the original targets any longer.</li> </ul>
<b>Business Creation</b>	<ul style="list-style-type: none"> <li>KPIs, deliverables, milestones and/or outputs overachieved with regards to the workplan (e.g., investment attracted)</li> </ul>	<ul style="list-style-type: none"> <li>Delays from the original timelines (e.g., recruitment).</li> <li>Critical consortium member leaving the consortium without a replacement.</li> </ul>	<ul style="list-style-type: none"> <li>Serious underperformance of the original workplan (e.g., less start-ups supported than what was originally planned).</li> </ul>

Pillar	Green	Orange	Red
	<p>was higher than planned).</p> <ul style="list-style-type: none"> <li>• Additional funding was granted to extend the scope of the programme beyond the activities funded by EIT.</li> <li>• Broad communication and dissemination to start-up community was achieved (e.g. high number of quality applicants, start-up features for achieving key financial/outcome milestone impacted by programme).</li> </ul>	<ul style="list-style-type: none"> <li>• Sustainability model not realistic and not aligned with project timeline.</li> </ul>	<ul style="list-style-type: none"> <li>• KPIs were incorrectly chosen and traded for others without support from EIT Health.</li> <li>• No ambitions towards sustainability.</li> </ul>

## 6 Cost Related Processes

### 6.1 Cost Reporting

Cost reporting is required for all subgrantees and organisations participating in projects. Cost Reporting is the annual process by which organisations report their actual costs against their budgeted cost categories. Cost reporting is done at an organisational level. Each organisation reports their costs incurred in the **reporting period across all projects** in which they participated.

Cost reporting is completed in Plaza by the organisational-level Legal and Finance Contact and usually begins in December of the year and is usually open for six weeks following the end of the calendar year. Exact deadlines will be communicated to subgrantees by the PMO and/or Finance teams.

Despite reporting yearly costs for all their projects in one single cost statement, projects are considered independently, i.e. there is no compensation between a project under claiming EIT financial support and a project over claiming EIT financial support.

The reporting period for the first year of the project is the time from cost eligibility to the 31 December each year. In continuing projects, the reporting period is 1 January to 31 December each year.

Costs incurred during implementation can only be reported through Plaza during the period specified. Failure to correctly complete cost reporting by the deadline would imply no EIT financial support is being requested by the organisation for the year N and, if applicable, lead to the recovery of the full pre-financed amount.



**During cost reporting and generally during the last quarter of the year, no adjustments to the allocation of the budget or EIT financial support should be made anymore, as this may only be requested during the [Project Change Requests](#) period. The same applies for the allocation of co-funding amongst consortium members.**

#### 6.1.1 Cost Reporting in Plaza

Only the Master Contact and the Legal and Finance contact(s) registered in Plaza have access to the cost reporting section of Plaza. **The Master Contact is the only role able to add or remove other contacts, such as the Legal and Finance contacts.**

**An organisation may have multiple Legal and Finance contacts assigned in Plaza, however, only the Legal and Finance Contact 1 will be the signatory on the Cost Report**, therefore it is vital to keep this contact up-to-date, especially prior to the cost reporting season.

To assign or change a Master Contact, please contact the [Partnership Manager](#).

#### 6.1.2 Co-Funding and Cost Reporting

Plaza contains the co-funding and EIT funded values and deducts the budgeted co-funding and EIT subgrant amounts automatically as **costs** are entered. The table below depicts examples of EIT funding and co-funding allocations in three different cost reporting scenarios.

Examples	Budgeted Costs		Reported Costs		Notes
1. Overspending	Budgeted KAVA costs	600,000.	Reported KAVA costs	610,000.	Overspending is covered by co-funding.
	Budgeted EIT grant	500,000.	Accepted EIT grant	500,000.	

