



IMPLEMENTATION HANDBOOK

BUSINESS PLAN 2026-2028 | JANUARY 2026

PROJECT MANAGEMENT OFFICE

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Version Updates

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

Version	Major Changes

Introduction to the EIT Health Implementation Handbook

The purpose of this Handbook is to provide information and guidance to **third parties receiving financial support**, referred to as subgrantees, that receive funding from EIT Health during the 2026-2028 period.

It describes the practical implementation rules of the framework outlined in the Financial Support Agreement (FSA) that entities must sign to receive funding from EIT Health. This handbook covers the life cycle of the projects, including their kick-off, the completion of all contractual requirements, day-to-day implementation, management of any project changes and reporting, including post-funding monitoring.

1. About the EIT

The European Institute of Innovation and Technology (EIT) is a European Union body, created in 2008 by the European Union (EU) to enhance Europe's global competitiveness by fostering collaboration between businesses, research institutions, and higher education organizations.

The EIT is governed by [Regulation \(EU\) 2021/695](#) (EIT Regulation), which aligns the EIT's mission with the EU's priorities and the objectives of Horizon Europe on evolving research, innovation, economic growth, job creation, global competitiveness, sustainable growth, higher education and entrepreneurship, by means of the Knowledge and Innovation Communities (KICs), which address specific societal challenges and are established and supported by the EIT.

2. EIT and Knowledge and Innovation Community (KIC) relations

The EIT Regulation defines KICs, such as EIT Health, as large-scale Institutionalised European Partnerships of higher education institutions, research organisations, companies and other stakeholders in the innovation process in the form of a strategic network, based on joint mid- to long-term innovation planning to meet the EIT's challenges and contribute to attaining the objectives established.

The long-term relations between the EIT and each KIC are based on a seven-year Partnership Agreement (PA)¹ laying down the general terms and conditions under which the KIC operates as an Institutionalised European Partnership. Subject to positive performance, the PA can be extended for another period of a maximum of seven years. The first Partnership Agreement between the EIT and EIT Health entered into force on 01 January 2016 and renewed after the first 7 years period.

The Grant Agreement (GA)² is the contractual instrument concerning the implementation of the KIC activities (KIC Business Plan, Cross-KIC activities, etc.) through grants, on an annual or multi-annual basis of up to three years with the KICs. Business plans describe the main objectives and expected results and actions taken by the KICs.

¹ Model Partnership Agreement: [Partnership Agreement](#)

² Horizon Europe Model Grant Agreement: [general-mga_horizon-euratom_en.pdf](#)

EIT health has signed several grant agreements with EIT for the period 2026-2028. This Implementation Handbook outlines the processes to ensure a fair and transparent management of the public grant.

Please note that while many EIT Health funded projects are funded through the EIT-EIT Health Grant Agreements, the processes in this Handbook may apply to other funding sources.

3. In a nutshell

EIT Health is one of the Knowledge and Innovation Community (KIC) within the EIT ecosystem. EIT Health receives public funding under Horizon Europe (HE) through EIT and other funders. To receive funds from funders, EIT Health has Grant Agreements for specific time periods. To meet our goals, EIT Health runs open calls and awards funding to subgrantees to deliver projects in support of EIT Health's mission.

The KIC awards a "financial support to third parties" (i.e. the so called "subgrants" and "prizes") for the implementation of these projects and signs subgrant agreements ("Financial Support Agreements") with the selected entities or consortia.

