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PROCUREMENT POLICY

EIT HEALTH E.V.

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I. PRELIMINARY NOTES

1. Introduction

(1) EIT Health e.V. (hereinafter **EIT Health**) is financed through a diversified portfolio of funding sources, including but not limited to: (i) European Union (EU) funding instruments such as Horizon Europe (HE) and the European Institute of Innovation and Technology (EIT), (ii) national or regional public grants (e.g. Bavarian funding schemes), and (iii) EIT Health's own resources, including revenues from value-added services, membership fees, returns on investments, and other private income.

(2) This Procurement Policy applies to all procurement of goods, works and services carried out by EIT Health. For each procurement action, the responsible department or unit shall identify the underlying funding source(s) and apply the corresponding procurement obligations as set out in this Procurement Policy and in any relevant contractual or grant agreements. When procurement is financed from EU or other public funds, EIT Health complies with all applicable procurement and cost-eligibility rules of the relevant funder. When procurement is financed exclusively from EIT Health's own resources and is not otherwise subject to mandatory public procurement obligations, EIT Health applies the internal procedures established in this Procurement Policy to ensure transparency, proportionality, competition and sound financial management while retaining operational flexibility.

(3) This Procurement Policy outlines the principles, objectives and procedural steps governing procurement activities conducted by EIT Health, from defining procurement requirements through contract award, execution and contract modification. It is designed to be applied in alignment with the contractual and regulatory frameworks governing EIT Health's publicly funded activities, as well as its privately funded operations.

(4) With respect to activities funded through the HE and EIT, this Procurement Policy shall be read in conjunction with the contractual framework governing the relationship between EIT Health and EIT, including but not limited to past, current and future Partnership Agreements (PA), Grant Agreements (GA), and any associated documentation applicable to the Knowledge and Innovation Community (KIC) framework.

(5) The current contractual relationship includes instruments such as PA2021/EIT/EIT Health and Grant Agreement Project 101112921 -- HORIZONEIT2022HEALTH -- HORIZON-EIT-2023-2025-KIC. However, this Procurement Policy remains applicable and adaptable to any successor agreements, including the forthcoming 2026-2028 EIT-KIC contractual framework and any future funding structures under HE or its successor programmes.

(6) In addition to contractual requirements, EIT Health's procurement activities adhere to the regulatory foundations of HE and the applicable EIT Regulations, including the recast EIT Regulation and the EIT Strategic Innovation Agenda (SIA) 2021-2027. Where procurement activities are financed from other public or private sources, relevant grant or funding conditions shall also apply. Given the evolving nature of both EU funding frameworks and EIT Health's broader operational landscape, this Procurement Policy shall be periodically reviewed and updated to ensure continued alignment with regulatory developments, funder requirements and EIT Health's strategic objectives.

2. Approval and adoption

(1) This Procurement Policy is a formal governance document that establishes the principles and procedures for conducting procurement at EIT Health. It ensures that procurement financed from EU or other public funds complies with applicable public procurement and cost-eligibility rules, and that procurement financed from EIT Health's own resources adheres to internal standards of transparency, proportionality, competition and sound financial management.

(2) This Procurement Policy is approved by the EIT Health Management Board (MB), ensuring alignment with EIT Health's strategic, operational and compliance framework across all funding sources.

(3) Any significant updates or amendments to this Procurement Policy shall be subject to formal review and approval by the MB, taking into account legal, financial, operational and contractual considerations with respect to both public and private funding streams.

(4) This Procurement Policy becomes effective immediately upon approval and remains applicable to all procurement activities carried out by EIT Health and its affiliated entities, unless specific procedures are established for particular funding instruments in accordance with this Procurement Policy.

3. Accessibility

(1) To ensure broad awareness and compliance, the procurement policy shall be made accessible to all EIT Health employees through multiple internal communication channels.

a. EIT Health's intranet and internal management systems

(1) This Procurement Policy and its related templates, guidelines, and Frequently Asked Questions (FAQ) shall be available to all EIT Health employees via a dedicated page on EIT Health's Intranet.

(2) Any updates to this Procurement Policy shall be communicated to all EIT Health employees through internal communication channels.

b. Integration into staff onboarding and internal policy framework

(1) The procurement policy shall be included as part of staff onboarding materials for new employees involved in budget management. For positions with budget ownership responsibilities, completion of the procurement onboarding is mandatory and shall be tracked to ensure compliance.

(2) All relevant procurement templates, approval workflows, and compliance guidelines shall be readily accessible and clearly linked to ensure practical application.

4. Training and capacity building

(1) EIT Health recognizes that effective procurement compliance requires continuous training and capacity building for staff members involved in procurement activities.

(2) Staff members responsible for procurement, financial oversight, and contract management (e.g. Procurement Leads, Procurement Coordinators, Budget Owners, Project Managers) must complete training on procurement rules and processes at least once every two years. The training shall cover:

(a) EU public procurement principles (e.g. transparency, non-discrimination, best value for money).

(b) EIT Health's procurement procedures and thresholds.

(c) Use of procurement templates and standardized documents.

(d) Conflict of interest and ethical procurement practices.

(e) Audit readiness and documentation best practices.

(3) The Procurement Team shall organize workshops and refresher sessions to ensure staff members are informed about regulatory changes, policy updates, and best practices. These sessions shall also serve as a forum for addressing practical procurement challenges and sharing insights from past procurement audits or lessons learned.

(4) A Procurement Advisory Contact Point shall be made available to staff members seeking guidance on specific procurement cases or clarifications regarding the application of the Procurement Policy. This function may evolve over time based on organisational capacity and needs.

(5) FAQ and quick-reference procurement guides shall be maintained and updated periodically to support staff in the practical application of procurement procedures.

5. Monitoring and continuous improvement

(1) Procurement compliance audits shall be conducted periodically to assess staff adherence to procurement rules and identify areas for improvement. The scope

and frequency of such audits shall be defined by the Internal Control System (ICS), ensuring alignment with broader compliance and risk management frameworks.

(2) Feedback mechanisms shall be established to allow staff members to report challenges or suggest improvements or enhancements to procurement processes.

(3) The Procurement Team shall regularly review procurement practices to incorporate best practices and lessons learned into future policy updates.

II. LEGAL FRAMEWORK

(1) EIT Health conducts procurement activities from Germany and is therefore subject to the German legal framework for public procurement when procurement is financed in whole or in part from EU or other public funds and meets the conditions for applicability of public procurement law. In these cases, EIT Health complies with the substantive requirements of EU public procurement law, including Directive 2014/24/EU on public procurement, as well as the general procurement principles established in this Procurement Policy.

(2) As an association incorporated under German law, the public procurement legal framework applicable to EIT Health is structured as follows:

(a) For contracts reaching the estimated EU value threshold: The EU Procurement Directive 2014/24/EU applies in full. This directive has been transposed into German procurement law under §§ 97 et seq. of the Restriction of Competition Act (*Gesetz gegen Wettbewerbsbeschränkungen*, *GWB*) and the Regulation on the Award of Public Contracts (*Vergabeverordnung*, VgV).

(b) For contracts below the EU value thresholds financed from EU or other public funds: While the formal procedures of the EU Procurement Directive do not apply, the general principles of EU procurement law (transparency, equal treatment, non-discrimination, proportionality) continue to apply, along with relevant national or regional rules associated with the public funding source.

(c) For contracts financed by Bavarian Grant funds: EIT Health also complies with the Regulation on the Award of Public Contracts beneath the EU Thresholds (*Unterschwellenvergabeordnung*, UVgO - excluding § 7 (4) UVgO). However, the following provisions of the UVgO do not apply:

(i) Section 22 UVgO - Division by lots

(ii) Section 28 (1), sentence 3 UVgO - Publication of contract notices

(iii)Section 30 UVgO - Publication of contract award notices

(iv) Section 38 (2) - (4) UVgO - Form and transmission of requests to participate and tenders

(v) Section 44 UVgO - Unusually low bids

(vi) Section 46 UVgO - Informing candidates and tenderers

(d) Additionally, EIT Health adheres to the following Bavarian procurement regulations:

(i) The Administrative Regulation on Public Procurement (*Verwaltungsvorschrift zum öffentlichen Auftragswesen*, VVöA), except for No. 4

(ii) The Environmental Guidelines for Public Procurement (*Umweltrichtlinien Öffentliches Auftragswesen*, öAUmwR)

(iii) The Notice by the Bavarian State Government on Public Procurement - Avoidance of the Purchase of Products from Exploitative Child Labour (*Bekanntmachung der Bayerischen Staatsregierung über das Öffentliche Auftragswesen - Vermeidung des Erwerbs von Produkten aus ausbeuterischer Kinderarbeit)*

(iv) The Notice by the Bavarian State Government on the Scientology Organization (*Bekanntmachung der Bayerischen Staatsregierung über die Scientology-Organisation*, öAScientO)

(3) Contracts financed exclusively from EIT Health's own resources (e.g. membership revenues, service fees, investment returns, private income) are not subject to German public procurement law unless specific funding conditions require otherwise. These procurements follow the internal thresholds, procedures, principles and simplifications defined in this Procurement Policy to ensure transparency, proportionality, competition and sound financial management while enabling operational flexibility consistent with private-sector standards.

(4) Contracts financed by non-Bavarian national or regional public grants (e.g. federal or other instruments) shall comply with the specific procurement requirements of the funding body, provided such requirements are communicated to EIT Health.

(5) In cases of cumulative funding, the strictest applicable rule applies.

1. Hierarchy of public procurement compliance

(1) In cases of doubt, EIT Health follows the established hierarchy of legal and contractual procurement requirements in the following order:

(a) EU public procurement directives, particularly Directive 2014/24/EU

(b) National Public Procurement Legislation (GWB, VgV)

(c) HE Legal Framework, including:

(i) HE Regulation

(ii) Recast EIT Regulation

(iii)EIT Strategic Innovation Agenda (SIA) 2021-2027

(d) Partnership Agreement (PA) - in particular, Articles 6.1(c), 7.1(a), and 7.2(e)

(e) Grant Agreement (GA)

(f) EIT Procurement Guideline - ensuring compliance with EU public procurement principles

(g) This Procurement Policy

2. Compliance at affiliated entities

a. Policy framework and compliance obligations

(1) This section applies to entities formally affiliated with EIT Health for the implementation of its mission, including but not limited to organisations participating in HE / EIT activities or other public or private funding instruments (hereinafter “Affiliated Entities”).

(2) Affiliated Entities contribute to the delivery of EIT Health’s activities at regional, national, or thematic levels. To ensure consistent and compliant procurement practices across the ecosystem, while allowing for operational flexibility, EIT Health’s central Procurement Policy shall serve as the foundational framework for procurement at Affiliated Entities.

(3) Affiliated Entities shall not develop independent procurement policies that deviate from or conflict with the central Procurement Policy. Instead, they shall adopt and operationalize this Procurement Policy through localized Standard Operating Procedures (SOP) that reflect local regulatory environments, organisational structures, and funding modalities.

(4) Where procurement is financed from EU or national / regional public funds, Affiliated Entities shall comply with the procurement and cost-eligibility rules of the relevant funder, as well as any contractual obligations associated with the activity.

(5) Where procurement is financed exclusively from an Affiliated Entity’s own resources, internal procedures defined in the SOP shall apply, provided that they remain consistent with the core principles set out in this Procurement Policy.

b. Implementation via SOPs

(1) Each Affiliated Entity shall develop SOP to operationalize this Procurement Policy in a manner that:

(a) Aligns with applicable local regulatory requirements, including public-procurement or grant-specific obligations where relevant.

(b) Integrates region- or organisation-specific procurement workflows without deviating from core principles of transparency, competition, proportionality, equal treatment, and best value for money.

(c) Defines roles, responsibilities, and decision rights within the Affiliated Entity for procurement planning, oversight, contract management, and financial controls.

(d) Ensures that procurement financed from EU or other public funds is fully auditable and compliant with cost-eligibility and procurement rules applicable to the relevant funding source.

(e) Establishes internal reporting, documentation, and record-retention practices sufficient to support audits, monitoring, and financial verification.

c. Support from EIT Health eV

(1) To promote compliance, harmonisation, and efficiency, EIT Health will:

(a) Provide training, guidance and clarifications on procurement rules and procedures applicable to Affiliated Entities.

(b) Operate a central procurement advisory function to assist Affiliated Entities in complex, high-value or cross-border procurement cases and to interpret applicable funding obligations.

(c) Conduct periodic compliance reviews or spot checks to assess implementation of procurement rules and identify both risks and best practices.

(d) Provide or maintain common templates, documentation standards, and where feasible, digital tools or systems to facilitate traceability, reporting and financial oversight.

d. Compliance mechanisms

(1) Each Affiliated Entity shall formally document its procurement SOP and communicate them to relevant internal stakeholders.

(2) Each Affiliated Entity shall provide periodic procurement compliance feedback to EIT Health, including notable challenges, deviations, or risk areas. The frequency may be defined in associated agreements or SOP.

(3) EIT Health's Finance and / or Compliance functions may conduct targeted reviews or monitoring activities, including periodic assessments as part of the ICS, to verify adherence to relevant procurement obligations.

(4) Inputs from Affiliated Entities may be centrally reviewed to inform governance improvements, policy updates, support measures, and training needs.

(5) Material non-compliance with procurement standards may trigger corrective actions, which may include additional oversight measures, enhanced reporting requirements, SOP adjustments, or procurement procedure re-evaluation.

III. PROCUREMENT ORGANIZATION OF EIT HEALTH

1. Organizational structure

(1) EIT Health's procurement operates through a structured system of roles and responsibilities designed to ensure transparency, accountability, control, and compliance across all procurement activities financed from EU / public funds or EIT Health's own resources. This structure enables strategic oversight, operational execution, and effective internal controls:

(a) C-Level Executive Oversight (CEO, CFO): Responsible for strategic oversight of procurement activities, ensuring alignment with organizational objectives, risk tolerance, financial sustainability, and where applicable, compliance with contractual obligations under HE / EIT or other public funding instruments.