Examples	Budgeted Costs		Reported Costs		Notes
	Budgeted subgrantee own funding	100,000.	Realised Subgrantee own funding	110,000.	
2. Underspending	Budgeted KAVA costs	600,000.	Reported KAVA costs	560,000.	First the full co-funding budget is allocated to cover reported costs & remainder is covered by EIT subgrant.
	Budgeted EIT grant	500,000.	Accepted EIT grant	460,000.	
	Budgeted subgrantee own funding	100,000.	Realised Subgrantee own funding	100,000.	
3. Severe underspending	Budgeted KAVA costs	600,000.	Reported KAVA costs	95,000.	First the full co-funding budget is allocated to cover reported costs & the remainder is covered by EIT subgrant. In this case, the underspending is so severe that the reported costs are lower than the co-funding, which means there is no EIT subgrant allocated.
	Budgeted EIT grant	500,000.	Accepted EIT grant	0.00.	
	Budgeted subgrantee own funding	100,000.	Realised Subgrantee own funding	95,000.	

The table above highlights the importance of correct budgeting as overestimation of budgeted costs might lead to underspending when actual costs are reported which in turn affects the co-funding share.



Subgrantees are not required to submit documentation justifying costs, such as timesheets, invoices, contracts in Plaza, **but the documentation must be readily available and kept, as it may be requested in case of an audit per Annex 3 of the FSA<sup>13</sup>.**

## 6.2 Certificate on the Financial Statements (CFS) Audit

Subgrantees with a cumulatively requested EIT financial support equal or greater than €430,000, must undergo a CFS audit carried out by an external auditing company. Note, the cost reporting and the CFS audit are two independent processes. The cumulative nature mentioned above is explained in the following examples:

2023 EIT financial support requested (€)	2024 EIT financial support requested (€)	2023 cost CFS audit?	2024 cost CFS audit?	Notes
200,000.	200,000.	No	No	
600,000.	100,000.	Yes	No	No CFS audit in 2024 because the 2023 costs were already subjected to a CFS audit & no longer count towards the threshold.
400,000.	100,000.	No	Yes	The scope of the CFS would include both 2023 & 2024 costs (because the

<sup>13</sup> In general, for at least five years after the balance is paid at project close (three years for low-value subgrants up to 60,000 €) or longer if there are ongoing procedures (audits, investigations, litigation, etc). In this case, the evidence must be kept until ongoing procedures end.

2023 EIT financial support requested (€)	2024 EIT financial support requested (€)	2023 cost CFS audit?	2024 cost CFS audit?	Notes
				2023 costs were not subjected to a CFS audit).
600,000.	500,000.	Yes	Yes	Two separate CFS audits; one covering each year.

### 6.3 Cost Check

EIT Health conducts cost checks at least twice per year to ensure compliance with [Cost Eligibility Requirements](#). Cost checks usually occur mid-year and after the year-end cost report process. Subgrantees may be selected for the cost check and those selected are required to report their costs for the specified period within the designated timeframe in Plaza. Those costs are sampled for eligibility.

#### 6.3.1 Mid-Year Cost Check

The mid-year cost check provides an “earlier look” at costs incurred in the first half of the year, covering expenses from the project start date to June 30. This early assessment uses the same verification standards as the comprehensive annual cost check.

#### 6.3.2 Year-End Cost Check

For annual cost reporting, the timeframe is generally January to February of the following year (N+1). Cost data submitted will then undergo a random sampling process, in which selected cost items are reviewed for eligibility for a period covering up to 12 months from the project start date to December 31.

#### 6.3.3 Overview of Cost Check Process

EIT Health will communicate deadlines and specific requirements in advance and provide training to support selected subgrantees in meeting the cost check requirements. For sampled cost items, subgrantees must provide supporting documents through a dedicated secure, web-based environment.

The assessment of supporting documents may require clarification from and collaboration with subgrantees to resolve any discrepancies. Following the review, EIT Health will provide subgrantees with an outcome report that may include observations, recommendations, and/or cost rejections. If costs are deemed ineligible, the rejected amounts will impact the balance payment, adjusting the total eligible EIT Health financial support accordingly.



## 7 Close Out

Project close out occurs at the end of the subgrant project period. Prior to close out, subgrantees Activity Leaders must ensure all required reporting has been satisfactorily completed, including any subgrantee consortium member cost reporting.