Project Lifecycle

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

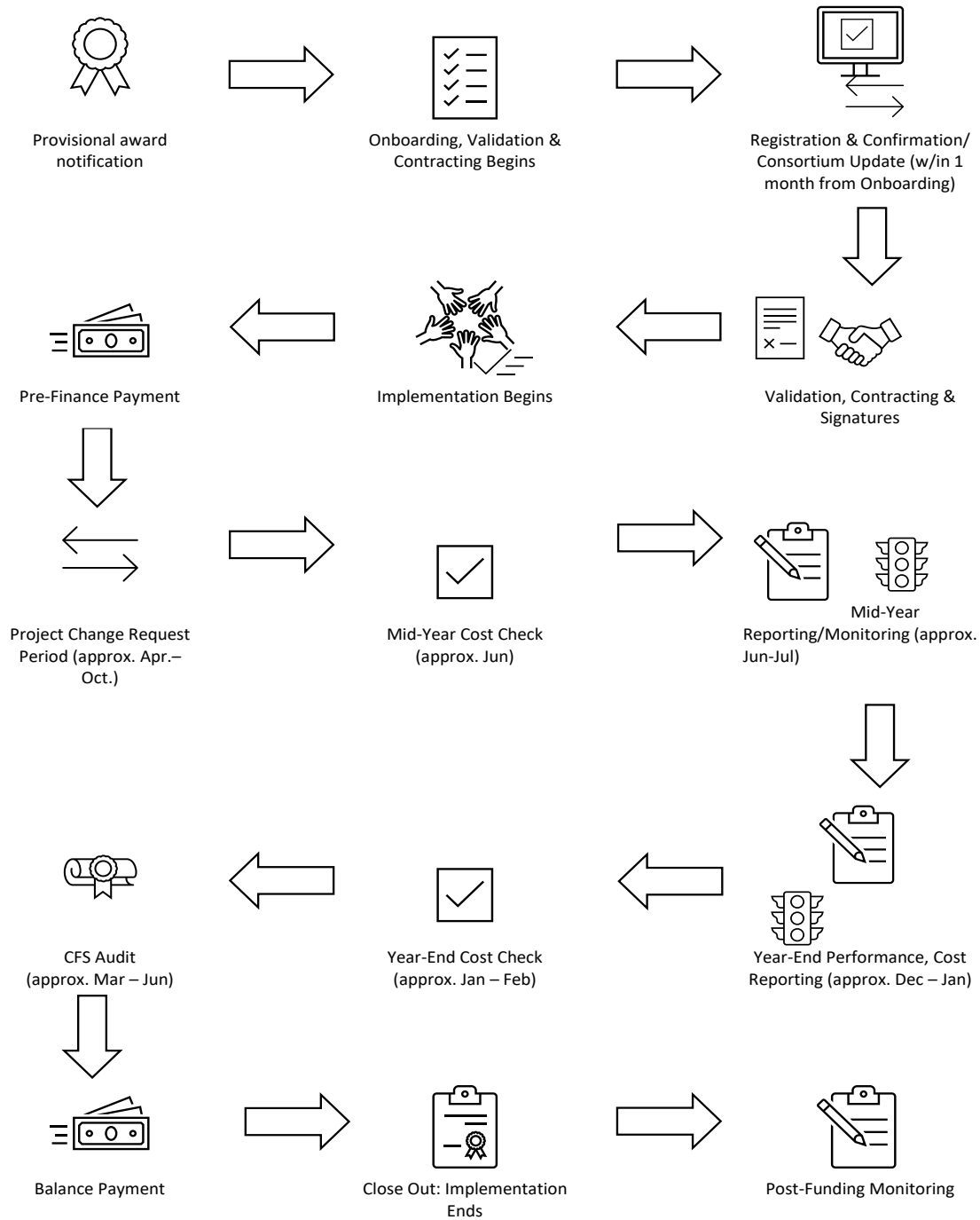


Figure 1. Project Lifecycle

1 Before we kick off

1.1 Role of the Activity/Project Leader

Please note that the Activity Leader has distinct roles and responsibilities.

Among other responsibilities, the Activity Leader:

- Acts as the intermediary between the consortium and EIT Health.
- Monitors compliance of consortium members with their obligations under the Financial Support Agreement, including project performance;
- Ensures compliance by the consortium with the guidelines issued by EIT Health to provide reports and regular updates;
- Submits Project Change Requests (PCRs) on behalf of the project;
- Collects from the consortium information on progress and an explanation of the use of resources;
- Reviews collected information regarding progress reports on consistency;
- Submits reports and specific requested documents to EIT Health; and
- Attends meetings with EIT Health.

1.2 Communication requirements

All projects and activities funded by EIT Health must comply with the communication, dissemination and visibility obligations included in the relevant Articles of the Financial Support Agreement (FSA); i.e., those referring to “Communication, Dissemination and Visibility”. In accordance with the those, if a subgrantee breaches any of its obligations, the grant may be reduced accordingly.

Obligations include, amongst others:

- Funded projects are required to add EIT Health/EU co-branding to their websites/webpages no later than 3 months after the beginning of the project.
- EIT Health/EU co-branding must be utilised in all external communications of projects carried out with EIT Health funding/support or organised in collaboration between EIT Health and its subgrantees.
- Crucially, due to the three-year duration of the EIT Health Business Plan, it is mandatory that co-branding requirements are fulfilled until August 2026 for the Business Plan 2023-2025 and until August 2029 for the Business Plan 2026-2028 (i.e., the duration of the Business Plan plus the subsequent period during which reporting and assessment by the EIT takes place). This obligation applies regardless of the end date of the project.

Full details of the branding guidelines are available in the “EIT Health Brand Book”.

2 Onboarding, Validation, & Contracting

After the successful evaluation of call for proposals or a programme participation, a provisional selection award letter is received by the future subgrantees. The organisations are contacted by the Project Management Office (PMO) and provided with instructions and deadlines related to the Grant Management System (GMS) registration, verification, contracting, and other requirements.

Entities receiving EIT Health funding for the implementation of projects become subgrantees of the corresponding Business Plan 2023-2025 or 2026-2028, committing themselves to perform towards the achievement of the related targets.

The completion of the onboarding, validation and contracting stages are a pre-requisite for pre-financing release.

2.1 Grant Management System (GMS) Registration

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

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

See the [Using Our Grant Management System](#) section in this Handbook for more information about it during implementation.

2.1.1 Organisational Registration

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

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

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

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

2.1.2 Individual User Registration

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

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

See the [Using Our GMS](#) section in this Handbook for more information during implementation.

2.1.3 Organisational Record Completion (Partner Information Form)

For each organisation, once Master Contact registration is complete and the password has been set, the Master Contact must complete the Partner Information Form (PIF) in the GMS by doing the following:

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

See the [Using Our GMS](#) section in this Handbook for more information during implementation.

2.2 Validation

All recipients of EU funds must undergo validation to ensure they have the sufficient financial and operational capacity to carry out the activity for which they have been awarded funding³. Whether validation is required and the type of validation depends on whether the subgrantee organisation has a validated PIC on the European Commission (EC) Funding and Tenders Portal and the aggregate Horizon Europe funded amount.

If an organisation's PIC number has already been validated, no further validation is required. If the PIC has not been validated, the amount of funding and role is considered.