(b) Management Board (MB): Serves as the primary executive decision-making body for strategic or high-impact procurements. It signs off on high-value or high-risk procurement decisions, Purchase Requisitions (PR), contracts, and related documentation in accordance with internal thresholds and ICS mechanisms. The MB works jointly with Business Unit or Department Directors to ensure consistency with strategic, operational, and financial priorities.

(c) Business Unit or Department Directors (*Budget Owners*): Budget owners are responsible for jointly approving key procurement documentation including procurement plans, tender documents, evaluation criteria, award decisions, and contracts, as relevant. They ensure procurements within their domain align with business objectives, internal policies, funding rules (where applicable), and available budgets. They authorize expenditures within defined limits and maintain oversight of contract implementation.

(d) Heads of Business Units or Departments (*Procurement Coordinators*): Heads act as coordinators between Directors and operational staff. They ensure that procurement processes are conducted in accordance with internal procedures and SOP, support documentation and planning, and

may validate procurement decisions or documents within delegated authority. They help ensure process integrity and facilitate internal controls.

(e) Project Managers (*Procurement Leads*): Managers lead day-to-day procurement processes for specific projects or contracts. They draft and review procurement documentation, manage vendor interactions, support evaluation processes, and oversee contract execution. They ensure that procurement activities within their remit comply with internal rules and, where relevant, external public procurement or grant requirements.

(2) Affiliated Entities contribute to the implementation of EIT Health activities at regional, national, or thematic levels. When engaged in procurement related to EIT Health-funded or co-funded activities, they follow the central Procurement Policy and implement it through localized SOP that reflect their organizational structure and applicable funding rules, in accordance with Section *II.2 Compliance at Affiliated Entities* of this Procurement Policy.

(3) EIT Health's procurement governance model is designed to be flexible and scalable, allowing for future changes in business unit configurations, reporting lines, delegated authorities, or funding modalities. Responsibilities at each level ensure that procurement remains compliant, transparent, and aligned with both internal requirements and where applicable, external contractual or regulatory obligations.

2. Evaluation committee

(1) The Evaluation Committee is an expert group mandated to evaluate requests to participate and tenders and to prepare a written recommendation for the designated decision-making authority. The Committee's evaluation is based exclusively on the pre-disclosed selection and award criteria and complies with the principles of transparency, equal treatment, non-discrimination, and proportionality.

a. Appointment and composition

(1) Evaluation Committee members are appointed in writing for each procurement procedure by a C-Level Executive, or a member of the Management Board, or a Business Unit or Department Director, or a Head of Unit.

(2) The Evaluation Committee may consist of:

(a) Internal staff members with relevant technical, financial, legal, operational, or procurement expertise.

(b) External experts where additional technical expertise or independence is required.

(3) The composition of the Committee shall ensure independence, impartiality and avoidance of conflicts of interest. Diversity of expertise (technical, financial, legal / contractual) should be considered for balanced evaluation.

(4) For procurements managed by Affiliated Entities, the same principles apply. Affiliated Entities may appoint evaluators according to their SOP, provided that conflicts of interest are managed and that evaluation documentation can be made available for audit.

b. Responsibilities

(1) Evaluate tenders objectively against the published criteria without introducing new criteria or modifying existing ones after publication.

(2) Prepare written evaluation sheets and a consolidated Evaluation Report that documents scoring, analysis, clarifications (if any), and the rationale behind the recommendation.

(3) Apply the four-eye or six-eye principle, depending on contract value or risk, to strengthen internal controls and oversight.

(4) Reach a unified recommendation through consensus; where consensus is not possible, majority scoring may be applied, and dissenting views shall be documented.

(5) Refrain from engaging in any negotiations, discussions, or communications with bidders unless explicitly permitted under the applicable procurement procedure.

c. Conflict of interest declarations

(1) All evaluators must:

(a) Sign a *Declaration on the Absence of Conflict of Interest* before accessing procurement documents.

(b) Disclose any actual, potential, or perceived conflicts of interest without delay.

(c) Recuse themselves where conflicts cannot be mitigated.

(d) Be replaced by an alternate evaluator if their participation is deemed to pose a risk to the integrity of the evaluation process.

(2) Failure to declare a conflict of interest may result in disciplinary measures and may trigger cancellation, suspension, or re-evaluation of the procurement procedure.

d. Documentation and compliance

(1) Conflict of interest declarations, individual evaluation sheets, and the final Evaluation Report shall be stored in the procurement dossier.

(2) The Evaluation Report must explicitly confirm that all evaluators signed conflict declarations and indicate any recusals. If an evaluator recuses themselves, this must be formally documented, and an alternative evaluator must be appointed to maintain compliance.

(3) Where Affiliated Entities conduct procurement related to EIT Health activities, documentation must be retained in accordance with funding agreements and audit requirements and made available to EIT Health on request.

e. Four-eye principle

(1) The four-eye principle applies to procurements above an internal threshold, or if justified by risk (e.g. technical complexity, cross-border procurement), typically covering contract values between EUR 15,000.00 and EUR 140,000.00 (net of VAT) or equivalent internal thresholds:

(2) The evaluation is carried out by at least two qualified individuals with complementary expertise (e.g. technical + financial / legal).

(3) External expertise may be added where required for objectivity or specialized evaluation.

(4) The joint recommendation is submitted to the Budget Owner (Director level). Divergence from the recommendation shall be escalated to a C-Level Executive or Management Board member.

f. Six-eye principle

(1) The six-eye principle applies to high-value or high-risk procurements, typically exceeding EUR 140,000.00 (net of VAT) or equivalent internal thresholds.

(2) At least three evaluators shall participate, selected to ensure balanced technical, financial, and operational competence. External experts may participate where appropriate.

(3) The consolidated recommendation is submitted to the Budget Owner. If the Budget Owner intends to deviate from the Committee's recommendation, the matter shall be escalated to a C-Level Executive or Management Board member.

IV. GENERAL PRINCIPLES APPLICABLE TO ALL PROCUREMENT PROCEDURES

(1) For all procurements of goods and services EIT Health complies with the general EU procurement principles:

(a) Transparency

(b) Non-discrimination

(c) Equal treatment

(d) Competition

(e) Mutual recognition

(f) Proportionality

(g) Exclusion of conflict of interest

(h) Best value for money.

1. Principle of transparency

(1) The main objective of the principle of transparency is to introduce a system of openness in public purchasing which is essential to ensure non-discrimination, equal treatment, and competition. The transparency requirement entails in particular:

(a) The obligation to advertise contracts on accessible internet public procurement platforms to enable the market to be opened to competition. For contracts reaching or exceeding the EU-thresholds, the publication of a contract notice in the Supplement to the Official Journal of the EU (Tenders Electronic Daily, TED) is required, which is usually established by an interface to the procurement platform.

(b) That procurement rules need to be defined in advance in a transparent manner in the procurement documents so that all participants understand all formal and material aspects of the procedure and the contract to be awarded and have certainty that these rules apply to everybody in the same way, ensuring respect of the equal treatment principle. Transparency requirements may include but are not limited to:

(i) description of the scope of services, place of performance, technical specifications, contract duration

(ii) minimum requirements for participation and contract performance

(iii) time limits set in the procedure

(iv) selection criteria

(v) award criteria and their weighting

(vi) documentation of the procedure in all stages

2. Principle of non-discrimination

(1) Unless justified by the subject-matter of the contract, technical specifications shall not refer to a specific make or source, or a particular process which characterises the products or services provided by a specific economic operator, or to trademarks, patents, types or a specific origin or production with the effect of favouring or eliminating certain economic operators or certain products. Such reference shall be permitted on an exceptional basis,

where a sufficiently precise and intelligible description of the subject-matter of the contract is not possible. Such reference shall be accompanied by the words *or equivalent*.

(2) Prohibition of direct and indirect discrimination of economic operators based on the nationality, statutory seat, place of establishment, etc.

(3) If candidates or tenderers are required to submit certificates, diplomas or other forms of evidence, documents from other EU Member States offering an equivalent level of guarantee must be accepted in accordance with the principle of mutual recognition of diplomas, certificates and other evidence of formal qualifications.

(4) Time-limits for submission of requests to participate and tenders need to be long enough to allow economic operators from other member states to make a meaningful assessment and prepare a tender.

3. Principle of equal treatment

(1) The equal treatment principle requires that comparable situations are not treated differently and that different situations are not treated similarly unless such a difference or similarity in treatment can be justified objectively.

(2) The equal treatment principle implies that all economic operators are subject to the same rules and conditions during the public procurement procedure and have the certainty that the rules apply to everybody in the same way at all stages of the procedure from the set-up of the procedure to the award of the contract, which may include but not be limited to:

(a) equal time-limits for all tenderers

(b) equal access to the same amount of information for all tenderers

(c) exclusion of any unjustified advantages for specific candidates or tenderers

(d) ex-ante definition of all selection and award criteria in the contract notice or procurement documents.

(3) Equal treatment requires a transparent and objective approach throughout the procurement process, including all communications with candidates and tenderers. Such communications shall ensure equal access and take place in written form to be able to demonstrate equal treatment.

4. Principle of proportionality

(1) All content of the procurement procedure is subject to the proportionality principle which requires that the measures implemented shall be appropriate for attaining the objective pursued and must not go beyond what is necessary to achieve it. This principle is particularly relevant for the definition of:

(a) technical specifications,

(b) minimum requirements for participation and contract performance,

(c) time limits,

(d) selection criteria,

(e) award criteria.

5. Best value for money

(1) Each contract is to be awarded to the *Most Economically Advantageous Tender* (MEAT), namely the maximum value for money or the highest quality at reasonable cost.

(2) The relevant award criteria to determine the best value for money are to be defined in the procurement documents (ex-ante). Criteria might be the lowest price, or the price in combination with other transparent, objective, non-discriminatory and proportionate criteria relating to the quality of the goods or services to be procured.

(3) The best value for money principle is explained in recital 90 of the Directive 2014/24/EU which reads as follows: *"It should be set out explicitly that the most economically advantageous tender should be assessed on the basis of the best price-quality ratio, which should always include a price or cost element. It should equally be clarified that such assessment of the most economically advantageous tender could also be carried out on the basis of either price or cost effectiveness only. It is furthermore appropriate to recall that contracting authorities are free to set adequate quality standards by using technical specifications or contract performance conditions."*

6. Principle of competition

(1) Procurement procedures may not be used in such a way as to prevent, restrict, distort or artificially narrow competition.

(2) Competition is a key requirement for ensuring compliance with the best value for money principle. The greater the competition, the better the chances to have lower price and higher value. Competition can be ensured on the one hand by means of the advertising requirements mentioned above and on the other hand, by ensuring that an adequate number of bidders participates in procurement procedures.

7. Exclusion of conflicts of interest

(1) EIT Health is committed to ensuring fairness, transparency, and integrity in all procurement activities. To prevent any distortion of competition and guarantee equal treatment of all economic operators, EIT Health undertakes appropriate measures to identify, prevent, and remedy conflicts of interest in procurement procedures.

(2) For every procurement process, the EIT Health Code of Conduct must be strictly followed.

(3) All individuals involved in procurement procedures must comply with the EIT Health Conflict of Interest (COI) Policy and complete the relevant mitigation and disclosure declaration templates, where applicable.

a. Definition of conflicts of interest

(1) A conflict of interest arises in any situation where individuals involved in the procurement process, whether EIT Health staff or external procurement service providers acting on behalf of EIT Health, have directly or indirectly, a:

(a) Financial interest (e.g. ownership, investment, financial ties with bidders or providers, etc.)

(b) Economic interest (e.g. business relationships, sponsorships, consultancies, etc.)

(c) Personal interest (e.g. political or national affinity, family connections, close friendships, emotional ties, etc.)

(2) Any of the above may be perceived as compromising the impartiality and independence of the individual in relation to the procurement procedure.

b. Examples of conflicts of interest in procurement

(1) Conflicts of interest can arise at any stage of the procurement process, including but not limited to:

(a) Drafting overly specific or restrictive technical specifications that only one supplier can meet, without objective justification.

(b) Tailoring experience requirements, turnover thresholds, or other award criteria to match the profile of a pre-identified provider rather than ensuring open competition.

(c) Scoring criteria being inconsistently applied, or evaluators favouring a bidder due to prior relationships rather than actual merit.

(d) Engaging a supplier informally before the procurement process has started, leading to a biased process or lack of market competition.

(e) A procurement official owning shares in a bidding company or having close family ties with its senior management.

(f) A bidder receiving insider knowledge about the expected budget, evaluation approach, or key requirements before the procurement is publicly advertised.

(g) A consultancy firm hired to define technical specifications that is later allowed to submit a bid, creating an unfair advantage.

(h) Awarding a contract without an open procedure when market conditions would allow for competition.

(i) Evaluators scoring based on personal impressions rather than pre-defined and publicly available award criteria.

(j) Procurement staff accepting paid trips, meals, or gifts from a company that is bidding for a contract.

(k) A former EIT Health employee or freelancer being given a contract without competition immediately after leaving the organization.

(l) No formal justification for why one supplier was selected over another, making the process untraceable and subject to challenge.

(m) A contract is awarded based on one set of conditions, but significant changes (e.g. scope expansion, price increase) are made post-award, bypassing competition.

(n) Declaring an emergency or using a direct award mechanism without a valid reason, thereby bypassing the required competitive procurement process.

(o) A subcontractor is repeatedly engaged through different affiliated entities, preventing fair competition.

(p) Continuously renewing contracts with the same provider without reopening competition to ensure best value for money.

