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## Joint actions 2017: Frequently Asked Questions

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## 1. NOMINATION PROCESS: KEY DOCUMENTS

Please read carefully the following two annexes sent jointly with the invitation to the permanent representations<sup>1</sup> and published on [Chafea website](#):

- 1) [Participation in joint actions 2017 \(annex 1\)](#)
- 2) [Affiliated entities for joint actions 2017 \(annex 2\)](#)

## 2. NOMINATION REQUIRED

2.1. How can we organize designation of a competent authority if in our country different levels (for ex. federal and regions) are all legally competent authorities?

*Please refer to [annex 2](#), on the specific case of affiliated entities in the public sphere:*

*The notion of affiliated entities in the public sphere covers: the different levels of the administrative structure in case of decentralized administration (e.g. National, regional or local ministries in case of separate legal entities can be considered as affiliated to the State to avoid interference with the various institutional set-ups in the different Member States).*

*Hence, by nominating the competent authority at the State central level, a Member State can include as affiliated entities those operating at lower levels (e.g. regional level).*

*The Member State could also nominate directly as competent authority a regional level health authority. However, in this case, competent authorities from other regions cannot be considered as affiliated entities.*

2.2. It is foreseen to nominate a competent authority. In my country it is always Ministry of Health. The competent authorities are also some national institutes, subordinated and supervised by Ministry of Health (as they are created by the Act of Law of Minister of Health). However, they want to participate with another competent authority with Chief Sanitary Inspectorate. Both institutions are linked to the Ministry of Health but not one to another. Their tasks are defined in their documents. Both are competent in their domains. Could one of them be nominated and the other be an affiliated entity and receive co-funding? Is the obligation from [annex 1](#) that affiliated entities must be linked to the nominated competent authority fulfilled in such a case?

*In cases where two entities are affiliated to the competent authority existing at the central level, but do not have such a link between them, the central level competent authority would need to be nominated, with the two affiliates included under it.*

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<sup>1</sup> Invitation joint actions 2017 to permanent representations: reference Ares(2017)1030509 sent on 27/02/2017 ; and for Bosnia and Herzegovina reference Ares(2017)1865593 sent on 07/04/2017.

2.3. The Competent authority is the Ministry of Health (MoH). However, is it possible to delegate a University to take part in a JA?

*The transfer of competence from the central level (MoH) to the University would need to be substantiated in a legal text – if this is not the case, the University cannot be considered as a competent authority. In addition, if there are no legal or capital link between the Ministry of Health (competent authority) and the University, the latter cannot be considered as an affiliated entity under [option 1](#). In this case [option 2](#) i.e. the formation of a "sole beneficiary", would need to be envisaged.*

2.4. How to decide who should be nominated as competent authority if many institutions fulfil the criteria to be nominated?

*The Member State is responsible for the selection of the competent authority.*

*Criteria that could be considered are the nominated body having the mandate to implement the JA core activities; or being in an institutional position within the government setup which can ensure the sustainability of the activities at national level.*

*In case of several organisations fulfilling these criteria, further to choosing the nominated one, the Member State can envisage to involve the others as collaborating stakeholders.*

*The nominated entity would have the mission to network at the national/regional level with all other interested bodies and collaborating stakeholders*

2.5. We have understood that we can nominate one *ad hoc* “sole beneficiary” as partner in representation of a group of organizations which we would have in the past nominated as partners. This sole beneficiary could be one of the involved organizations (i.e. keeping its own LEAR, PIC, etc.) delegated by all others or must be a new one built ex novo for the purpose? In this latter case, which kind of financial administrative checks will this entity undergo (since it is new it has no accounting, no PIC, etc.)

*It would need to be built ex novo for the purpose of each specific JA (namely, for each JA different sole beneficiaries may need to be established)*

*As any other beneficiary, it would need to create a PIC and be validated within the grant preparation system (the PIC can be created at any time at the proposal preparation phase and the validation and roles will need to be finalized after the submission of the proposal.*

2.6. The rules of transparency in selection apply also to the affiliated organizations or only to the "sole beneficiary"?