³ Per EU Regulation 2018/1046

Validation Type	Aggregate Budget	Required Validation Documents
Basic	$X \leq €60K$	<ul style="list-style-type: none"> • Declaration of Honour (DoH)** • Legal entity identification form without supporting documents • Ad-hoc declarations (e.g. Affiliated Entities)
Regular/ Full Legal Check	$€60K < X$	<ul style="list-style-type: none"> • Declaration of Honor (containing descriptions of documents requested)** • Legal entity identification form with supporting documents • Certification of registry • ID / passport copy of authorizer person in the registry certification • VAT number proof • Ad-hoc declarations (e.g. Affiliated Entities) • Financial Capacity Assessment (FCA) documents*
Financial	$€500K \leq X$ of Activity Lead	<ul style="list-style-type: none"> • Declaration of Honor ** • Legal Entity Form • Certification of registry • ID/passport copy of authorizer person in the registry certification • VAT number proof • Financial Capacity Assessment (FCA)

* This check will be performed only in a limited number of cases (i.e., according to HE rules, for Project Leaders with an EIT budget contribution of over 500,000 EUR). For Project Leaders awarded more than 750,000 EUR aggregated grant amount, entities must additionally submit either an audit report & opinion, or the declaration on the validity of accounts (if not obliged to an audit).

** The DoH will be requested once a year if, throughout the Business Plan, a partner is awarded an additional project under the framework of any EIT KIC for that given year. Entities will update the DoH whenever its content is outdated. The Onboarding Service will manage its signature process.

EIT Urban Mobility, also a KIC, provides the validation services on behalf of EIT Health. Therefore, provisionally selected subgrantees that require validation will be contacted directly by EIT Urban Mobility using this email address: eit.community.onboarding@eit.europa.eu.



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

2.3 Contracting

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

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

2.3.1 Relationship between Funders of EIT Health, EIT Health, & Subgrantees

The rights and obligations between funder and EIT Health are outlined in the Model Grant Agreement (MGA), which governs HE funded activities, including EIT Health and its portfolio. For more information check the Introduction Section in this document.

The signed GA between a funder and EIT Health contains requirements that must be passed on to subgrantees. Those requirements for 2026-2028 will be reflected in the combined “Financial Support Agreement”, which combines what was formerly (during the period 2023-2025) two agreements: the Financial Support to Third Parties (FSA) agreement, which was signed by EIT Health and subgrantee organisations and the Project Grant Agreement (PGA), which contained project-specific activities, which was signed by each member of a subgrantee consortium, per project.

The new subgrantee contracting model will combine the two agreements for efficiency and be signed by all project consortium members and counter signed by EIT Health, for projects selected from 2026 onwards.

For continuation projects, awarded in the previous Business Plans 2023-2025, an amendment to the PGA will be required. The signature of this document will be a requirement for pre-financing and continued project funding support.

2.3.2 Contracts & Obligations

The following table contains a description of each required subgrantee contract, signing requirements, whether the agreement template is negotiable, and other obligations. The following is applicable as of 1 January 2026.

Contract Name	Description	Signature/Requirements	Negotiable?
Financial Support Agreement	Contains conditions for receiving financial support from EIT Health or participating in a project, imposes the provisions of the GA to subgrantees, and includes the Declaration of Honour and governs the	Each subgrantee included as a consortium member must sign it, with the earliest effective date being the cost eligibility date of the project.	No.

Contract Name	Description	Signature/Requirements	Negotiable?
	relationship between EIT Health and the subgrantee consortium members, per project.		
Declaration of Honour	Self-declaration confirming that the organisation has the financial and operation capacity to participate in EIT-funded projects.	Each subgrantee included as a consortium member must sign it	
Annex 5 of the FSA: Declaration on joint and several liability of Affiliated Entities	Signed by any consortium member's Affiliated Entity to accept joint and several liability with the EIT Health subgrantee that it is linked to (e.g. main entity). By signing the declaration both parties (main and Affiliated Entity) acknowledge that there is a legal link established between the entities ³ .	Signed by any Affiliated Entities ⁴ of the subgrantee.	
Financial Sustainability Contribution Agreement (FS)	The subgrantees contribute to the financial sustainability of the KIC, aiming at securing re-investments after the GA period is over. If applicable as indicated in the call for proposals or programme guidelines, financial sustainability is a requirement. A separate communication is sent regarding the FS.	Signed by a subgrantee consortium member organisation, the participant in the programme or any other subgrantee as described in the call/programme guidelines.	Only non-standard terms may be negotiable.
Ethical Approval	If applicable as indicated in the call for proposals, Innovation projects with clinical studies must provide at least one Ethics Committee approval no later than four months after the subgrant award notification. A separate communication about the Ethical Approval will be issued, if required.	Both the study initiation package and ethical certificate must be submitted by the subgrantee Activity Lead to the Innovation reference contact, per their instruction by the deadlines provided.	No.

2.3.3 Communication Block Until Contracts Signed

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

2.3.4 Notable Compliance Requirements

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

2.3.4.1 Branding Compliance Requirements

Per Article 11: Communication, dissemination and visibility rules of the FSA and section 2.3 in Annex 3 of the FSA, all activities funded by EIT Health must comply with the communication, dissemination and visibility requirements. Additionally, subgrantees must follow EIT Health's [Brand Book](#).