(q) An evaluator previously worked for a bidder within the last year but does not disclose this connection.

c. Proactive measures to prevent conflicts of interest

(1) Need-driven procurement approach: Procurement at EIT Health shall be based on an identified service need, not on a pre-selected provider. To enforce this:

(a) Procurement processes shall start by defining the functional and technical requirements, ensuring that the focus is on the service or product needed, not on a supplier.

(b) Selection must be based on a transparent, competitive process to guarantee best value for money and compliance with public procurement principles.

(c) Any instance of initiating procurement with a specific provider in mind (without conducting an open and fair competition) shall be considered a compliance risk and subject to review.

(2) Cooling-off period for subcontractors and freelancers: To avoid conflicts of interest resulting from prior engagements, EIT Health applies a cooling-off period, whereby freelancers who have worked with EIT Health cannot be hired as subcontractors for a period of 12 months after their engagement ends. This

measure prevents individuals or entities from gaining an unfair advantage in future procurement processes due to their prior engagement with EIT Health.

(3) Supplier rotation and market access commitment: To ensure fair competition and market access, EIT Health may follow a supplier rotation policy, where feasible.

(a) For any given procurement cycle, EIT Health may consider a policy measure under which only new subcontractors will be eligible for consideration, ensuring a refresh of service providers and preventing long-term exclusivity.

(b) If an existing subcontractor is re-engaged, a transparent, competitive process must be conducted, demonstrating clear and justified reasons for their selection.

(4) Transparency and accountability in procurement decisions: To reinforce transparency and prevent conflicts of interest, EIT Health shall:

(a) Maintain a procurement decision log that documents:

(i) The justification for supplier selection

(ii) The evaluation process and criteria applied

(iii) Any potential conflicts of interest identified and how they were addressed

(b) Conduct periodic procurement audits to assess compliance with conflict-of-interest policies and supplier selection procedures.

d. Obligation to disclose and recusal

(1) Any EIT Health staff member or external procurement service provider who becomes aware of a potential conflict of interest, whether concerning themselves or another individual, shall immediately report it to the Manager or Procurement Lead.

(2) Any individual directly involved in a procurement process who faces a conflict of interest shall recuse themselves immediately to ensure impartiality.

e. Enforcement and consequences of non-compliance

(1) Failure to adhere to EIT Health's conflict-of-interest safeguards may result in:

(a) Procurement processes being declared void if bias or preferential treatment is identified.

(b) Disciplinary action against employees found to have breached procurement integrity rules.

V. TYPES OF CONTRACTS

(1) EIT Health awards supply contracts and service contracts. Within the meaning of public procurement, these contracts are defined as follows:

(a) Supply contracts: purchase, lease, rental or hire-purchase, with or without option to buy, of products.

(b) Services contracts: contracts having as their object the provision of services (e.g. advertising, consultancy, IT related services, etc.)

(2) In line with the definition of public contracts mentioned above, these contracts have the following common features:

(a) The contracts are of pecuniary interest, i.e. the services or supplies are provided against monetary compensation.

(b) The contracts are established between two parties, EIT Health and the economic operator(s).

(c) The contracts are concluded in writing, usually transmitted and stored by electronic means.

1. Framework Agreements

(1) A Framework Agreement (FA) is an arrangement between one or more contracting authorities and one or more economic operators that establishes the terms governing future contracts (Specific Service Contracts, SSC) awarded over a defined period. These terms typically include pricing and, where applicable, the estimated quantity of goods or services to be procured.

(2) In accordance with EU public procurement rules, the maximum duration of a framework agreement shall not exceed four years, except in duly justified exceptional cases. At EIT Health, the standard duration for FA is set at three years to ensure agility and adaptability in procurement. However, in cases where a longer term is necessary due to the nature of the procurement, an extension may be considered, provided it aligns with legal requirements and is properly justified.

a. Purpose and benefits of framework agreements

(1) FA serve to:

(a) Streamline procurement by pre-defining contractual terms, reducing the need for repetitive procurement processes.

(b) Enhance efficiency through faster order placement and cost savings, particularly for entities that must adhere to transparent and competitive procurement procedures.

(c) Provide flexibility in cases where exact quantities or timing of requirements are uncertain but recurring needs exist.

b. Types of framework agreements

(1) Single-Supplier FA

(a) May be a binding contract or an arrangement that sets out terms for future contracts with an economic operator without a legal commitment until an order is placed.

(2) Multi-Supplier FA

(a) Involve an initial competitive process to select multiple potential suppliers.

(b) When a requirement arises, EIT Health may select a supplier:

(i) Without reopening competition, based on original tenders, or

(ii) Through a mini-competition (mini-tender), if all contract terms were not fully defined in the initial framework.

(c) Advantages of multi-supplier FA include:

(i) Greater flexibility in supplier selection for each order.

(ii) Improved supply security, ensuring that an alternative supplier is available if needed.

c. Key rules for establishing and managing framework agreements

(1) Where a FA is financed in whole or in part from EU or other public funds, the relevant EU and national public procurement requirements apply. Where financed exclusively from EIT Health's own resources, internal procedures for establishing and managing frameworks may apply, provided that they respect the core principles set out in this Procurement Policy.

(2) The following key principles apply when establishing and managing FA:

(a) Procurement procedure: FA financed from public funds are procured using the appropriate procedure set out in this Procurement Policy. The estimated value of the FA shall be calculated on the basis of the maximum total estimated net value (excluding VAT) of all contracts expected during its total duration.

(b) Maximum duration: The duration of a FA shall not exceed four years, except in duly justified cases based on the subject-matter or technical nature of the procurement.

(c) No substantial modifications: SSC awarded under a FA shall not substantially modify the original terms, conditions, or scope established at the time of the FA.

(d) Single-supplier frameworks: SSC are awarded within the predefined limits and terms of the FA. Where clarification is needed, EIT Health may

request written supplementation from the supplier, provided it does not alter fundamental aspects of competition or award criteria.

(e) Multi-supplier frameworks: SSC may be awarded using one of the following methods:

(i) Direct Award: If all key terms are fully established at framework level (e.g. pricing, specification, service levels), EIT Health may award a SSC directly based on the original tenders.

(ii) Mini competition (*Mini-tender*, *Reopening of Competition*): a mini-competition may be conducted among all framework suppliers capable of performing the SSC. The award shall be based on the original award criteria or, where permitted, refined sub-criteria that do not alter the original weighting or fundamentals of the competition.

(3) Where appropriate and permitted by the framework documentation, Affiliated Entities may benefit from FA established by EIT Health, provided that (i) they are named as potential users in the original procurement documents, or (ii) such usage is otherwise contractually authorised in the FA, and (iii) applicable procurement rules based on funding source are respected.

VI. THRESHOLDS

(1) The EU Public Procurement Directive 2014/24/EU applies to contracts of a value equal to or above of certain thresholds, referred to as EU Procurement Thresholds. The EU Procurement Thresholds are determined by the European Commission every two years, with the effect from 1st of January. The procurement thresholds for public supply and service contracts, applicable during the period of 2026-2027 are as follows (net of VAT):

(a) EUR 5,404,000 for public works contracts

(b) EUR 140,000 for public supply and service contracts awarded by central government authorities

(c) EUR 216,000 for public supply and service contracts awarded by sub-central contracting authorities (all contracting authorities other than central government authorities)

(d) EUR 750,000 for public service contracts for social and other specific services listed in Annex XIV of the Classical Sector Directive

(2) For each procedure the threshold in force at the time of the procedure initiation is to be observed.

(3) Considering EIT Health's typical purchases, the most relevant EU procurement threshold is EUR 216,000 for supplies and services (EU procurement value).

(4) In addition to the EU procurement threshold, EIT Health observes the thresholds for low value, middle value and high value procurements, based on the thresholds applicable to the EU institutions (Regulation EU, Euratom 2018/1046):

(a) Very low value: below EUR 15,000

(b) Low value: between EUR 15,000 and EUR 60,000

(c) Middle value: between EUR 60,000 and EUR 140,000

(d) High value: between EUR 140,000 to EUR 216,000

VII. CALCULATING THE PROCUREMENT VALUE

(1) Calculation of the estimated total value of the contract to be procured is a crucial element in the preparation of any procurement procedure, as this is the decisive factor if thresholds are reached and for determining the applicable procurement procedure.

(2) Pursuant to the rules of the EU public procurement directive, *"... the calculation of the estimated value of a procurement shall be based on the total amount payable, net of VAT, as estimated by the contracting entity, including any form of option and any renewals of the contracts as explicitly set out in the procurement documents."*

(3) Thus, always the largest quantity or scope of goods or services and the longest duration possibly obtained via the contract need to be considered.

(4) The EU public procurement directive emphasises that *"... the choice of the method to calculate the estimated value of procurement shall not be made with the intention of excluding it from the scope of this Directive. A procurement shall not be subdivided with the effect of preventing it from falling within the scope of this Directive, unless justified by objective reasons."*

(5) The key aspects of calculating the estimated value of a procurement can be summarised as follows:

(a) The estimated procurement value is a projected amount considering the needs of EIT Health and the conditions of the relevant market.

(b) The estimated value is not identical to the financial cover of the procedure. The budget available for the procurement is generally a maximum amount available to procure the contract. The estimated procurement value is the projected market value based on careful planning, research and previous experience and knowledge.

(c) The estimate shall be based on a full consideration of the value of procurement, including the value of any optional or additional elements

(e.g. options, additional services, incidentals, renewals, etc.) which may be needed for the execution of the contract.

(d) The estimated total procurement value is calculated prior to the initiation of the procedure and must be valid at the moment at which the procurement is commenced.

(e) The estimate is to be calculated net of VAT.

(f) The choice of the method used to calculate the estimated procurement value shall not be made with the intention of excluding it from the scope of a procurement regime for higher value procurements.

(g) A procurement contract shall not be subdivided with the effect of preventing it from falling within the scope of a procurement regime for higher value procurements, unless the division is justified by objective reasons.

(6) The most important aggregation rules for determining the total estimated procurement value are as follows:

(a) If a contracting authority is comprised of separate operational units, account shall be taken of the total estimated value for all the operational units.

(b) When determining the estimated total value of the procurement, it is important to assess the procurements carried out at the same time or relatively close to each other in time and having similarities in their subject matter. Similarity can be established if the purchase of two or more subject matters serves the same purpose, i.e. their intended use is identical, similar or complementary.

(c) Where the proposed work or provision of services or acquisition of similar supplies may result in contracts awarded in the form of several lots (i.e. partial deliveries for the same direct purpose, or for the same or similar supplies) and realised through more than one contract, the total estimated value of all such lots shall be considered for the calculation of the estimated procurement value. If the aggregate estimated value of all the lots is equal to or exceeds the procurement thresholds, the procurement regime for higher value procurements shall apply to the awarding of each lot.

(d) The estimated procurement value shall be calculated for the entire duration of the contract. In the case of a fixed-term supply or service contracts, the estimated procurement value should be the total contract value for the total duration of the supply or service contract. In case of service contracts without a fixed term or with a term greater than 48 months which do not indicate a total price, the estimated procurement value shall be the monthly value multiplied by 48.

(e) To enhance competition and access to markets, contracts with a very long durations or even indefinite terms must be avoided. FA with values exceeding the EU thresholds are to be restricted to a duration of 4 years by law.

(f) In case of FA, the estimated value of the procurement is the maximum estimated value of all the contracts envisaged to be concluded during the total term of the FA (max. 4 years according to the EU public procurement directive).

(g) In the case of public supply or service contracts which are regular in nature, or which are intended to be renewed within a given period, the calculation of the estimated contract value shall be based on the following:

(i) Either the total actual value of the successive contracts of the same type awarded during the preceding 12 months or financial year adjusted, where possible, to take account of the changes in quantity or value which would occur over the 12 months following the initial contract.

(ii) Or the total estimated value of the successive contracts awarded during the 12 months following the first delivery, or during the financial year when that is longer than 12 months.

VIII. COMMUNICATION DURING PROCUREMENT

(1) Communication between EIT Health and economic operators during procurement must ensure non-discrimination, equal treatment, transparency, confidentiality, and full traceability. The applicable communication rules depend on the funding source, risk level, and procurement procedure.

1. Written and electronic communication as standard

(1) All communications related to the procurement procedure shall be in writing to ensure clarity, auditability, and fairness.

(2) For procurements financed from EU or other public funds and / or classified as high-risk (over EUR 140,000 net of VAT), communications shall be conducted via secure electronic procurement platforms that ensure traceability and controlled access (e.g. https://dtvp.de, or equivalent).

(3) For procurements financed exclusively from EIT Health's own resources and not reaching the high-risk threshold, EIT Health may use alternative digital means (e.g. email, document management systems, etc.), provided they ensure traceability, confidentiality, and integrity.

(4) EIT Health may use electronic communication tools even when not strictly required to enhance transparency, efficiency, and structured handling of documents.

2. Compliance with EU standards

(1) For procurements subject to EU public procurement obligations, EIT Health follows Directive 2014/24/EU with respect to electronic communication. In such cases, electronic tools must be:

(a) Non-discriminatory, freely and widely accessible.

(b) Interoperable with standard information and communication technology solutions commonly used in public procurement.

(c) Free of barriers that restrict participation by eligible operators.

(2) Confidentiality and data integrity:

(a) The system used for submission, exchange, and storage must ensure confidentiality of tenders and integrity of data.

(b) Early access to submitted tenders shall be prevented until after the submission deadline.

(c) Submission of tenders or requests to participate via unprotected channels (such as standard email) is prohibited for procedures financed from public funds or classified as high-risk.

3. Limited use of oral communication

(1) Oral communication may only be used for non-substantive or preliminary matters, provided that essential elements remain in writing.

(2) Essential elements that must always be documented in writing include:

(a) Procurement documents

(b) Requests for participation

(c) Confirmations of interest

(d) Tenders or proposals

(e) Clarifications and questions affecting bidders' understanding or evaluation criteria

(3) Oral communication (e.g. phone calls, video calls, etc.) during an ongoing procedure should be avoided to prevent unequal access to information.