### 7.1 Projects that Span the Business Plan (BP)/EIT Grant Agreement (GA)

Sometimes EIT Health runs calls that seek projects that span beyond the BP. In this case, projects that will continue beyond the BP/GA must still comply with all close out requirements. If the project has had satisfactory monitoring results, has complied with all reporting requirements (performance and cost) and has no outstanding balance or issues, a new set of contract documents will be drafted and sent for signature for the new EIT grant period following the [Contracting](#) process, after EIT and EIT Health have signed a new GA.

#### 7.1.1 Budget for Projects that Span the Business Plan

Due to the funding relationship between EIT and EIT Health, EIT Health is not able to confirm budgets beyond the current BP until a new GA has been signed between EIT and EIT Health. In this case, EIT Health will notify subgrantee Activity Leaders of continuing projects as soon as possible.

### 7.2 Pre-Close Out Exit/Termination

During a project's lifecycle it may be necessary for a consortium member to terminate their participation in a project before its conclusion. In this case, all subgrantees are required to follow Article 3. Entry into force, duration and termination of the FSA. The same must be followed by EIT Health in case of EIT Health termination.

#### 7.2.1 Exit/Termination Process Overview



**Any termination must occur, in writing, and be submitted to the assigned PM and SPOC, and include the subgrantee Activity Leader, Master Contact of the subgrantee consortium lead, Partnership Manager, and any other relevant contacts in EIT Health.**

At minimum, the letter must include:

- 6-digit project code;
- Project name;
- Name of the consortium member organisation;
- Reason for leaving
- Planned date of leaving (the date must comply with the terms in Article 3 of the FSA and should also be no later than the last date of incurred costs); and
- Signature of the legal representative with date.

Once received by EIT Health, the Partnership Manager will send a receipt confirmation. Once reviewed by EIT Health for compliance with Article 3 of the FSA, EIT Health will provide a written response with next steps. Generally, the next steps are for the Activity Leader to redistribute the budget and work packages, activities (e.g. deliverables, outputs) of the leaving consortium member following the [Project Change Requests](#) process. The overall co-funding must be maintained. Decisions on distribution of financial support and co-funding must be decided by the consortium, per any established consortium agreement.



**Please note that leaving the consortium does not relieve the consortium member from the section 3.3.1 Survival of rights and obligations of the FSA. For example, year-end performance and cost reporting will still be required in the next appropriate reporting period(s).**

## 8 Post-Funding Monitoring

The goal of post-funding monitoring is to collect information on the project's KPIs and financial sustainability goals during the three years following the project close (e.g. end of project's financial support). Post-funding monitoring requires all previously funded activities to report on the impact of their work and the terms of financial sustainability after the EIT Health funding period is over.

Subgrantees may expect post-funding monitoring approximately 10 to 12 months after the project has ended and for up to five years per Article 4.2 in the FSA.

# 9 Resources

## 9.1 Abbreviations & Definitions

Abbreviation/Term	Longform & Definition
Activity	Used synonymously with Project for the purpose of the subgrantee perspective
BP	Business Plan <sup>14</sup> refers to EIT Health's Business Plan and is an annex to the Grant Agreement (GA) and outlines the activities that will contribute to accelerate positive change in the healthcare sector
Call	A process to outline projects, evaluation criteria, and to collect and evaluate proposals/applications to implement such projects
CFS	Certificate on Financial Statements
Cost Report	Also referred to as a Cost Statement
EC	European Commission
EIT	European Institute of Innovation and Technology <sup>15</sup> , a body of the EU
EU	European Union
Financial Signatory	Authorised financial representative who can sign the cost statements and used interchangeably with Financial Representative.
FSA	Financial Support Agreement signed at the organisational level by subgrantees for each BP cycle in which the subgrantee participates
GMS	Refers to EIT Health's Grant Management System, Plaza
HE	Horizon Europe <sup>16</sup> , which is the programme through which EIT funds EIT Health, and EIT Health funds many subgrantees.
KAVA	KAVA is a KIC Added Value Activity. Regarding subgrants, used synonymously with project.
KPI	Key Performance Indicator.
LEAR	Legal Entity Appointed Representative is the signatory for contracts.
Legal Signatory	Used synonymously with Legal Representative.
Master Contact	Used interchangeably with Primary Contact.
MB	EIT Health Management Board.
MGA/GA	Horizon Europe Model Grant Agreement <sup>17</sup> which is the model agreement used for the Grant Agreement between EIT and EIT Health. The current Grant Agreement (GA) signed between EIT and EIT Health is for a three-year period 2023-2025 with EIT.
PGA	Project Grant Agreement signed by subgrantee consortium members at a project level for each project.
PM	EIT Health Project Manager.
PMO	EIT Health Project Management Office.
Primary Contact	Used interchangeably with Master Contact. The contact on an organisational level that will be the main point of contact.
Project	Used synonymously with Activity. For this Handbook, refers to EIT Health funded subgrantee projects.
Recipient	For this Handbook, used synonymously with subgrantee or financially supported third party.