For questions about branding requirements, contact Corporate Affairs at internal.communications@eithealth.eu.

2.3.4.2 Cost Eligibility Requirements

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

2.3.4.3 Subcontracting Requirements

Use of third-party subcontractors in an EIT Health subgrant agreement is allowed if the subcontractor is **not** a current or former member of the subgrant consortium and provided that the subcontract selection followed the subgrantee's usual purchasing practices in accordance with Articles 6 and 12 of the MGA, provided these ensure subcontracts with best value for money (or if appropriate the lowest price) and that there is no conflict of interests.

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



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

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

2.3.4.4 *Certificate on Financial Statement (CFS) Audit Requirements*

Per section 7.1.4 of the FSA, CFS audits are required per subgrantee, per grant period for any EIT funded amount that is equal or greater than €430,000 cumulatively. See more information in the [Certificate on the Financial Statements \(CFS\) Audit](#) section of this Handbook.



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

2.3.4.5 *Post-Funding Monitoring Requirements*

Post-funding monitoring is an obligation of the MGA on all funded activities in the EIT Health portfolio, especially KPIs. As such, the obligation has been transposed into Article 7 of the FSA. Please see the [Post-Funding Monitoring](#) section in this Handbook for further information.

2.3.5 Consortium Change Requests During Contracting

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

It is important for activity leaders to adhere to the deadlines set by the PMO during this phase. This allows EIT Health to issue the appropriate pre-financing payment and balance payment to the subgrantee consortium members on a timely manner. Consortium changes made after contracting may impact EIT Health's ability to make additional pre-financing payments to new consortium members.



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

2.3.6 Cancellation

If during the contracting process, the consortium wishes to stop the process and not proceed, then the Activity Leader must send a written cancellation notice to the Project Manager. The cancellation may occur any time before all agreements have been signed and may only occur prior to implementation.

The notice must be dated and contain the project name and a brief reason for the cancellation, and must be signed by the Activity Leader on behalf of the consortium.

If the project has signed all agreements and has begun implementation, subgrantees must follow the processes described in Pre-Close Out Exit/Termination process.

In both cases, the Project Manager will update the Grant Management System and notify the appropriate teams in EIT Health.

3 Implementation

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

3.1 Effective Date

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

Project Contacts

3.1.1 Single Point of Contact (SPOC)

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

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

3.1.2 Project Manager (PM)

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



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

3.2 Subgrantee Consortia

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

3.2.1 Subgrantee Consortium Agreements

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

3.3 Using the Grant Management System

The GMS contains several important record types:

1. Organisational record
2. User record

3. Project record

3.3.1 Organisational Record

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

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

3.3.1.1 *Updating the Organisational Record*

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

3.3.1.2 *Updating the Master Contact*

While updating the Master Contact does not require approval, only EIT Health can update the Master Contact in The GMS. Requests to update the Master Contact must be documented, in writing, and sent to the PM manager with the full organisation name and 4-digit code in the GMS.

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

3.3.2 User record

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

3.3.3 Project record

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

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

3.3.3.1 *Updating the Project record*

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

- Adding individual project members from organisations who are already part of the consortium;
- Updating the Activity Leader⁴ to an individual from the **same subgrantee lead organisation**.

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

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

These types of changes may be made at any time in the project period and are managed by the Activity Leader in The GMS. It is welcomed that a change in the Activity Leader is informed in advance to the dedicated point of contact and PM.

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

3.4 GMS To-Do List

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

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

3.5 Connections

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

4 Project Change⁶ Requests

Subgrantees may request changes to their project during implementation. **After the contracting period, and during implementation, subgrantees may submit change requests until 30 October each year.** Requests must be combined to increase efficiency and minor changes, as such slight changes to existing line items should be avoided. The PMO will aim to review complete requests within five business days of submittal and implement changes within 10 business days⁷.



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

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

4.1 Budget Requests

Activity Leaders must make all budget request types using the PMO provided form. Then, Activity Leaders must submit the line item/cost category change(s) in The GMS.

⁵ <https://community.eithealth.eu/page/homepage>

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

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



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

4.1.1 Moving budget from an existing consortium member to another

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

4.1.2 Move Budget between Line Items/Cost Categories

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

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

4.1.3 Add/Remove a Line Item/Cost Categories

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

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

4.1.4 Moving budget from one year to the next

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

4.1.5 Budget Change Request Process

1. Activity Leaders use the provided form to request and specify budget change types.
2. Activity Leader also submits request in the GMS. Budget request appears as "pending" in the GMS.
3. PM and SPOC review, appropriateness, justification, compliance, co-funding/funding requirements, impact on Financial Sustainability, etc.
4. If approved by the SPOC and PM, PM approves budget, and it appears as "current" in the GMS.
 - a. If additional information is needed, PM and SPOC follow up with the Activity Leader and send back the request in the GMS.

- b. If denied, PM rejects the request, and it will no longer be pending in the GMS.

4.1.6 Carry Forwards

Carry Forwards may be distributed when a project has unspent funding from one year to the next, within the same project and within the project period, when underspending was not anticipated. Activity Leaders may request to use unspent funding, however, **carry forwards are not allowable across project periods.**

Approval for carry forwards of unspent funds are conditional and based on consideration of whether performance is satisfactory, and the carry forward is justified. Carry forwards from a closed-out year are not allowable. For example, a project may not, in 2026, carry forward previously unused funding from 2025.