(4) If necessary, phone calls may be permitted before the launch of a procedure for the following limited purposes:

(a) General inquiries about the timeline of the procedure

(b) A basic description of the task or procurement scope

(c) The planned duration of the contract

(5) Any oral communication that may affect fairness, transparency, or traceability must be promptly and formally documented in writing.

4. Transparency and traceability

(1) To reinforce EIT Health's commitment to fair and transparent procurement, EIT Health may:

(a) Implement centralized digital communication systems to log exchanges with economic operators.

(b) Use digital platforms for secure tender submission, clarification requests, and evaluation communication.

(c) Maintain official communication logs to ensure that all bidders receive identical information at the same time.

(2) For procurements financed from EU or national / regional public funds, or classified as high-risk, such logs and records shall be retained in accordance with the applicable grant / contribution agreement and audit requirements.

(3) Where Affiliated Entities conduct procurements relating to EIT Health activities, they shall adopt equivalent communication standards and maintain adequate documentation for audit and verification purposes.

IX. TYPES OF PROCUREMENT PROCEDURES

(1) The EU public procurement directive contains in total six different types of procurement procedures to be applied by the contracting authorities:

(a) Open procedure

(b) Restricted procedure

(c) Competitive procedure with negotiation

(d) Competitive dialogue (not covered here; see EIT Guidelines)

(e) Innovation partnership (not covered here; see EIT Guidelines)

(f) Negotiated procedure without prior publication

(2) The starting point of the EU public procurement rules is that all contracts shall be procured using an advertised, competitive procedure that is open, fair and transparent. Procuring without call for competition is only allowed in certain specific, exceptional, well-defined cases.

(3) The main competitive procurement procedures foreseen by the EU public procurement directive are the open procedure and the restricted procedure. Contracting authorities are free to choose between these two procedures.

(4) The competitive procedure with negotiation and the competitive dialogue can be applied in those cases, defined in the EU public procurement directive, where open or restricted procedures are not likely to lead to satisfactory procurement outcomes.

(5) Innovation partnerships may be used for procuring innovative works, services or supplies that are not available on the market.

(6) The use of the negotiated procedure without prior publication of a call for competition is, for contracts exceeding the EU-thresholds, only allowed in certain specific, exceptional, well-defined cases, and must in each case, be permitted by the EIT Health Procurement Team.

1. Open procedure

(1) Open procedure means a one-part procedure whereby any interested supplier / service provider may submit a tender in response to a call for competition.

a. Contract value above EU-threshold

(1) The call for competition is made by means of the publication of a Contract Notice in TED. Open procedures are conducted by electronic means through an internet tendering platform (e.g. German Public Procurement Portal, *Deutsches Vergabeportal, DTVP* available at https://dtvp.de). The minimum timeframe to be set for the submission of tenders is 30 days (tenders to be submitted by electronic means via the procurement platform) from the date of submission of the contract notice.

b. Contract value below EU-threshold

(1) The call for competition is published via an internet tendering platform. The timeframe to be set for the submission of tenders must be sufficient but, in any way, at least 10 days.

(2) The determination of timeframes must be based on two main considerations: ensuring fast and efficient procedures, on the one hand, and allowing sufficient time for economic operators across the borders to draw up and submit tenders: *"...when fixing the time limits for the receipt of tenders and, contracting authorities should take into account in particular of the complexity of the contract and the time required to draw up tenders (...)".*

(3) In the case of the open procedure, the tenders received by the deadline are assessed against the requirements indicated in the technical specifications, the criteria for qualitative selection, i.e. exclusion criteria, selection criteria, and finally against the award criteria indicated in the contract notice. Only those tenders that meet the technical requirements and the criteria for qualitative selection are evaluated in accordance with the award criteria.

(4) In the case of the open procedure, negotiations with tenderers are not allowed.

2. Restricted procedure

a. All Contracts

(1) The restricted procedure is a two-part procedure whereby only selected interested supplier / service providers may submit a tender in response to a call for competition:

(a) the qualification stage (first stage): in this stage of the procedure, any interested economic operator has the right to submit a request to participate in response to a call for competition published by the contracting authority, by providing information on qualitative selection that is requested by the contracting authority.

(b) the tendering stage (second stage): in this stage, only those candidates invited to do so by the contracting authority following its assessment of the information provided can submit a tender.

(2) In practice, the restricted procedure is generally used by contracting authorities where there are likely to be many economic operators interested in the opportunity, and the contracting authority wishes to limit the number of tenderers to those with the best capacity and capability to meet the contract requirements.

(3) In the qualification stage (first stage) of the procedure, any interested economic operator has the right to submit a request to participate in response to a call for competition by providing information on the exclusion and objective and non-discriminatory selection criteria as set out in the call for competition.

(a) Above EU threshold: The call for competition is made by means of the publication of a contract notice in TED. Restricted procedures are conducted by electronic means through an internet tendering platform. The minimum timeframe to be set for the submission of requests to participate is 30 days (requests to be submitted by electronic means via the procurement platform) from the date of submission of the contract notice.

(b) Below EU threshold: The call for competition is published via an internet tendering platform. The timeframe to be set for the submission of requests must be sufficient but, in any way, at least 10 days.

(4) In the first stage, after having received the requests to participate, EIT Health decides, based on the received requests to participate, whether the candidates are suitable for the performance of the contract based on the criteria for qualitative selection (exclusion criteria, selection criteria) indicated in the contract notice.

(5) EIT Health has the possibility to limit the number of candidates meeting the selection criteria that they will invite to tender. In this case, the relevant, objective and non-discriminatory criteria and the number of candidates EIT Health intends to invite must be indicated in the contract notice.

(6) In the first stage of the restricted procedure, no tender is submitted and assessed, and no negotiations are allowed.

(7) In the tendering stage (second stage), only those candidates which fulfilled the published selection criteria best after assessment by EIT Health are invited to submit a tender or proposal.

(a) Above EU threshold: The minimum number of candidates to be invited shall be 5. This number shall be set in the contract notice in TED. The minimum timeframe to be set for the submission of tenders is 25 days (tender to be submitted by electronic means via the procurement platform) from the date of invitation.

(b) Below EU threshold: The minimum number of candidates to be invited shall be 3. This number shall be set in the call for competition. The timeframe to be set for the submission of tenders must be sufficient but, in any way, at least 10 days.

(8) In the second stage, EIT Health shall assess the tenders based on the award criteria indicated in contract notice and awards the contract to the winning tenderer.

(9) As in the open procedure, negotiation with the tenderers is not allowed.

b. Contract value below EU-threshold

(1) A restricted procedure without qualification stage may be conducted if a previous open procedure did not produce any eligible tenders. At least 3 economic operators not fulfilling the exclusion criteria and meeting the defined selection criteria may be invited.

3. Competitive procedure with negotiation

(1) The competitive procedure with negotiation is a two-part or three-part procedure whereby only selected interested suppliers or service providers may submit an initial tender in response to a call for competition. The fundamental difference to open or restricted procedures is that this procedure involves negotiations with the tenderers based on their initial and any subsequent tenders or proposals, before the assessment of the final tenders.

(2) Unlike the open and restricted procedures, the competitive procedure with negotiation may be used only in defined cases:

(a) The needs of EIT Health cannot be met without adaptation of readily available solutions.

(b) If the supplies or services sought include design or innovative solutions.

(c) If the contract cannot be awarded without prior negotiations because of specific circumstances related to the nature, the complexity or the legal and financial makeup or because of the risks attaching to them.

(d) The technical specifications cannot be established with sufficient precision by EIT Health with reference to a standard, common technical specification or technical reference.

(e) Where, in response to an open or a restricted procedure, only irregular or unacceptable tenders have been submitted.

(3) In the case of a competitive procedure with negotiation, the procurement documents must clearly define the subject matter of the procurement by describing the needs and required characteristics of the supplies or services to be procured. The documents must also specify the contract award criteria and indicate which elements of the description establish the minimum requirements that all tenders must meet. The information provided should be sufficiently precise to enable economic operators to understand the nature and scope of the procurement and decide whether to request participation in the procedure.

(4) Qualification stage (first stage): The first stage of the competitive procedure with negotiation is like the restricted procedure, and the same time limits apply. After having received the requests to participate, the contracting authority decides, based on the received requests to participate, whether the candidates are suitable for the performance of the contract based on the criteria for qualitative selection, i.e., exclusion criteria, selection criteria, indicated in the contract notice.

(a) Like in the restricted procedure, EIT Health has the possibility to limit the number of candidates meeting the selection criteria that they will invite to submit an initial tender, in line with the criteria and the minimum number indicated in the contract notice. In the competitive procedure with negotiation, the minimum number of candidates shall be 3.

(b) No initial tender is submitted and assessed in this stage, and no negotiations are allowed.

(5) Initial tendering and negotiation stage (second stage): The same characteristics and time limits of the restricted procedure apply; however, for the case of above the EU threshold, the minimum number of candidates to be invited shall be 3. This number shall be set in the contract notice published on TED. Only those candidates that were deemed suitable by the contracting authority shall be invited to submit an initial tender.

(a) The initial tender constitutes the basis for the subsequent negotiations, which may take place in successive stages.

(b) However, the contract may be awarded to the initial tender without negotiations, where it has been indicated, in the contract notice, that EIT Health reserves the possibility of doing so. If this possibility is not reserved or not taken advantage of, negotiations shall commence.

(c) The negotiations concern the initial tender and all potential subsequent tenders submitted by the selected economic operators, with the objective to improve their content, except for the final tender.

(d) During the negotiations, you must ensure the equal treatment of tenderers. This includes not to provide information in a discriminatory manner which may give some tenderers advantage over the others.

(e) Subject of negotiations might be everything except from the minimum requirements and the award criteria as set out in the procurement documents, e.g. scope, price, etc. The organisation of negotiations, e.g., number of rounds, time-limits, is up to EIT Health as far as the general principles are observed, in particular equal treatment. Tenderers shall not know each other, i.e., no joint meetings shall be scheduled.

(f) During the negotiations, the number of tenderers may be reduced according to the award criteria, if this practice is clearly set out in advance in the contract notice or call for competition.

(g) After each negotiation, EIT Health must draft the minutes of the negotiation and send it to the tenderer. These minutes shall be annexed to the contract and tender evaluation report.

(h) Technical specifications or other procurement documents resulting from the negotiations shall be reported to all tenderers on equal terms.

(i) The minimum requirements and the award criteria defined in the procurement documents may not be subject to negotiations.

(j) Following these changes, EIT Health shall provide sufficient time for tenderers to modify and re-submit amended tenders or proposals, as appropriate. It is of importance to pay attention not to reveal to other participants confidential information communicated by a candidate or a tenderer without their specific agreement.

(6) Final tendering stage (third stage): In this stage, negotiations are declared closed, and the remaining economic operators are requested to submit their final tenders to be assessed against the award criteria set out in the procurement documents.

(a) The timeframe to be set for the submission of final tenders must be sufficient but no minimum timeframe applies.

(b) Upon the receipt of the final tenders, EIT Health verifies that the final tenders follow the requirements, conditions and criteria set out in the procurement documents, and that the tenderers are not excluded and meet the selection criteria. Subsequently, EIT Health assesses the final tenders based on the award criteria and awards the contract to the winning tenderer.

4. Negotiated procedure without prior publication

(1) The negotiated procedure without prior publication is a one-part or two-part procedure during which EIT Health negotiates the terms of the contract with the tenderers invited to submit a tender.

a. Contract value above EU-threshold

(1) The negotiated procedure without prior publication can be applied only in the exceptional cases defined in Art. 32 Directive 2014/24 / § 14 (4) VgV.

(2) These exceptional cases where the negotiated procedure without prior publication may be applied are, as far as relevant for EIT Health, the following:

(a) Where no tenders, or no suitable tenders, or no requests to participate, or no suitable requests to participate have been submitted in response to an open procedure or restricted procedure, provided that the initial conditions of the contract are not substantially altered.

(b) Where the supplies or services can be supplied only by a particular economic operator for any of the following reasons:

(i) The aim of the procurement is the creation or acquisition of a unique work of art or artistic performance.

(ii) Competition is absent for technical reasons.

(iii)The protection of exclusive rights, including intellectual property rights.

(c) In so far as it is strictly necessary where, for reasons of extreme urgency brought about by events unforeseeable by EIT Health, the time limits for the open or restricted procedures, or competitive procedures with negotiation (even if reduced as permitted due to the urgency), cannot be complied with.

(d) For public supply contracts where the products involved are manufactured purely for the purpose of research, experimentation, study or development.

(e) For additional deliveries by the original supplier which are intended either as a partial replacement of supplies or installations or as the extension of existing supplies or installations where a change of supplier would oblige EIT Health to acquire supplies having different technical characteristics which would result in incompatibility or disproportionate technical difficulties in operation and maintenance (the duration of such contracts as well as that of recurrent contracts, shall not, as a general rule, exceed three years).

(f) For new works or services consisting in the repetition of similar works or services entrusted to the economic operator to which EIT Health awarded

an original contract, provided that such works and services are in conformity with a basic project for which a contract was awarded following a call for competition, the possible use of the negotiated procedure without prior publication was indicated as soon as the first project was put up for tender and the total estimated cost of subsequent works or services was taken into consideration when calculating the estimated value of procurement.

b. Contract value below EU-threshold

(1) The general EU procurement principles apply. Depending on the contract value, tenders are solicited via direct approach or requests for proposal or tenders according to the Best Practice Table in Section XIV.

(2) To the extent that the subject of procurement is financed through funds from the Bavarian grant, EIT Health adheres to the Regulation on the Award of Public Contracts below EU thresholds (*Unterschwellenvergabeordnung*, UVgO), excluding § 7 (4) UVgO. In exceptional cases defined under § 8 (4) UVgO, the negotiated procedure without prior publication may be applied.