*The rule of transparency is not required anymore –this was necessary for the nomination of non-competent authorities, or “other designated bodies”, which was possible in the past (2014-2016).*

*The [annual work plan 2017](#) defines one type only of nomination, that of a competent authority; hence, the eligibility check will only be performed on the legal documents establishing the nominated entity as competent authority and not on the transparency of such nomination.*

2.7. What happens if during the JA one or more of the affiliated entities fails/resigns/ must be replaced or a new affiliated entity has to be included?

*Such a replacement can be envisaged through an amendment to the grant agreement. Rules for that can be clarified within the JA Consortium Agreement. The replacing entity would need to also fulfill the rules concerning the affiliation link, capital or legal as defined in [annex 2](#).*

2.8. Is there a template or format for the written agreement to be signed between the sole beneficiary and the affiliated entities? What happens if an affiliated entity wants to subordinate its Agreement to certain future conditions (e.g. a minimum budget, a certain role, etc.)

*There are no templates of any kind of agreements that Chafea would provide you with. It is really up to the agreement amongst the partners within the sole beneficiary to decide. The "sole beneficiary should be established as legal entity. Chafea will verify the legal documents establishing the new (or already existing) "sole beneficiary entity".*

2.9. Will it be possible for affiliated entities to participate to Infodays and/or preparatory meetings organized by Chafea - covering their own costs – in the delegation of the Sole Beneficiary? Will they have access to the Participant Portal documents as contacts?

*Yes, representatives of affiliated entities can participate to Infodays and/or preparatory meetings organized by Chafea but affiliated entities shall cover their own travelling and accommodation costs.*

*Affiliated entities participate to the preparation of the proposal in the same manner as other partners, even if they do not sign the declaration of honor or grant agreement.*

2.10. If an agency is not separate from the Ministry of Health or Department of Health, the agency can lead the action. If the Ministry of Health or Department of Health were to be the nominated Competent Authority, could Public Health Agency? National Institute of Public Health lead or participate in any of the Joint Actions under the Competence of the Ministry of Health or Department of Health.

*If an agency is not separate from the Ministry of Health (MoH) or Department of Health (DoH), i.e. doesn't have a distinct legal personality, then the staff of that Agency would be paid under the MoH or DoH, participating competent authority. If the agency has a separate/ distinct legal personality and is mandated by the MoH/DoH with competences in the area of the JA, then it could be directly the nominated competent authority. Alternatively, it could participate as an affiliated entity to the MoH/ DoH if the capital and/ or legal link is established.*

2.11. We would take part in a JA as the only specialized partner in an MS as we are "a specialist authority within the portfolio of the Ministry of Health", we understand that there is no need for any justification for the nomination by the Ministry of Health and fall under the regulation in [annex I](#). Is that all correct?

*Correct. But we would advise you to consult with the Ministry of Health, as by nominating your organization, the Ministry of Health confirms that you are a competent authority. The eligibility check will only be performed on the legal documents establishing the nominated entity as competent authority.*

2.12. Italy would like to participate in one of the JA and multiple central and national entities would like to take a role. If a regional entity would like to join the JA, it could be included in this sole beneficiary or it should be an affiliated partner?

*A regional entity could be nominated as a competent authority, depending on its mandate and competency. It could also be included as an affiliated entity to the Ministry that will be the overall competent authority and the beneficiary in the grant (see the notion of affiliated entities in the public sphere).*

*If there are multiple central, national and regional entities that are interested to participate, it is advisable to create a "sole beneficiary entity" for the purpose of the action.*

*Importantly, entities can also participate in the JA as collaborating partners. A collaborating partner is linked to the JA but does not receive funding and does not sign the grant agreement. The role of the nominated competent entity will also be to animate at the national level the network of collaborating partners that show interest in the JA. This nominated competent entity that would become a grant beneficiary could cover the travelling and accommodation cost for identified collaborating partners.*

2.13. What happens with the foundations that are created for the financial management of the participation of its regional public entities in European Projects?