Carry forward requests must be finalised within the provided timelines so that total project and organisation budgets may be accounted for.

4.1.7 Carry Forward Process

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

4.2 Changes to Consortium

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

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

4.2.1 Changes to Consortium Process

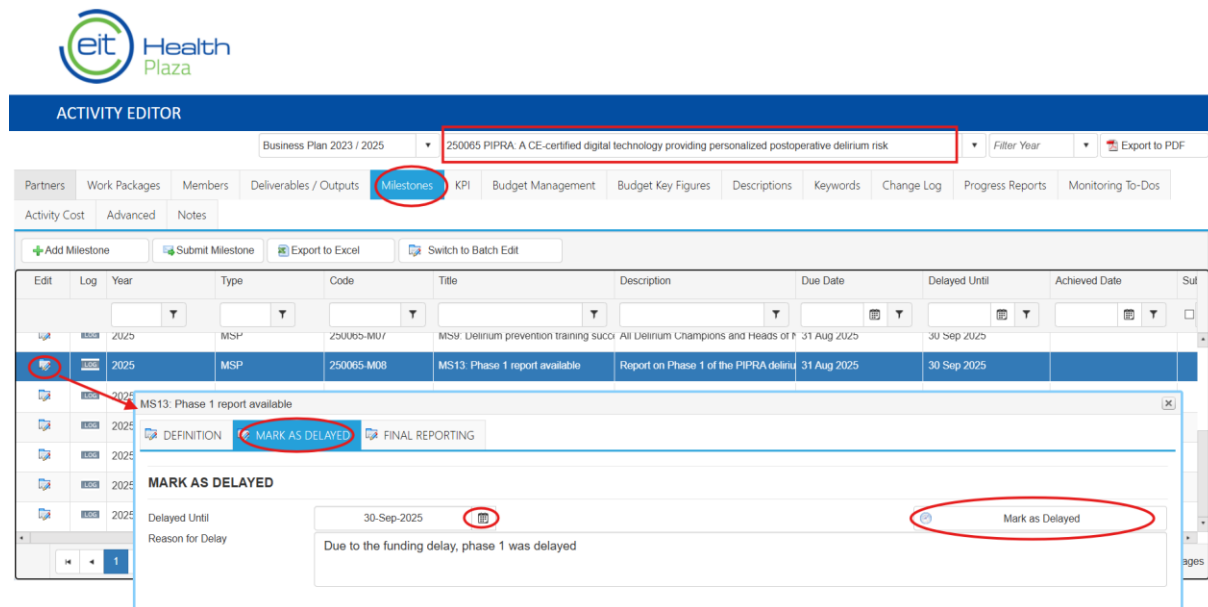
1. Activity Leader uses the provided form to make request.
2. PM and SPOC review request and communicate with the Activity Leader.
3. If approved, PM contacts new subgrantee consortium member to follow the [Onboarding, Validation, & Contracting](#) in this Handbook.
4. Once the new organisation is registered in the GMS, the PM adds it to project in the GMS.
5. The new consortium organisation signs the Accension to the FSA with an effective date to the signature date or the agreed date between EIT Health and the Activity Leader.
6. The budget request steps 2. to 4. In the budget process.

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

4.2.2 Changes to Work Package Due Dates KPIs, Deliverables, Outcomes, Milestones

Please note that EIT Health will no longer accept reductions or deletions of KPIs, Deliverables, Outcomes, or Milestone targets during project implementation.

Work Packages, KPIs, Deliverables, Outcomes, Milestones that are delayed may be marked as delayed in the Activity Editor of the GMS, with new deadlines until the end of the current project period and a reason for the delay.



The screenshot shows the 'ACTIVITY EDITOR' interface. At the top, there are dropdown menus for 'Business Plan 2023 / 2025' and '250065 PIPRA: A CE-certified digital technology providing personalized postoperative delirium risk'. Below this is a navigation bar with tabs for 'Partners', 'Work Packages', 'Members', 'Deliverables / Outputs', 'Milestones', 'KPI', 'Budget Management', 'Budget Key Figures', 'Descriptions', 'Keywords', 'Change Log', 'Progress Reports', and 'Monitoring To-Dos'. The 'Milestones' tab is selected. Below the navigation bar, there are buttons for '+Add Milestone', 'Submit Milestone', 'Export to Excel', and 'Switch to Batch Edit'. A table of milestones is displayed with columns: Edit, Log, Year, Type, Code, Title, Description, Due Date, Delayed Until, and Achieved Date. One milestone is highlighted: 'MS13: Phase 1 report available' with a due date of '31 Aug 2025' and a 'Delayed Until' date of '30 Sep 2025'. A dialog box titled 'MARK AS DELAYED' is open, showing the 'Delayed Until' date as '30-Sep-2025' and the 'Reason for Delay' as 'Due to the funding delay, phase 1 was delayed'. The dialog box has a 'Mark as Delayed' button.

Any KPIs, Deliverables, and/or Outcomes that are not achieved or under-achieved must be reported as such during mid-year and year-end performance reporting. Please note that delays may have impacts on the evaluation of the project performance, the Financial Sustainability requirements, and could lead to a reduction of the grant if accorded in the payment scheme.