(3) These exceptional cases where the negotiated procedure without prior publication may be applied are the following:

(a) The value of the contract does not exceed EUR 100,000 net of VAT,

(b) The contract includes conceptual or innovative solutions,

(c) The contract cannot be awarded without prior negotiations due to specific circumstances connected to the nature, the complexity or the legal or financial context or the associated risks,

(d) The goods or services to be procured cannot be described by type and extent, in particular their technical requirements, clearly and exhaustively enough to expect comparable tenders,

(e) After the cancellation of an open or restricted invitation to tender a repetition does not promise an economically acceptable result,

(f) The needs of EIT Health cannot be met without the adaptation of already available solutions,

(g) The contract concerns the delivery of goods or the provision of services for fulfilment of scientific-technical specialist tasks in the field of research, development and investigation that do not serve the maintenance of general service operations and the infrastructure of EIT Health,

(h) Contracts awarded to companies within a reasonable context in terms of scope and time concerning results of research and development services rendered by these companies before,

(i) An open or restricted procedure would cause an expense for the contracting entity or the candidates or tenderers that would be disproportionate to the advantage gained or the value of the contract

(j) The goods or services are or extreme urgency due to circumstances that EIT Health could not foresee,

(k) The services can be provided only by a particular economic operator,

(l) The services or goods of the original contractor are to be procured:

(i) Which are determined as partial renewal or extension of services or goods already provided.

(ii) A change of contractor would cause EIT Health to buy services or goods with different technical characteristics.

(iii) Where this change would constitute technical incompatibility or disproportionate technical difficulties in the use or maintenance of the services or goods.

(m) The contract is procured for spare parts and accessories for machinery and equipment from the original supplier which cannot be procured from other companies under economic conditions.

(n) The contract leads to an economically more advantageous opportunity than an open or restricted tender would.

(o) This type of procedure is necessary due to overriding objective and legitimate reasons of security or secrecy.

(4) These exceptional cases are to be interpreted narrowly.

(5) The procedure is equivalent to stage 2 and 3 of the competitive procedure with negotiation.

(6) For contracts below EUR 140,000 net of VAT, where a contract notice is not required, EIT Health may identify potential tenderers through market research. The method used (e.g. desk-based research, analysis of previous procurements) and the outcomes of this research shall be documented to ensure transparency and compliance.

(7) In the case of low- and middle-value procurements (respectively, between EUR 15,000 and EUR 60,000, and between EUR 60,000 and EUR 140,000), identified economic operators should be included in the invitation at the initiation of the procurement process. To maintain a sufficient level of competition and ensure best value for money, EIT Health shall generally invite at least three economic operators for low-value procurements and at least five economic operators for middle-value procurements.

(8) For all contracts under this threshold, the contract may be awarded to the initial tender without negotiations if EIT Health has indicated in the procurement

documents that it reserves this option, thereby establishing a two-stage procedure. If this option is not reserved or exercised, negotiations will commence.

(9) In cases where EIT Health employs a negotiated procedure without prior publication, an invitation to submit a tender is typically issued. When this procedure applies, the contract may only be concluded with a single economic operator, and the invitation is sent directly to the selected operator. After opening the tender(s), EIT Health reviews compliance with the conditions specified in the invitation and proceeds to negotiate terms with the tenderer(s) as necessary.

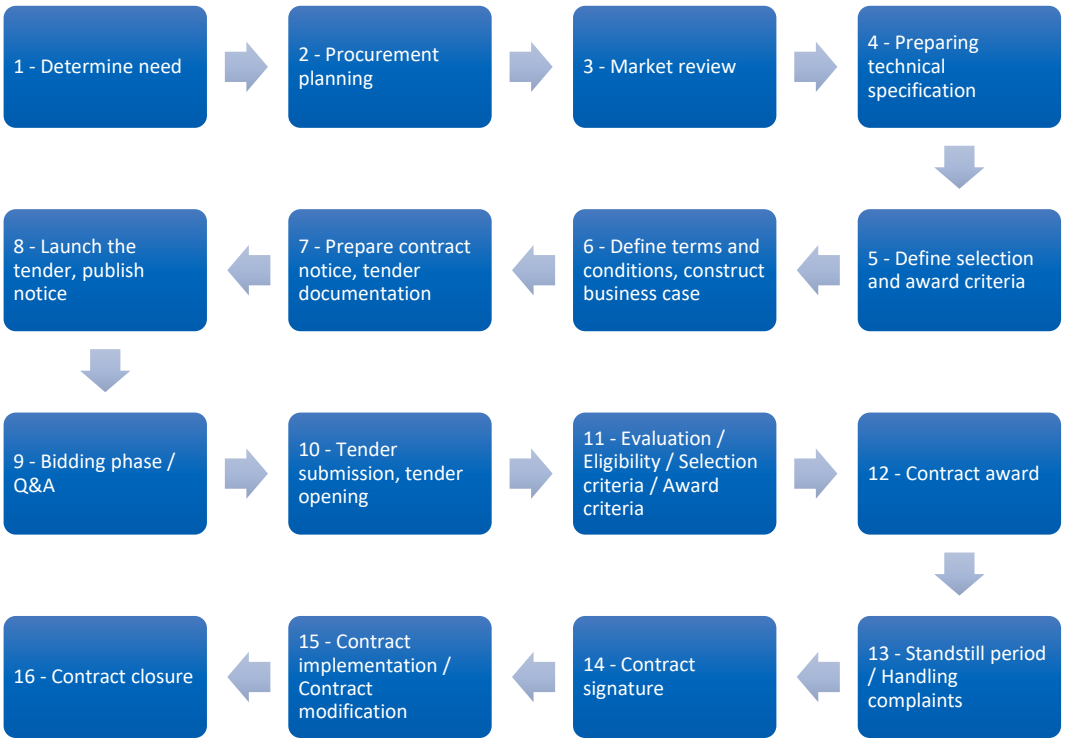
5. Direct purchase

(1) In case the contract value does not exceed EUR 15,000 (excluding VAT), a direct purchase may be applied.

X. PROCUREMENT PROCESS STEP BY STEP

1. Overview

(1) The simplified workflow of the procurements is as follows:



2. Preliminary market consultations

(1) Before launching a procurement procedure, the Manager may conduct market consultations to help prepare the procurement and inform economic operators of the procurement plans and requirements. These consultations may also be used to assess the availability of potential economic operators or tenderers, as well as to evaluate available products and delivery conditions.

(2) To this end, the Manager may seek or accept advice from independent experts, authorities, or market participants. This advice may be used in planning and conducting the procurement procedure, provided it does not distort competition or violate the principles of non-discrimination and transparency.

(3) The market research can be for example internet-based research, analysing previous contracts and experience from previous services.

(4) In case a procurement procedure without publication of a contract notice is intended, it is recommended to document the method and result of the market research to be able to justify how certain companies have been identified to participate in the procurement process.

3. Preparation of the procurement plan and schedule

(1) An adequate procurement plan, e.g. specifying the type of contract, the contract value, the type of procurement procedure, the award criteria and the main procurement milestones, should ensure the compliance with the principles of best value for money and transparency. EIT Health has budgets for each cost centre regardless of the source of funding. These budgets are broken down by cost type. From here procurement plans and schedules shall be derived.

(2) If a tenderer has advised or otherwise assisted EIT Health prior to the commencement of the procurement procedure, EIT Health must ensure that competition is not distorted through the participation of this candidate or tenderer.

4. Drafting the procurement documents

(1) For all procurement procedures and techniques mentioned previously, the most decisive issues are the basis and the way for selecting participants and identifying the winning tenderer. In this context, the definition of technical specifications and the definition and application of the exclusion, selection and award criteria are of primary importance.

(2) *Procurement documents* mean any document produced or referred to by EIT Health to describe or determine elements of the procurement or the procedure, including:

(a) the contract notice

(b) the technical specifications

(c) defining the scope of services including the minimum requirements to be met by all tenders, KPIs and SLAs, where applicable

(d) proposed conditions of contract

(e) deciding if the division of the contract into lots is acceptable or not

(f) defining the grounds for exclusion and the way they must be evidenced

(g) defining the selection criteria and the way they must be evidenced

(h) defining the award criteria of the tenders, the method that will provide the scores in the range between the limits of the scores and the weighting of the award criteria

(i) defining an exhaustive checklist of all contents of request to participate and tenders required from the candidates and tenderers

(j) defining the validity period of the tenders

(k) steps and timeframe of the procurement procedure

(l) standstill period and complaint procedure

(m) any additional information and documents

a. Technical specifications

(1) Technical specifications must define the characteristics of the goods or services to be procured. In the context of public supply or service contracts, a technical specification refers to a document that sets out the required characteristics of a product or service. These may include: quality levels; environmental and climate performance; universal design requirements (including accessibility for persons with disabilities); conformity assessment; performance criteria; intended use; safety; dimensions; naming conventions; terminology; symbols; testing and test methods; packaging; marking and labelling; user instructions; production processes and methods at any stage of the product or service life cycle; and conformity assessment procedures.

(2) Technical specifications need to be defined in a way to afford equal access of economic operators to the procurement procedure and shall not have the effect of creating unjustified obstacles to the opening of public procurement to competition.

(3) Technical specifications may be formulated in terms of performance or functional requirements, including environmental characteristics, provided that the parameters are sufficiently precise to allow tenderers to determine the subject-matter of the contract and to allow contracting authorities to award the contract.

(4) Generally, unless justified by the subject matter of the contract, technical specifications shall not refer to a specific make or source, or a particular process which characterises the products or services provided by a specific economic operator, or to trademarks, patents, types of a specific origin or production with the effect of favouring or eliminating certain economic operators or certain products. Such reference shall only be allowed in cases where it is otherwise not possible to describe the subject matter of the contract with a sufficient precision. In this case, the specific reference shall be accompanied by the works *or equivalent*.

(5) The description of the procurement comprises:

(a) The nature and quantity or value of supplies, nature and extent of services. Where the contract is divided into lots, this information shall be provided for each lot.

(b) Description of any options, where appropriate.

(c) Timeframe for delivery or provision of supplies or services.

(d) Duration of the contract.

(e) In the case of a FA, indication of the planned duration of the agreement, stating, where appropriate, the reasons for any duration exceeding four years; as far as possible, indication of value or order of magnitude and frequency of contracts to be awarded, number and, where appropriate, proposed maximum number of economic operators to participate.

(6) The specifications and contract content must be described clearly and exhaustively, so that all candidates must understand the description in the same way and comparable tenders are to be expected.

(7) The General Terms and Conditions for Supply and Service Contracts (*Allgemeine Vertragsbedingungen für die Ausführung von Leistungen*, VOL/B) shall be made the subject-matter of the contract.

(8) EIT Health offers by electronic means unrestricted and full direct access free of charge to the procurement documents from the date of publication of a contract notice or call for competition.

b. Exclusion grounds

(1) The EU public procurement directives contain binding provisions on the cases where contracting authorities shall exclude or have the possibility to exclude economic operators from the procedure.

(2) The mandatory grounds for exclusion relate to serious crimes, e.g. participation in a criminal organisation, corruption, fraud, money laundering or terrorist financing, child labour or other forms of trafficking human beings, and to breach of obligations relating to the payment of taxes or social security contributions.

(3) Further possible grounds for exclusion may include bankruptcy or insolvency proceedings, grave professional misconduct, conflict of interest, distortion of competition from the prior involvement in the preparation of the procurement procedure, significant or persistent deficiencies in the performance of a substantive requirement in a prior public contract, attempt to unduly influence the decision-making of EIT Health to obtain confidential information or to provide misleading information.

(4) Before the assessment of the economic operators against the selection criteria, EIT Health must assess whether there are grounds for excluding an economic operator from participation. This is achieved by asking the participants to submit self-declarations concerning the fulfilment of exclusion grounds as defined in the transposed EU-law in §§ 123, 124 GWB.

c. Selection criteria

(1) Regardless of the type of procurement procedure used, the capacity of the candidate economic operator or tenderer to implement the contract is always assessed based on objective selection criteria.

(2) Contracting authorities must prescribe clear and non-discriminatory selection criteria for the purpose of assessing that the candidate economic operator or tenderer has sufficient legal, financial, technical and professional capacity and abilities to perform the tasks of the contract. The chosen criteria shall be related and proportionate to the subject matter of the contract, i.e. it shall not go beyond what is necessary for achieving the contract's objectives and securing due performance.

(3) Selection criteria may relate to:

(a) Suitability to pursue the professional activity

(b) Economic and financial standing

(c) Technical and professional capacity and ability

(4) Regarding economic and financial standing, the EU public procurement directive specifies that contracting authorities may impose requirements ensuring that economic operators possess the necessary economic and financial capacity to perform the contract. For that purpose, EIT Health may require that candidate economic operators or tenderers have a certain minimum yearly turnover, including a certain minimal turnover in the area covered by the contract.

(5) EIT Health may also require an appropriate level of professional risk indemnity insurance.

(6) Regarding technical and professional ability, EIT Health may impose requirements ensuring that candidate economic operators or tenderers possess the necessary human and technical resources and experience to perform the

contract to an appropriate quality standard. EIT Health may require that economic operators have a sufficient level of experience demonstrated by suitable references from contracts performed in the past.

(7) Besides the above principles, the EU public procurement directive and its dedicated Annex contain a detailed description on the possible requirements, as well as on the means of proof that may be required for the selection criteria.

(8) In the restricted or negotiated procedures, EIT Health preselects economic operators based on documents and information certifying sufficient personal, financial and technical capacities for the invitations to tender.