*These foundations have been included in the past as affiliated entities to regional level health authorities. If the MoH decides to nominate a regional health authority as a competent authority (i.e. can substantiate the mandate and competence in the area of the regional health authority), then the foundation could participate as an affiliated entity, for as long as the legal/ capital link can be demonstrated.*

2.14. Will an institution be able to be affiliated to another country's Competent authority?

*What determines the affiliation is the legal or capital link between the competent authority and its affiliates.*

2.15. Can a body be formed by different institutions (different hospitals for example?)

*The sole beneficiary is this option to be taken. However, the "sole beneficiary" concept is to be used when a competent authority wishes to involve as affiliated entities other organisations that do not have legal or capital link with the competent authority. The "sole beneficiary entity" will create between the nominated competent authority and the other organisations a legal link allowing them to participate as affiliated entity to the nominated competent authority.*

*The "sole beneficiary" must have as a member the competent authority nominated by the Member State Authority. A sole beneficiary comprising different hospitals could be accepted if one of these hospitals has been legally established as competent authority. In this case the other hospitals will be affiliated to this competent authority. Chafea will check the eligibility of the competent authority (the legal act establishing that hospital as competent authority) and the legal act establishing the "sole beneficiary" (creating the affiliated links).*

2.16. If the nominated competent authority is a paying member of a network organisation, can this organisation be considered as an affiliated entity?

*No; membership fees do not constitute a capital or legal link.*

2.17. If the 2 competent authorities are affiliated to different ministries (e.g. health and research), the competent authority will have to be the PM ?

*The Member State would need to choose which of the two Ministries is more suited to the public health area under consideration and to the concrete content of the proposed Joint Action. The second Ministry could be included under a different type of participation, such as a collaborating stakeholder.*

2.18. The deadline for the nomination of a competent authority is 11 May 2017. Is the deadline for the nomination of an affiliated entity the same? If not, when is its deadline?

*Only the nomination of the competent authorities is mandatory and needs to be fulfilled by the set deadline of May 11. A list of affiliated entities can be included for any of the specific JA (in the comments field of the web tool) but, the list is not compulsory at the stage of nomination.*



*However, the affiliated entities must be identified in the JA proposal to be submitted by 7 September 2017. During the negotiation phase and the preparation of the grant agreement, Chafea will verify the legal or capital link between the proposed affiliated entities and the nominated competent authority. If the affiliated link with the nominated competent authority cannot be demonstrated that entity may be invited to participate to the JA as collaborating partner,*

2.19. When a Competent authority and its Affiliated entity are collaborating in a Joint Action, where do the responsibilities and liabilities lie?

*In [option 1](#) (legal and capital link) the responsibility lies with the signatory party, i.e. the nominated competent authority which will sign the agreement with Chafea.*

*In [option 2](#) (sole beneficiary) is the sole beneficiary legal entity that is responsible towards Chafea.*

2.20. Is the Competent authority liable for the Affiliated entity in terms of its financial and other obligations in the context of its participation in a Joint Action? For example, if the Affiliated entity becomes bankrupt during the course of the Joint Action, what is the liability for the Competent authority?

*The responsibility lies with the nominated Competent authority, which will be called to sign the grant agreement and is held liable towards the awarding authority (i.e. Chafea) for itself and for its affiliated entities.*

2.21. My Institution, the Italian Institute of Health will probably be designated by the Ministry of Health as 'sole beneficiary'.

To allow a few other institutions to be part of the project, I am writing to ask if

A) we need to build a 'legal consortium' (i.e. Through a Notary Public) or

B) if a Consortium Agreement (like those that are used for other EC projects) co-signed by all participants would be sufficient.