4.2.3 KPI Additions

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

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

4.3 Project Extensions (with no additional funding)

Project extensions may be requested for projects that end before the GA period and may be approved by EIT Health, but no additional funding is provided with the extension.⁸ **Please note that extensions may have impacts on the Financial Sustainability requirements.**

To request an extension:

1. Activity Leader uses the provided form.
2. PM and SPOC review.
3. If approved by the SPOC and PM, PM enters new project end date, and it appears in the GMS.
4. If additional information is needed, PM and SPOC follow up with the Activity Leader.

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

5 Payments

Payments will be made based on two models; either cost reimbursement or lump sum. The payment model will be determined in the call for proposals document and reflected in the subsequent agreements.

5.1 Cost Reimbursement

Cost reimbursement does not imply that all costs will be reimbursed. Instead, it means that costs are reimbursed based on approved and eligible project costs, within the allocated project budget.

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

5.1.1 Payment Schemes

The percentage and number of payments varies across programmes and is outlined in each call and documented in each Financial Support Agreement. A project may have consortium members with different payment schemes.

5.1.2 Standard

Most projects will have a standard payment scheme, with two payments per project year. The standard scheme consists of two tranches based on a yearly cycle.

1. The first payment is pre-financing at 25% of EIT funded amount.
2. The second payment is the balance payment, which will be made after cost reporting/CFS audit.

5.1.3 Exceptional

On an exceptional basis, some projects and for some organisations, an exceptional scheme may be utilised. The exact payment scheme will be included in the call and subsequent financial support agreement.

5.1.3.1 *Payment to Micro and Small and Sized Enterprises⁹*

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

Micro and small enterprises in Innovation projects, which fall under an exceptional payment scheme will have to comply with bi-annual cost checks, which may only be waived by EIT Health if they are also going through the CFS audit, e.g. year N+1 with requested cumulated EIT financial support equal or greater than €430,000. See the [Cost Check](#) and [Certificate on the Financial Statements \(CFS\) Audit](#) sections of this Handbook for more detail.

The balance payment will be released as outlined below.

5.2 Lump Sum

The lump sum payment model pays based on the completion of work packages. Work package completion will be assessed twice per year, as outlined in the Monitoring section of this Handbook.

The payment scheme is defined in the call document and subsequent financial support agreement, and therefore is not an option to choose between payment mechanisms.

⁹ See the definition: https://single-market-economy.ec.europa.eu/smes/sme-fundamentals/sme-definition_en

5.3 Pre-Financing Requirements

EIT Health provides pre-financing to provide liquidity to subgrantees so that they can implement projects in a timely manner. The release of pre-financing is assessed at a project consortium level and then, at a subgrantee level.

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

The pre-financing amount is based on a percentage of the EIT funded amount a subgrantee has been allocated in the GMS for the year N at the time of pre-financing payment (e.g. 2026, 2027, or 2028, respectively).

Pre-financing payments are made throughout the year based on when a project has begun and completed all requirements for pre-financing. Follow-up yearly pre-financing payments follow the calendar year. Payments are usually made between the business days on the 15th and 20th of the month following successful completion of all requirements.

Per Article 8: Financial provisions of the Subgrant Agreement, pre-financing will be released when all project subgrantees have met their requirements.

Project consortium level:

1. Fully signed Financial Support Agreement;
2. Fully signed Financial Sustainability Contribution Agreement, if required; and
3. Have completed ethics obligations, for Innovation projects and if required.

Subgrantee level:

4. Have a Validated PIC code;
5. Have completed required validation;
6. Have no outstanding balance payments (e.g. no open accounts) due to EIT Health.

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

The pre-financing payment is typically sent within three months following the completion of the above. Please note that if a subgrantee consortium member has been added *after* a pre-financing payment has been made, additional pre-financing may not be available any longer for that year.



As of 1 January 2025, pre-financing is no longer contingent on payment of membership fees. However, any open balances due from subgrantees to EIT Health must be cleared before EIT Health sends the pre-financing payment.

5.4 Balance Payment

The balance payment occurs after cost reporting and/or cost check, and/or CFS audit and after satisfactory monitoring, with no outstanding previous year balance payment to EIT Health, satisfactory cost reporting, cost check, and CFS audit requirements have been met, and sent latest by September of the year N+1.

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



The balance payment is contingent upon satisfactory monitoring and no outstanding balance payment due to EIT Health. It is important to highlight that monitoring is performed at the project level, not at the subgrantee level. Consequently, compliance by a single entity does not mitigate non-compliance by others, and the aggregated outcome may remain negative, impacting all entities jointly. In cases of severe underperformance and negatively assessed final report according to article 3.3.2.7 in the FSA, the final balance payment of financial support may be reduced.

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

6 Performance Reporting & Monitoring

All projects are required to report on their activities at a project level, per Article 7: Monitoring and reporting of the FSA. Projects that are in their first and last years of implementation may only have one reporting and monitoring cycle if the start and end dates are not full years. **Actual reporting and monitoring requirements will be at the discretion of EIT Health.**

6.1 Performance Reporting

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

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

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

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

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

Projects have the following performance reporting frequency:

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

¹⁰ This can be sent as a separate questionnaire collected outside of the Grant Management System. PMO is working to incorporate it in the GMS reporting process for future years.

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

6.1.1 Mid-Year Performance Reporting

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

6.1.2 Year-End Reporting

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

6.2 Monitoring

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

6.2.1 Monitoring Meeting

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

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

6.2.2 Go/No Go Categories

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

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

¹¹ Referred to as an Activity Performance Report in Plaza.