(9) Self-declarations regarding these capacities might be demanded by EIT Health. If grounds are provided in the documentation, requests for evidence other than self-declarations from the candidate economic operators or tenderers may be required.

d. Award criteria

(1) A clear distinction between selection criteria and award criteria is fundamental in all EIT Health procurement procedures to ensure compliance and fair competition. Key differences are as follows:

(a) Selection criteria assess a tenderer's ability to fulfil the contract, focusing on legal, financial, and technical capability.

(b) Award criteria are used to determine the MEAT. Only tenders meeting the minimum levels of legal, financial and technical capacity outlined in the selection criteria are evaluated under the award criteria.

(2) Contracts must be awarded based on objective and pre-defined criteria published in the procurement documents. This approach upholds the principles of transparency, non-discrimination, and equal treatment, enabling an objective comparison of tenders' relative merits.

(3) EIT Health bases contract awards on the MEAT, which considers the price or cost as well as a potential best price-quality ratio. This ratio is assessed using criteria that may include qualitative, environmental, and social aspects linked to the contract's subject matter.

(a) Quality criteria are those attributes or requirements linked to the intrinsic value of the goods, services, or works being procured. These criteria go beyond cost considerations to ensure that the contract offers the highest value through a balance of performance, durability, user benefits, and compliance with specific standards or requirements. Quality criteria must be clearly defined, relevant to the subject matter of the contract, and verifiable to allow EIT Health to assess and compare tenders effectively.

(b) Examples of quality criteria include:

(i) Specifications that assess the design, functionality, and technical quality of the offered goods or services. For contracts where design, aesthetics, or innovation are central, such as healthcare solutions, these aspects should be clearly outlined and weighted appropriately.

(ii) Criteria may include considerations for universal design or specific accessibility requirements.

(iii) Criteria that support sustainability goals, such as energy efficiency, recyclability, reduced environmental impact, or adherence to social standards.

(iv) Qualifications, experience, and expertise of the staff assigned to perform the contract, where this has a significant impact on quality.

(v) Requirements for after-sales service, technical support, delivery dates, and completion timelines.

(4) For transparency, quality criteria and any applicable sub-criteria must be clearly detailed in the procurement documents, including the maximum points assigned to each. EIT Health recognizes a minimum threshold of 60% for each quality criterion to qualify a tender or proposal as acceptable, ensuring that tenders meet necessary quality standards.

(5) Where possible, EIT Health will assign weightings to each criterion, expressed as a range with an appropriate maximum spread. If weighting is not feasible for objective reasons, criteria shall be listed in decreasing order of importance. This allows for a structured and transparent evaluation and aligns with EU requirements for objective comparison.

(6) Award criteria shall not grant EIT Health unrestricted freedom of choice. Instead, the criteria should support a structured and transparent evaluation process, with clearly defined specifications that allow for the verification of information provided by tenderers. This ensures an accurate and fair assessment of how well each tender meets the established requirements.

(7) For price scoring, the tender with the lowest price will receive the maximum score of 100 points. Scores for other tenders are calculated relative to the lowest price using the following formula:

$$Price\ score\ tender\ X = \left(\frac{lowest\ price}{price\ of\ tender\ X}\right) * 100$$

(8) For quality scoring, the score is calculated using the following formula:

$$Quality\ score\ tender\ X = \left(\frac{total\ quality\ score\ of\ tender\ X}{maximum\ possible\ score}\right) * 100$$

(9) When using the best price-quality ratio approach, the total score is determined as follows (i.e. for example, in the case that quality has been assigned a weight of 40% and price a weight of 60%):

$$Total\ score\ tender\ X = (Price\ score\ tender\ X * 0.6) + (Quality\ score\ tender\ X * 0.4)$$

(10) In case of a tie of the total score, EIT Health shall opt to select the tenderer with the highest quality score. If the tie persists, the process will continue in the order of remaining quality criteria until a most advantageous tender is determined, i.e. quality criterion [1]; [2]; [3]; [...].

(11) Where the procurement documents provide for the award of contracts to more than one supplier (e.g. within a multi-supplier FA), the highest-ranked tenderers, up to the number specified in the procurement documents, shall be selected based on their total scores. In the event of a tie affecting the final available position(s) within the ranking, the tie-breaking procedure above shall apply to determine the final composition of the selected group.

(12) Abnormally Low Tenders:

(a) EIT Health shall identify tenders that appear abnormally low in relation to the goods, services, or works offered, particularly when the price or cost significantly deviates from market norms or other received tenders. In such cases, EIT Health shall request the tenderer, in writing, to provide a detailed explanation of the tender. The explanation may relate, in particular, to:

(i) The economics of the manufacturing or service process

(i) Technical solutions or exceptionally favourable conditions available to the tenderer

(ii) The originality of the tender

(iii) Compliance with applicable obligations in environmental, social, and labour law

(iv) The possibility that the tenderer is receiving state aid

(b) EIT Health shall assess the information provided. If the explanation is deemed unsatisfactory and the abnormally low nature of the tender remains unexplained, the tender may be rejected on this basis. Any rejection must be duly justified and documented in accordance with EU procurement rules, ensuring the principles of fairness, non-discrimination, and transparency are met.

e. Form of request to participate and tenders

(1) EIT Health shall clearly specify in the procurement documents the form in which tenders are to be submitted. As a general principle, tenders must be

submitted in writing and by electronic means to ensure traceability, transparency, and efficient processing.

(2) EIT Health strongly encourages and generally requires the use of electronic communication tools for the submission of all tenders, including those below the EU threshold, in line with best practices and digitalisation objectives. Tenders shall be submitted via the designated electronic procurement platform or, where such a platform is not used, through other secure electronic means as specified in the procurement documents.

(3) Exceptionally, for procurements below the EU threshold, tenders may be submitted via email, but only to the dedicated procurement address: vergabe@eithealth.eu. In such cases, appropriate technical and procedural safeguards shall be in place to ensure that tenders remain confidential and unopened until the official submission deadline. The integrity and security of the submission process shall be maintained at all times.

5. Publication of notices and advertising requirements

(1) EIT Health ensures transparency and open competition by publicising its procurement procedures through appropriate notices. This is typically done by issuing a contract notice or call for competition or request for proposals. The only exception is the negotiated procedure without prior publication, which may only be used under the specific conditions outlined in Section IX.4 of this policy.

(2) For contracts exceeding the EU thresholds, EIT Health ensures EU-wide publicity through the publication of notices in TED, the online supplement to the EU Official Journal. Notices are prepared using TED e-Notices, based on standard forms as set out in the annexes to Directive 2014/24/EU.

(3) For contracts below the EU thresholds, EIT Health publishes contract opportunities via commonly used internet procurement platforms, in line with national and internal guidelines, to ensure appropriate visibility and competition.

(4) In accordance with Directive 2014/24/EU, the principal types of procurement notices include:

(a) Prior Information Notices (PINs): These announce planned procurements and may be published up to 12 months in advance. While not mandatory in most cases, PINs can inform economic operators and help reduce procurement timelines. For certain procedures (e.g. restricted or competitive procedures with negotiation), a PIN may serve as a call for competition.

(b) Contract Notices: These are the main instruments for calling for competition and are mandatory for most open and restricted procedures.

(c) Contract Award Notices: These communicate the outcome of a procedure and must be published within 30 days after the conclusion of a contract.

(5) In procedures such as restricted procedure, competitive dialogue, innovation partnerships, or competitive procedures with negotiation, EIT Health also sends invitations to selected candidates. Additionally, candidate economic operators or tenderers are informed of decisions regarding their participation. Upon request, EIT Health shall provide:

(a) Reasons for rejection (of a request to participate or of a tender or proposal),

(b) The characteristics and relative advantages of the selected tender,

(c) The name of the successful tenderer.

(6) The content requirements for each type of notice are defined in the annexes of Directive 2014/24/EU, which EIT Health follows to ensure full compliance.

6. Opening of requests to participate and tenders

(1) Requests to participate and tenders may only be opened after the expiry of the relevant submission deadline, in order to safeguard fairness and equal treatment of all candidates and tenderers.

(2) The opening of requests to participate and tenders shall be conducted under the four-eyes principle, meaning at least two authorised persons must be present to ensure transparency and accountability.

(3) Where the procurement procedure is below the EU threshold and is not conducted via an electronic procurement platform (see Section 8), a formal opening protocol must be prepared. At a minimum, the protocol shall include:

(a) The names and addresses of the candidates or tenderers.

(b) The final prices or total amounts offered, and any relevant price-related information.

(c) The names and signatures of the persons conducting the opening.

(4) All tenders, including annexes and related documentation, must be treated as confidential and stored securely until the award procedure has been fully completed. No unauthorised access or disclosure shall occur during the evaluation process.

(5) Following the opening, all submitted tenders, and associated documentation shall be handled by a member of the Procurement Team to facilitate proper evaluation and recordkeeping.

7. Assessment of tenders and award decision

(1) For the composition and responsibilities of the evaluation committee, refer to Section III of this policy.

(2) EIT Health shall assess requests to participate and tenders or proposals solely on the basis of the criteria explicitly stated in the contract notice or procurement documents, in line with the principles of transparency, equal treatment, and non-discrimination.

(3) The evaluation is carried out in the following four steps:

(a) EIT Health shall verify that the request to participate or tender or proposal meets all formal requirements, conditions, and submission instructions as defined in the procurement documents.

(b) Confirmation that the candidate economic operator or tenderer is not subject to exclusion grounds, and meets all applicable selection criteria, both formal and substantive (e.g. legal, financial, technical, and professional capacity). In two-stage procedures (e.g. restricted procedure):

(i) The exclusion and selection criteria are assessed only at the request-to-participate stage.

(ii) Candidates are ranked based on the weighing of selection criteria, and the top-ranked candidates are invited to submit tenders.

(iii) No reassessment of exclusion or selection criteria is carried out during the tendering stage.

(c) Tenders or proposals are assessed for compliance with all legal, financial, technical, and performance-related requirements defined in the procurement documents. Tenders or proposals must be complete and responsive and not contain material deviations or reservations.

(d) Tenders or proposals that pass the previous steps are evaluated against the published award criteria, based on the MEAT principle as detailed in Section X. The evaluation is based on the weighting and methodology announced in the tender documentation.

(4) If a tender appears to be abnormally low in relation to the scope of services or supplies, EIT Health shall request a written explanation from the tenderer, in accordance with Directive 2014/24/EU, and assess the explanation objectively. If the justification is insufficient or the price is evidently not viable, the tender may be rejected on this ground.

(5) Where information or documentation submitted with a request to participate or a tender is incomplete or unclear, EIT Health may, in accordance with the principles of equal treatment and transparency, request candidates or tenderers to submit, supplement, clarify, or complete the relevant information within an appropriate time limit. However, such clarifications may not lead to a material improvement of the request to participate or tender. For example, no new or substantially better references, qualifications, or revised pricing may be submitted, unless limited and justified (e.g. correcting minor omissions or clarifying unit prices that do not affect total price or ranking).

(6) The contract shall be awarded to the tenderer whose offer has been identified as the MEAT based on the outcome of the evaluation.

(7) The contract must be concluded in writing, reflecting the final terms communicated during the procedure, the content of the winning tender, and any formal clarifications accepted during the process.

8. Cancellation of the procurement procedure

(1) EIT Health is entitled to cancel an award procedure in whole or in part if:

(a) No tender has been received that complies with the conditions.

(b) The basis of the award procedure has changed significantly.

(c) No economic result has been achieved.

(d) Other serious reasons exist.

(2) Also otherwise, EIT Health may refrain to award the contract for justified reasons.

9. Information of tenderers

a. Notification to unsuccessful candidates and tenderers

(1) EIT Health is committed to ensuring transparency, equal treatment, and full compliance with applicable legal obligations in all procurement procedures. In accordance with Directive 2014/24/EU, candidates and tenderers shall be promptly notified in writing of the outcome of the procurement procedure.

(2) The written notification shall include the following information, depending on the stage and outcome of the procedure:

(a) For unsuccessful candidates submitting *requests to participate*: A clear statement of the reasons for the rejection of their application.

(b) For unsuccessful tenderers: The reasons for the rejection of their tender, including, where applicable, an explanation that the tender did not meet the technical, performance, or functional requirements. If excluded due to abnormally low pricing, a reference to the justification provided and the basis for the rejection in accordance with Directive 2014/24/EU.

(c) For all tenderers who submitted an admissible tender or proposal:

(i) The characteristics and relative advantages of the successful tender in comparison with their own.

(ii) The name of the successful tenderer, or in the case of a FA, the names of all parties to the agreement.

(iii) The earliest date on which the contract may be signed, in accordance with the mandatory standstill period.

(3) If a candidate's request to participate is rejected prior to the award decision, they shall be notified at the same time that notifications are issued to the tenderers concerned by the award decision, in order to respect the standstill period and allow for remedies.

b. Right to request additional information

(1) Even where the contract value does not reach the EU threshold, in line with the principles of transparency and equal treatment, any candidate or tenderer may, upon written request, receive additional information regarding the procurement decision. This includes:

(a) The reasons for the rejection of a request to participate.

(b) The reasons for the rejection of a tender.

(c) The characteristics and relative advantages of the selected tender compared to their own.

(d) The name of the successful tenderer.

(e) Information on the overall conduct of the procedure.

(2) However, EIT Health reserves the right to withhold certain information in accordance with Article 55(3) of Directive 2014/24/EU if its disclosure:

(a) Would be contrary to the public interest.

(b) Would prejudice the legitimate commercial interests of an economic operator (including the successful tenderer).

(c) Might compromise fair competition between economic operators.

c. Standstill period and timing of contract award

(1) To ensure effective legal remedies, in compliance with Article 2a of Directive 89/665/EEC (as amended by Directive 2007/66/EC), a mandatory standstill period applies before concluding the contract. During this period, the contract shall not be signed, allowing time for review and potential challenges. The standstill period is as follows:

(a) For contracts exceeding the EU threshold:

(i) At least 10 calendar days if the notification is sent by electronic means or fax.