<sup>14</sup> [EIT-Health Business-Plan 2023-2025.pdf](#)

<sup>15</sup> [European Institute of Innovation & Technology \(EIT\) | EIT](#)

<sup>16</sup> Read about Horizon Europe here: [Horizon Europe - European Commission](#)

<sup>17</sup> Read the AGA here: [aga\\_en.pdf](#)

Abbreviation/Term	Longform & Definition
SME	Small, Medium and Micro-sized Enterprise, as defined by the European Union.
SPOC	EIT Health Single Point of Contact EIT Health.
Subgrantee	Used synonymously with recipient or financially supported third party. The term <i>partner</i> is often used to refer to both paid members and subgrantees, however, the distinction is that subgrantees receive funding from EIT Health. Prior to this version of the Handbook, referred to as External Project Partners. This term may still be used occasionally.

## 9.2 Support

In case of questions, which have not been addressed in the Handbook or other materials available on Connections<sup>5</sup>, contact the appropriate member of the EIT Health team<sup>18</sup>.

Support	Name	Email
Onboarding, Plaza registration, contracting, termination processes, & paid membership processes	Patricia Chacon, PMO Partnership Manager	<a href="mailto:partnershipmanager@eithealth.eu">partnershipmanager@eithealth.eu</a>
Innovation projects as they relate to project change processes, reporting/monitoring & Plaza	Guillermo Montero, PMO Project Manager	<a href="mailto:guillermo.montero@eithealth.eu">guillermo.montero@eithealth.eu</a>
Business creation, Cross-KIC, non-EIT funded projects as they relate to project change processes, reporting/monitoring, & Plaza	Justin Horvath, PMO Project Manager	<a href="mailto:justin.horvath@eithealth.eu">justin.horvath@eithealth.eu</a>
Education projects as they related to project change processes, reporting/monitoring & Plaza	Tania Lessenka-Teodosiev, PMO Project Manager	<a href="mailto:pmo@eithealth.eu">pmo@eithealth.eu</a>
KPIs tracking, analysis, post-funding reporting & impact	Oana Neagu, Senior Impact Manager	<a href="mailto:oana.neagu@eithealth.eu">oana.neagu@eithealth.eu</a>
BP, PMO processes, & contracts	Gilda Kemper, Head of PMO	<a href="mailto:gilda.kemper@eithealth.eu">gilda.kemper@eithealth.eu</a>
Communication & dissemination	Corporate Affairs Team	<a href="mailto:internal.communications@eithealth.eu">internal.communications@eithealth.eu</a>
Ethical Approval	Assigned SPOC	Provided during onboarding
Financial Sustainability		
Cost reporting, cost eligibility, cost check, CFS audit, & payments	Grant Assurance Team	<a href="mailto:grantassurance@eithealth.eu">grantassurance@eithealth.eu</a>
Implementation	Assigned SPOC	Provided during onboarding
Validation	EIT Urban Mobility	

<sup>18</sup> This list is subject to change. Please communicate with EIT Health as requested and when available to do so, directly in Plaza.