Category	Assessment Criteria	Resulting Action
	<ul style="list-style-type: none"> Subgrantee demonstrates compliance with all obligations in the legal documents and Handbook. 	
<p>White (Low risk, meeting expectations)</p>	<p>To receive a <i>White</i> status, the project must meet the following:</p> <ul style="list-style-type: none"> Deliverables, outcomes, milestones, and/or KPIs have been achieved or are on track for achievement and are of good quality; and Any deviations are accepted by EIT Health, and the overall scope remains; and No over/under spending with no significant budget deviations; and Subgrantee demonstrates compliance with all obligations in the legal documents and Handbook. 	<ul style="list-style-type: none"> Continue implementation May be considered for external promotion/communication and/or proposed to Management Board (MB) for further funding, depending on available funding.
<p>Orange (Some risk/ underperformance)</p>	<p>To receive an <i>Orange</i> status, the project must meet the following:</p> <ul style="list-style-type: none"> Deliverables, outcomes, milestones, and/or KPIs are between 50% and 80% achieved or are of poor quality or missing; and/or Spending is moderately under/over given the remaining time in the project and/or the project has moderate budget deviations; and/or Subgrantee demonstrates incompliance with one or more obligation in the legal documents and Handbook. 	<ul style="list-style-type: none"> The consortium is given 10 business days to develop remedial action plan. PMO schedules a meeting to review remedial action plan. Consortium given between 14 days¹² and up to 8 weeks to implement the remedial actions. PMO schedules follow up meetings to review progress on remedial actions. Projects that fail to implement remedial actions are appraised in a meeting with EIT Health. Based on the appraisal, the project may continue, be proposed to the MB for potential continuation with potential grant reduction, or be terminated¹².
<p>Red (High risk/severe underperformance)</p>	<p>To receive a <i>Red</i> status, the project must meet one or more of following:</p> <ul style="list-style-type: none"> Achievement of deliverables, outcomes, milestones and/or KPIs are below 50% achievement or are of poor quality and/or missing; or 	<ul style="list-style-type: none"> The project must be scrutinized by the MB to assess termination, as outlined in Article 3.3 and 7.1.1 of the FSA a¹².

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

Category	Assessment Criteria	Resulting Action
	<ul style="list-style-type: none"> The main goals of the original plan will not be reached and/or <u>cannot</u> be remedied; and/or Spending is significantly under/over given the remaining time in the project and/or the project has significant budget deviations; and/or Subgrantee demonstrates non-compliance with the legal documents and Handbook. 	

6.2.3 Examples of Green, Orange and Red Statuses per Pillar

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

Pillar	Green	Orange	Red
Business Creation	<ul style="list-style-type: none"> • KPIs, deliverables, milestones and/or outputs overachieved with regards to the workplan (e.g., investment attracted was higher than planned). • Additional funding was granted to extend the scope of the programme beyond the activities funded by EIT. • Broad communication and dissemination to start-up community was achieved (e.g. high number of quality applicants, start-up features for achieving key financial/outcome milestone impacted by programme). 	<ul style="list-style-type: none"> • Delays from the original timelines (e.g., recruitment). • Critical consortium member leaving the consortium without a replacement. • Sustainability model not realistic and not aligned with project timeline. 	<ul style="list-style-type: none"> • Serious underperformance of the original workplan (e.g., less start-ups supported than what was originally planned). • KPIs were incorrectly chosen and traded for others without support from EIT Health. • No ambitions towards sustainability.

7 Cost Related Processes

7.1 Cost Reporting

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

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

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

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

Costs incurred during implementation can only be reported through the GMS during the period specified. Failure to correctly complete cost reporting by the deadline would imply no EIT financial

support is being requested by the organisation for the year N and, if applicable, lead to the recovery of the full pre-financed amount.



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

7.1.1 Cost Reporting in the GMS

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

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

To assign or change a Master Contact, please contact your Project Manager (PM).

7.1.2 Co-Funding Rates

Each project has a co-funding rate, which represents the amount of the budget that the consortium members will contribute through their own funding, as a percentage. The co-funding rates will be set in the call and specified in the GMS.

For most projects, beginning with projects starting 1 January 2026, the required co-funding rate will be 50%. In this case, for every Euro spent from the budget, 50 cents will be reimbursed (for eligible costs) by EIT Health and 50 cents will be provided by the project consortium members, in accordance with their co-funding/reimbursement rate as calculated in the GMS.

Consortium members of a project may adjust their co-funding amounts but must ensure the target co-funding rate is upheld at the project level. The co-funding/reimbursement rate will be based on the co-funding amounts/total project budget. The co-funding rate doesn't have to be equal or necessarily come from all partners, but can be freely determined within the consortium, and could be covered by even one of the organisations alone.

7.1.3 Co-Funding, Cost Reporting, and Reimbursement

The table below depicts examples of EIT funding and co-funding allocations in different cost reporting scenarios.

Examples	Budgeted Costs		Reported Costs		Notes
Overspending	Budgeted KAVA costs	600,000.	Reported KAVA costs	610,000.	Overspending is covered by co-funding.
	Budgeted EIT grant	300,000.	Accepted EIT grant	300,000.	
	Budgeted subgrantee co-funding	300,000.	Realised Subgrantee own funding	310,000.	
Underspending	Budgeted KAVA costs	600,000.	Reported KAVA costs	560,000.	50% reimbursement rate is applied to
	Budgeted EIT grant	300,000.	Accepted EIT grant	280,000.	