(ii) At least 15 calendar days if the notification is sent by other means (e.g., postal mail).

(b) For contracts valued between EUR 140,000.01 and EUR 216,000.00: At least 5 calendar days.

(c) For contracts valued at EUR 140,000.00 or below: At least 3 calendar days.

(2) The standstill period begins on the day following the dispatch of the notification by EIT Health. The actual date of receipt by the tenderers is irrelevant for calculating the period.

(3) If a legal challenge is initiated during the standstill period, EIT Health shall not sign the contract until the competent authority has issued a decision in accordance with applicable legal remedies procedures.

10. Complaints and remedies

a. Right to file a complaint

(1) EIT Health is committed to ensuring fair, transparent, and legally compliant procurement processes. In accordance with Directive 2014/24/EU and the applicable legal remedies framework, EIT Health provides all economic operators with the opportunity to challenge procurement decisions where they believe an error, irregularity, or violation of procurement rules has occurred.

(2) The procurement documents shall include detailed instructions on the procedure for filing complaints, including:

(a) The deadline for submitting a complaint.

(b) The format and required content of the complaint.

(c) The contact details of the responsible authority within EIT Health.

(d) The available legal remedies and escalation options.

(3) Any economic operator who considers that they have been harmed, or risk being harmed, by a procurement decision may submit a complaint to EIT Health in writing before the standstill period expires. Complaints should be directed to the following email address: appeals@eithealth.eu. All submissions will be reviewed in accordance with the applicable procurement rules and internal procedures.

b. Complaint handling procedure

(1) Complaints shall be reviewed under the four- or six-eye principle to ensure impartiality and integrity. The assessment will be conducted by:

(a) The Procurement Team and a Board Member or a Director who has not been involved in the procurement procedure, or

(b) An ad-hoc committee appointed by the Procurement Team

(2) The contract shall not be awarded until:

(a) A formal decision on the complaint has been communicated in writing to the complainant, or

(b) The standstill period has expired.

(3) If a complaint reveals serious procedural irregularities, appropriate corrective actions may be taken, including re-evaluating bids, modifying procurement documents, or restarting the procedure where necessary.

c. Escalation and external remedies

(1) If the complainant is not satisfied with EIT Health's decision, they may escalate the complaint to the competent national or EU-level review bodies in accordance with applicable remedies legislation. Remedies may include:

(a) Suspension of the procurement process or contract award.

(b) Annulment of unlawful procurement decisions.

(c) Compensation for damages in case of proven harm.

(2) EIT Health shall cooperate fully with any external review body and ensure that all documentation and records related to the procurement procedure are made available for review.

11. Documentation

(1) In accordance with Directive 2014/24/EU, the entire procurement process must be documented from the outset to maintain a clear audit trail of all key decisions and actions taken.

a. General documentation requirements

(1) To safeguard procurement integrity and ensure compliance with the principles of equal treatment, transparency, and non-discrimination, the following must be documented at each stage of the procurement procedure:

(a) Procurement planning and initiation:

(i) Justification for the chosen procurement procedure (e.g. open procedure, restricted procedure).

(ii) Estimated contract value and budgetary approvals.

(iii)Procurement timeline and key procedural deadlines.

(iv)Identification of potential conflicts of interest and mitigation measures.

(b) Tender publication and communication:

(i) A record of the procurement notices and all amendments.

(ii) Documentation of any clarifications provided to tenderers.

(iii)Confirmation that all tenderers had equal access to information.

(c) Tender opening and evaluation:

(i) Minutes of the tender opening session, recording the date and time of submission, the names of tenderers who submitted tenders, any tenders received late and their handling, etc.

(ii) Evaluation reports, including individual and consolidated evaluation sheets, the rationale for scoring and ranking tenders, the justifications for rejecting tenders, including technical or legal non-compliance, etc.

(iii) Records of negotiations, where applicable, showing written summaries of discussions with tenderers, justifications for any modifications agreed upon, etc.

(d) Award decision and contract execution:

(i) The final award decision, including the name of the successful tenderer, the reasons for selecting the winning tender (relative advantages), the notification records to unsuccessful tenderers, etc.

(ii) The standstill period compliance, if applicable.

(iii) The signed contract and any contract amendments made post-award.

b. Integrity and accessibility

(1) Procurement records must be securely stored in a centralized repository, ensuring they are accessible for internal and external audits for a minimum period, in line with EU and national retention requirements.

(2) Documentation must be complete, clear, and sufficiently detailed to allow for an independent review of the procurement process by internal auditors, regulatory bodies, or legal authorities.

(3) Access to procurement records shall be restricted to authorized personnel only, in compliance with data protection and confidentiality requirements.

XI. CONTRACT SIGNATURE AND IMPLEMENTATION

1. Authority to sign contracts

(1) Contracts awarded through EIT Health's procurement procedures shall be signed only after the expiration of the standstill period, where applicable, ensuring compliance with EU public procurement rules and effective legal remedies.

(2) The CEO and one additional Board Member shall jointly be the primary signatories for all contracts as per current register entry (as of July 23, 2026).

(3) Where contracts are awarded through electronic means, the contract award shall only be issued after documented approval by the CEO and an additional Board Member.

2. Internal delegation of signing rights

(1) To facilitate efficient contract management while maintaining legal compliance, EIT Health may establish an internal delegation of signing authority within the framework of German law and internal governance regulations.

a. Delegation structure

(1) The Management Board / CEO may delegate signing authority for specific contracts to designated senior personnel (e.g. Directors or Heads of Departments or Business Units), provided such delegation is:

(a) Formally documented, e.g. in an Internal Delegation Policy or official Power of Attorney (PoA or *Vollmacht*).

(b) Limited to contracts within a defined value threshold or category.

(c) Consistent with EIT Health's internal financial and governance controls.

(2) This delegation does not override the legal representation of EIT Health as defined in the *Vereinsregister* of the *Amtsgericht München*, *VR 206069*. According to the current register entry (as of July 23, 2026), EIT Health e.V. is legally represented jointly by the CEO and one additional Board Member.

(3) Contracts signed solely by delegated personnel are legally valid only if such delegation is supported by a formal written PoA issued by the authorized representatives. Without such formal authorization, any signature by internal delegates is binding only internally and does not have legal effect on behalf of the association toward third parties.

b. Approval and documentation of delegation

(1) Delegations of signing authority must be approved in writing by the CEO and one additional Board Member formally documented in EIT Health's internal procurement and financial management systems.

(2) Before execution, any contract signed under delegated authority must:

(a) Be reviewed for compliance with applicable procurement policies and approval thresholds.

(b) Be supported by a documented PoA issued by the authorized legal representatives, where required, to ensure external legal validity.

(3) In this regard, internally delegated signatories act within their mandate and, where appropriate, have the authority to bind EIT Health legally in accordance with the official representation registered in the *Vereinsregister* of the *Amtsgericht München*.

3. Documentation of contract award and execution

(1) To ensure full traceability and accountability, the contract award process must be duly documented in the procurement records. This includes:

(a) The final award decision, detailing the selection process and approval.

(b) A record of contract execution and any subsequent modifications or amendments.

(2) All signed contracts shall be stored securely in EIT Health's internal systems, ensuring easy access for audit and compliance purposes.

XII. CONTRACT MODIFICATION

(1) The EU public procurement directive clearly defines those cases where contracts and framework agreements may be modified without a new procurement procedure.

1. Substantial modifications

(1) Generally, a new procurement procedure is required in case of a substantial change to the initial contract or framework agreement. In line with the EU public procurement directive, a modification is substantial *"where it renders the contract or the framework agreement materially different in character from the one initially concluded"*. In any event, a modification shall be substantial where one or more of the following conditions is met:

(a) The modification introduces conditions which, had they been part of the initial procurement procedure, would have allowed for the admission of other candidates than those initially selected or for the acceptance of a tender other than that originally accepted or would have attracted additional participants in the procurement procedure.

(b) The modification changes the economic balance of the contract or the framework agreement in favour of the contractor in a manner which was not provided for in the initial contract or framework agreement.

(c) The modification extends the scope of the contract or framework agreement considerably.

(d) Where a new contractor replaces the one to which EIT Health had initially awarded the contract (subject to limited exceptions provided for in the EU public procurement directive).

2. Exceptions

(1) However, modifications to the contract contracts and FA may be carried out without a new procurement procedure in any of the following cases:

(a) Where the modifications, irrespective of their monetary value, have been provided for in the initial procurement documents in clear, precise and unequivocal review clauses, which may include price revision clauses, or options (e.g. revision options, renewal options).

(b) For additional services or supplies by the original contractor that were not included in the initial procurement and have become necessary, and where a change of contractor (i) cannot be made for economic or technical reasons such as requirements of interchangeability or interoperability with existing equipment, services or installations procured under the initial procurement; and (ii) would cause significant inconvenience or substantial duplication of costs for the contracting authority, provided that the increase in price does not exceed 50% of the value of the original contract.

(c) Where all of the following conditions are fulfilled: (i) the need for modification has been brought about by circumstances which a diligent contracting authority could not foresee; (ii) the modification does not alter the overall nature of the contract; any increase in price is not higher than 50% of the value of the original contract or FA.

(d) Where a new contractor replaces the one to which EIT Health had initially awarded the contract as a consequence of a clause initially provided for in the contract, due to succession or if EIT Health itself assumes the main contractors' obligations towards subcontractors where this is provided for in national law.

(e) Where the value of the modification is not substantial, i.e. it is below both the EU procurement threshold and:

(i) 10% of the initial contract value which reached or exceeded the EU-threshold for service and supply contracts, or

(ii) 20% of the initial contract value which did not reach the EU threshold for service and supply contracts, (the modification may not alter the overall nature of the contract or FA).

(2) An information notice concerning the amendment to the contract is to be published by the contracting authorities in the second (b) and third (c) cases mentioned above, if the initial contract reached or exceeded the EU-threshold.

XIII. CONTRACT SUPERVISION

1. General responsibilities

(1) The performance and fulfilment of awarded contracts, including contractual obligations, key performance indicators (KPIs), and service level agreements (SLAs), shall be actively monitored and managed to ensure that EIT Health receives the agreed-upon deliverables and maintains the best value for money.

(2) Contract supervision is conducted by multiple levels within the organization, ensuring proper oversight, accountability, and risk mitigation throughout the contract lifecycle.

2. Roles and responsibilities

Role	Responsibilities
C-Level Executive Oversight (CEO, CFO)	Provide strategic oversight of high-value or high-risk contracts. Intervene in major contract disputes, escalations, or legal enforcement issues. Ensure contract performance aligns with EIT Health's financial and strategic goals.
Management Board	Act as the final escalation body for major contract issues. Oversee contract risk management and ensure compliance with procurement policies and grant regulations. Approve corrective measures or contract terminations when necessary.
Business Unit or Department Directors (Budget Owners)	Hold ultimate responsibility for contract execution within their business unit or department. Ensure that contractual KPIs and SLAs are met. Approve major contract modifications or budgetary adjustments.
Heads of Business Units or Departments (Procurement Coordinators)	Serve as the primary operational supervisors for contracts within their department. Monitor supplier performance and identify risks or early warning signs of non-compliance. Ensure contract deliverables align with the business unit's objectives. Facilitate contract renewals, extensions, or dispute resolutions where necessary.
Managers (Procurement Leads)	Handle day-to-day contract management and supplier interactions. Verify contract deliverables, KPIs, and SLAs, ensuring suppliers fulfil obligations. Document any performance issues, deviations, or delays and escalate as needed. Liaise with Finance to ensure proper invoice verification and payment approval.

3. Financial oversight and invoice processing

(1) The Finance Department is responsible for assessing invoices and processing payments, ensuring that:

(a) All payments are backed by documented proof of services rendered (e.g. approved deliverables, milestone reports, timesheets).

(b) The supplier has met contractual obligations before funds are released.

(c) Payments comply with EIT Health's financial policies and funding agreements (e.g. HE rules).

4. Management of contractual rights and issue escalation

(1) If performance issues, delays, or contract breaches occur, the contract manager (typically the Procurement Lead or Procurement Coordinator) is responsible for:

(a) Addressing issues directly with the supplier.

(b) Documenting non-compliance and corrective actions taken.

(c) Engaging in supplier performance discussions to resolve disputes.

(2) If the issue remains unresolved or escalates:

(a) The matter is referred to the Business Unit or Department Director (Budget Owner) for intervention.

(b) In critical cases (major breaches, financial risks, or potential contract termination), the Management Board or C-Level Executives shall review the case and determine the appropriate course of action.

5. Documentation and compliance

(1) To maintain contractual integrity, audit readiness, and compliance with procurement regulations, EIT Health shall:

(a) Maintain internal systems where all contract-related documents, amendments, performance reports, and issue logs are stored.

(b) Ensure all contract reviews, disputes, and corrective measures are documented for audit purposes.

(c) Conduct periodic contract performance reviews to assess compliance with KPIs, SLAs, and financial terms.

XIV. PROCUREMENT TEMPLATES

(1) A set of internal procurement templates is maintained by EIT Health to support a consistent, transparent, and compliant procurement process. These templates are intended for internal use only and may be adapted to reflect the specific nature, scope, or complexity of each procurement.

(2) To guide their appropriate use across different procurement value thresholds, each template is assigned a status category using the following abbreviations:

(a) Required (REQ): Mandatory for use within the procurement process.

(b) Recommended (REC): Strongly advised, but not mandatory.

(c) Optional (OPT): May be used at the discretion of the procurement lead.

(d) Not Applicable (NA): Irrelevant for the given context or threshold.

(3) All adaptations should preserve the original intent and legal purpose of the template. Any significant modifications to *Required* templates must be reviewed in consultation with the EIT Health Procurement Team.

(4) A reference table is maintained internally to outline which templates apply at each procurement value threshold, in accordance with EU public procurement rules.