Examples	Budgeted Costs		Reported Costs		Notes
	Budgeted subgrantee own funding	300,000.	Realised Subgrantee own funding	280,000.	the reported eligible costs.
	Budgeted EIT grant	300,000.	Accepted EIT grant	47,500	
	Budgeted subgrantee own funding	300,000.	Realised Subgrantee own funding	47,500	



Subgrantees are not required to submit documentation justifying costs, such as timesheets, invoices, contracts in the GMS, **but the documentation must be readily available and kept, as it may be requested in case of an audit per Annex 13 of the FSA¹³.**

7.2 Certificate on the Financial Statements (CFS) Audit

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

2026 EIT financial support requested (€)	2027 EIT financial support requested (€)	2026 cost CFS audit?	2027 cost CFS audit?	Notes
200,000.	200,000.	No	No	
600,000.	100,000.	Yes	No	No CFS audit in 2027 because the 2026 costs were already subjected to a CFS audit & no longer count towards the threshold.
400,000.	100,000.	No	Yes	The scope of the CFS would include both 2026 & 2027 costs (because the 2026 costs were not subjected to a CFS audit).
600,000.	500,000.	Yes	Yes	Two separate CFS audits; one covering each year.

7.3 Cost Check

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

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

All micro and SMEs that benefit from an exceptional pre-financing scheme must comply with the bi-annual cost-checks in order to receive payments, unless they are scheduled for a CFS audit in the following year.

7.3.1 Mid-Year Cost Check

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

7.3.2 Year-End Cost Check

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

7.3.3 Overview of Cost Check Process

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

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

8 Close Out

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

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

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

8.1.1 Budget for Projects that Span the Business Plan

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

8.2 Pre-Close Out Exit

8.2.1 Consortium member

During a project’s lifecycle it may be necessary for a consortium member to end their participation in a project before its conclusion. In this case, a letter must be sent from the existing consortium organisation.



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

At minimum, the letter must include:

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

8.2.2 Project

A consortium may wish to end its work in the project with a given consortium member. In this situation, a letter must be sent with the above, but must come from the Activity Leader.

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



Please note that leaving the consortium does not relieve the consortium member from the section 3.4.1 Survival of rights and obligations of the Subgrant or Financial Sustainability agreements. For example, year-end performance and cost reporting will still be required in the next appropriate reporting period(s).

9 Post-Funding Monitoring

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

Subgrantees may expect post-funding monitoring approximately 10 to 12 months after the project has ended and for up to five years per Article 7 in the FSA. In case the KIC has a signed Financial Sustainability Contribution agreement, the period can be as long as such agreement determines.

The usual shape of post-funding monitoring interactions is through dedicated surveys adjusted to capture the relevant information from projects. In some cases, SPOCs and PMs might request clarifications via email or request online short sessions. Those are defined on a case by case scenario.

10 Resources

10.1 Abbreviations & Definitions

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

¹⁴ [EIT-Health Business-Plan 2023-2025.pdf](#)

¹⁵ [European Institute of Innovation & Technology \(EIT\) | EIT](#)

¹⁶ Read about Horizon Europe here: [Horizon Europe - European Commission](#)

¹⁷ Read the AGA here: [aga_en.pdf](#)

Abbreviation/Term	Longform & Definition
Primary Contact	Used interchangeably with Master Contact. The contact on an organisational level that will be the main point of contact
Project	Used synonymously with Activity. For this Handbook, refers to EIT Health funded subgrantee projects
Recipient	For this Handbook, used synonymously with subgrantee or financially supported third party
SME	Small, Medium and Micro-sized Enterprise, as defined by the European Union
SPOC	EIT Health Single Point of Contact
Subgrantee	Used synonymously with recipient or financially supported third party. The term <i>partner</i> is often used to refer to both paying members and subgrantees, however, the distinction is that subgrantees receive funding from EIT Health. Prior to this version of the Handbook, referred to as External Project Partners. This term may still be used occasionally.

10.2 Support

In case of questions, which have not been addressed in the Handbook or other materials available on Connections⁵, contact the appropriate support of the EIT Health team¹⁸.

Support	Name	Email
Innovation projects as they relate to project change processes, reporting/monitoring & the GMS	Motunrayo Adebayo, PMO Project Manager	motunrayo.adebayo@eithealth.eu
Business creation, Cross-KIC, non-EIT funded projects as they relate to project change processes, reporting/monitoring, & the GMS	Irati Abad, PMO Project Manager	irati.abad@eithealth.eu
Education projects as they related to project change processes, reporting/monitoring & The GMS	Tania Lessenka-Teodosiev, PMO Project Manager	pmo@eithealth.eu
BP, PMO processes, & contracts, post-funding reporting & impact	Judit Valero Head of PMO	judit.valero@eithealth.eu
Communication & dissemination	Corporate Affairs Team	internal.communications@eithealth.eu
Ethical Approval	Assigned SPOC	Provided during onboarding
Financial Sustainability Contribution		
Cost reporting, cost eligibility, cost check, CFS audit, & payments	Grant Assurance Team	grantassurance@eithealth.eu
Implementation	Assigned SPOC	Provided during onboarding
Validation	EIT Urban Mobility	

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