Procurement phase	**Guidance / Template name**	**Purpose / rationale**	**Procurement thresholds (EUR '000)**					
			< 1	**>= 1 and < 15**	**>= 15 and < 60**	**>= 60 and < 140**	**>= 140 and < 216**	**> 216**
1. Determining the need	Needs Assessment Form	Serves as basis for planning, budgeting, and selecting the appropriate procurement procedure.	OPT	OPT	REC	REC	REC	REC

	Internal Business Case Template	Supports internal governance. Paired with the Needs Assessment Form, when applicable.	OPT	OPT	REC	REC	REC	REC
2. Procurement planning	Procurement Planning Sheet	Outlines procedure type, timeline, roles, and estimated value. Ensures structured scheduling and compliance with internal thresholds.	OPT	OPT	REC	REC	REC	REC
	Risk Assessment Matrix	Identifies procurement risks (e.g. financial, legal, delivery). Required for contracts higher than EUR 15,000.	NA	OPT	REC	REC	REC	REC
3. Market review	Market Analysis Report	Summarises findings from desk research and or direct supplier interactions. Required justification for limited competition.	NA	OPT	OPT	OPT	OPT	OPT
	Single Source Justification	Documents the rationale for awarding a contract without competition, ensuring compliance with procurement rules.	NA	OPT	REQ, if applicable	REQ, if applicable	REQ, if applicable	REQ, if applicable
4. Preparing technical specification	Technical Specification Form	Defines technical needs, performance requirements, and delivery expectations.	OPT	OPT	REC	REC	REQ	REQ
	Specification Review Checklist	Ensures specs are non-discriminatory, clear, and suitable for competition. Prevents bias or overly narrow descriptions.	OPT	OPT	REC	REC	REQ	REQ
5. Define selection and award criteria	Selection and Award Criteria	Aligns legal, financial, technical capacity with award criteria.	NA	NA	REQ	REQ	REQ	REQ

	Quality Award Criteria Scoring Matrix	Sets transparent scoring and weighting for each quality award criteria.	NA	NA	REQ	REQ	REQ	REQ
6. Define terms and conditions	Service Contract (Draft, template)	Ensures legal conformity, e.g. GDPR, IP, VAT. Adjusted by total contract value.	NA	REQ	REQ	REQ	REQ	REQ
	Framework Agreement (Draft, template)		NA	REQ	REQ	REQ	REQ	REQ
7. Prepare contract notice, tender documentation	Service RFP (Draft, template)	Standardises the structure, scope, and compliance of competitive procedures. Ensures alignment with legal, operational, and strategic requirements.	NA	OPT	REQ	REQ	REQ	REQ
	Framework Agreement RFP (Draft, template)		NA	OPT	REQ	REQ	REQ	REQ
8. Launch tender, publish notice, invite to submit bid	Prior Information Notice	Facilitates (early) market engagement by informing potential suppliers of upcoming procurement opportunities.	NA	NA	REC, if no publication	REC, if no publication	OPT, with publication	OPT, with publication
	Invitation to Tender	Provides access links and reference to documentation.	NA	NA	REC, if no publication	REC, if no publication	OPT, with publication	OPT, with publication
9. Bidding phase, Q&A	Clarification Log Template (FAQ)	Captures bidder questions and EIT Health answers. Ensures equal treatment and transparency.	NA	NA	REQ	REQ	REQ	REQ

	Bidder Communications Tracker	Monitors contact logs and ensure procedural fairness. Used internally.	NA	NA	REC, if not via DTVP	REC, if not via DTVP	REQ	REQ
10. Tender submission, tender opening	Tender Receipt Confirmation	Acknowledges submission time, sender, and compliance (manual or automatic via DTVP).	NA	NA	REC, if not via DTVP	REC, if not via DTVP	REQ	REQ
	Tender Opening Report (if applicable)	Documents date/time of opening, number of tenders received (manual or automatic via DTVP).	NA	NA	REC, if not via DTVP	REC, if not via DTVP	REQ	REQ
11. Evaluation	Evaluation Grid / Scorecard	Ensures transparency. Aligns with published criteria and weightings.	NA	NA	REQ	REQ	REQ	REQ
	Evaluator Scoring Sheet	Records individual and consensus scores. Required for all tenders.	NA	NA	REQ	REQ	REQ	REQ
	Conflict of Interest Declaration	Ensures impartiality. Signed by all evaluators. Required for all tenders.	NA	NA	REQ	REQ	REQ	REQ
12. Contract award	Award Decision Justification / Evaluation Committee Meeting Report	Summarises of the evaluation outcome and justification for selection. Required for all tenders.	NA	NA	REC, if not via DTVP	REC, if not via DTVP	REQ	REQ
	Award Notification Letter	One for successful and one for unsuccessful bidders. Includes score breakdown upon request.	NA	NA	REC, if not via DTVP	REC, if not via DTVP	REQ	REQ

	Non-award Notification Letter		NA	NA	REC, if not via DTVP	REC, if not via DTVP	REQ	REQ
13. Standstill period, handling complaints	Complaints Register	Tracks appeals or legal inquiries and outcomes. Required for audit purposes. Automatic logging via DTVP.	NA	NA	REC, if not via DTVP	REC, if not via DTVP	REQ	REQ
14. Contract signature	Contract Signature Checklist	Ensures all annexes, declarations, and signatures are completed. Green light by Finance / Procurement Team.	NA	OPT	REC	REC	REC	REC
15. Contract implementation, amendment, modification	(Service Contract / Framework Agreement / SSC) Amendment Template	Used to document permitted changes (e.g. scope, personnel, timeline). Required for legal traceability.	NA	OPT	REQ	REQ	REQ	REQ
	Delivery Sign-Off Form (Period-based, e.g. Monthly)	Confirms satisfactory performance and service delivery within a defined time period before approving invoicing.	NA	OPT	REQ	REQ	REQ	REQ
	Delivery Sign-Off Form (Deliverable-based)	Verifies that specific deliverables have been completed to agreed standards and accepted by EIT Health.	NA	OPT	REQ	REQ	REQ	REQ
	Performance Monitoring Log	Tracks progress, deliverables, and milestones across all service contracts and SSCs.	NA	OPT	REC	REC	REC	REC
16. Contract closure	Final Acceptance Form	Confirms all deliverables have been received and approved. Authorises final payment. Automatic via electronic system.	NA	OPT	REC	REC	REC	REC

XV. BEST PRACTICE TABLE

(1) Procurement is not financed from funds of the Bavarian grant (see section II):

Thresholds[1]	**< € 1,000**	**>= € 1,000 and < € 15,000**	**>= € 15,000 and < € 60,000**	**>= € 60,000 and < € 140,000**	**>= 140,000 and < €216,000**	**>= € 216,000**
Short name	Single payment against invoice	Direct award	Low value tender	Middle value tender	Tender with local publication	European tender
Applicable principles of procurement	• Transparency • Non-discrimination • Equal treatment • Competition • Mutual recognition • Proportionality • Exclusion of conflict of interests / best value for money					
Calculating the procurement value	• Calculate prior to the initiation of the procedure • Projected amount net of VAT • Market value based on careful planning, research and previous experience • Including the value of any optional or additional elements • No intention of excluding contract and no subdivision (salami-slicing) with the effect of preventing contract from the scope of a procurement regime for higher value procurements • When determining the estimated total value of the procurement, it is important to assess the procurements carried out at the same time or relatively close to each other in time and having similarities in their subject matter					
Minimum number of potential suppliers to be invited for bidding	Not applicable	Not applicable	3	5	Not applicable	Not applicable
Contract form or terms of contract (to be prepared in local language and English as well above EUR 60,000)	Not applicable	EIT Health's own contract form or EIT Health's own terms of	EIT Health's own contract form or EIT Health's own terms of conditions +	EIT Health's own contract form or detailed contract conditions as part of the tender dossier,	EIT Health's own contract form or detailed contract conditions as part of the tender dossier, to be	EIT Health's own contract form or terms of contract and VOL/B, to be prepared also in English

[1] The thresholds are based on the EU procurement thresholds and the public procurement rules applicable to the EU institutions, which define low value and middle value procurement.

		conditions + supplier's own contract form or only supplier's own contract form	supplier's own contract form	to be prepared also in English	prepared also in English	
Advertising (publication of notice), communication and competition	Not applicable	Not applicable	Request for proposal sent to at least 3 bidders	Request for proposal sent to at least 5 bidders	Publication on EIT Health's website, open procedure, or procedure with qualification stage (except in the cases foreseen in the EU public procurement directive)	Publication on TED and KIC websites to ensure widest possible reach at EU level. Open procedure or procedure with qualification stage (except in the cases foreseen in the EU public procurement directive)
Evaluation[2] committee	Not applicable	Not applicable	Yes, with at least 3 members (odd numbers)	Yes, with at least 3 members (odd numbers)	Yes, with at least 3 members (odd numbers)	Yes, with at least 3 members (odd numbers)
Standstill period for appeals before contract conclusion[3]	Not applicable	Not applicable	at least 3 days	at least 3 days	at least 5 days	at least 10 days
Minimum number of days for proposal submission[4]	Not applicable	Not applicable	at least 7 days	at least 10 days	at least 15 days	at least 35 (30) days (open procedure), with possible reduction in case of a prior information notice or a qualification stage to 15 days
Contract modification possible	Not applicable	Not applicable	Possible in cases as defined in this Procurement policy	Possible in cases as defined in this Procurement policy	Possible in cases as defined in this Procurement policy	Possible only under the conditions provided in the

[2] The evaluation committee is a board established to evaluate tenders in an objective and transparent way. All members have the necessary procurement, technical knowledge to evaluate the bids and propose the result and the winner. The committee should prepare, and sign written evaluation sheets of bids based on the pre-announced selection and award criteria and to conclude the evaluation by signing the evaluation report.

[3] The standstill period is a period after the announcement of the winner and the non-winners - written letter to bidders - during which bidders can lodge appeal/complaint against the decision. It enables bidders to block an unlawful process and assist the contracting authority to review and assess the complaint - reject it or - in case it is well-founded - correct the decision.

[4] From the date of request for proposals are sent to bidders until the deadline for the submission of bids (sending and receiving dates are included).

						EU public procurement directive
Negotiation allowed	Yes	Yes	Possible in line with general principles	Possible in line with general principles	Not possible for open/restricted procedures; possible for negotiated procedure	Not possible for open/restricted procedures; possible for negotiated procedure

(2) Procurement is financed from funds of the Bavarian grant (see section II):

Thresholds[5]	**< € 5,000**	**>= € 5,000 and < € 100,000**	**>= € 100,000 and < € 216,000**	**>= € 216,000**
Short name	Direct award	Low value tender	Tender with local publication	European tender
Applicable principles of procurement	• Transparency • Non-discrimination • Equal treatment • Proportionality • Competition • Mutual recognition • Exclusion of conflict of interests / best value for money			
Calculating the procurement value	• Calculate prior to the initiation of the procedure • Projected amount net of VAT • Market value based on careful planning, research and previous experience • Including the value of any optional or additional elements • No intention of excluding contract and no subdivision (salami-slicing) with the effect of preventing contract from the scope of a procurement regime for higher value procurements • When determining the estimated total value of the procurement, it is important to assess the procurements carried out at the same time or relatively close to each other in time and having similarities in their subject matter			

[5] The thresholds are based on the EU procurement thresholds and the public procurement rules applicable to the EU institutions, which define low value and middle value procurement.

Minimum number of potential suppliers to be invited for bidding	Not applicable	3	Not applicable	Not applicable
Contract form or terms of contract (to be prepared in local language and English as well above EUR 60 000)	EIT Health's own contract form or EIT Health's own terms of conditions + supplier's own contract form or only supplier's own contract form	EIT Health's own contract form and VOL/B	EIT Health's own contract form and VOL/B	EIT Health's own contract form or terms of contract and VOL/B
Advertising (publication of notice), communication and competition	Not applicable	Request for proposal sent to at least 3 bidders	Publication on EIT Health's website and, open procedure or procedure with qualification stage according to UVgO	Procurement by electronic means as set out in this Policy (cf. in particular section VIII). Publication on TED and KIC website to ensure widest possible reach at EU level. Open procedure or procedure with qualification stage: Restricted procedure. Competitive procedure with negotiation (if applicable, cf. IX);
Evaluation[6] committee	Not applicable	Yes, with at least 3 members (odd numbers)	Yes, with at least 3 members (odd numbers)	Yes, with at least 3 members (odd numbers)
Standstill period for appeals before contract conclusion[7]	Not applicable	at least 3 days	at least 5 days	at least 10 days
Minimum number of days for proposal submission[8]	Not applicable	at least 7 days	at least 10 days	at least 35 (30) days (open procedure), with possible reduction in case of a prior

[6] The evaluation committee is a board established to evaluate tenders in an objective and transparent way. All members have the necessary procurement, technical knowledge to evaluate the bids and propose the result and the winner. The committee should prepare, and sign written evaluation sheets of bids based on the pre-announced selection and award criteria and to conclude the evaluation by signing the evaluation report.

[7] The standstill period is a period after the announcement of the winner and the non-winners - written letter to bidders - during which bidders can lodge appeal/complaint against the decision. It enables bidders to block an unlawful process and assist the contracting authority to review and assess the complaint - reject it or - in case it is well-founded - correct the decision.

[8] From the date of request for proposals are sent to bidders until the deadline for the submission of bids (sending and receiving dates are included).

				information notice or a qualification stage to 10 days
Contract modification possible	Not applicable	Possible only under the conditions provided in UVgO	Possible only under the conditions provided in UVgO	Possible only under the conditions provided in the EU public procurement directive
Negotiation allowed	Yes	Possible in line with the conditions provided in UVgO	Not possible for open/restricted procedures; possible for negotiated procedure	Not possible for open/restricted procedures; possible for negotiated procedure