*You need to set a legal consortium.*

2.22. If the nominated Competent authority takes a collaborative partner role in a JA, does it still receive funding?

*Collaborating stakeholders have no contractual relationship, nor do they receive any EU funding. Even so, they can be invited to participate in the Joint Actions meetings (reimbursable costs)*

2.23. If the nominated Competent authority puts forward affiliated bodies to offer the expertise and action to take forward a JA, does the affiliated bodies receive the funding?

*Affiliated entities receive co-funding through the participating competent authority*

2.24. If the Affiliated bodies receive funding, do they do this via the nominated Competent authority?

*The payment will go through the nominated competent authority.*

2.25. If the nominated Competent authority wishes to distribute to more than one affiliated body in providing the expertise and action, does the nominated Competent authority need to put forward these names by the September deadline?

*Only the nomination of the competent authorities is mandatory and needs to be fulfilled by the set deadline of 11/05/2017. A list of affiliated entities might be included for any of the specific JA (in the comments field of the web tool: this list is not compulsory).*

2.26. If the nominated Competent authority is the London Department of Health and we wish to send a representative from one of our Devolved Administration e.g. Wales to attend a specific workstream within a JA, is this allowed?

*The costs for any participant to any meeting, outside the staff of the nominated Competent authority can be covered by the budget of the latter.*

2.27. If the nominated Competent authority receives co-funding for the EU budget, is the Competent authority expected to show their contribution to the co-funding arrangement? And how does this work?

*Each beneficiary is expected to provide their own co-funding, according to the funding rate of the action: 40% of the total eligible costs (or 20% in cases of exceptional utility).*

*The co-funding can Co-financing means that the resources, which are necessary to carry out the action, may not be entirely provided by the EU grant.*

*Co-financing of the action may take the form of:*

- *The beneficiary's own resources, eg. the time spent on the action by staff of the beneficiary.*
- *Income generated by the action,*
- *Financial contributions from third parties.*

2.28. If the nominated Competent authority puts forward affiliated bodies for the JA but subsequently doesn't use them, will this be a problem/issue?

*No, there is no problem for potentially identified affiliated entities to withdraw, prior to the preparation and submission of the proposal. That is also the reason for which there is no nomination of the affiliated entities.*

### 3. NO NOMINATION REQUIRED

3.1. Can any entity (public or private) participate without nomination?

*Yes, as explained in the [annex 1](#) there are 2 other ways for an entity (public or private) to participate in a JA without the preliminary submission of a nomination either as collaborating stakeholders or as subcontractors.*

*“During the proposal preparation phase the nominated competent authorities may involve affiliated entities, subcontractors or collaborating stakeholders. These participants do not sign the Grant Agreement. The proposal preparation phase starts once the nomination phase is finished. Therefore, the inclusion of collaborating stakeholders, subcontractors and affiliated entities will depend on the willingness or the rules set by the Coordinator and Executive Board or Steering group (namely, work package leaders) of the JA”.*

3.2. If we work with affiliated partners, what about subcontracting with partners as done before? Is it still possible? And who is therefore accountable?

*As a reminder, subcontracting may cover only a limited part of the JA. The coordinator may not delegate core coordination and contractual management tasks to any other beneficiary or subcontract them to any third party.*

*When subcontracting is considered necessary by the consortium, the tasks to be subcontracted (and the justifications for subcontracting them) must be described in the JA proposal and in the grant agreement. In this case, as subcontractors are not part of the grant agreement and do not have a contractual relationship with the Executive Agency, it is the partner who will subcontract tasks that is accountable towards Chafea, while the beneficiaries ([signatory partners](#)) are jointly and severally liable for the technical implementation of the action.*

3.3. What is deadline for subcontracting? Is there a possibility to subcontract services of other natural persons or NGO`s after signing the contract for JA?

*Subcontracting can be decided and executed at any time during the duration of the JA.*

*The tasks to be subcontracted (and the justifications for subcontracting them) must be described in the JA proposal and in the grant agreement.*

*If during the course of the actions, the consortium wishes to add or to modify the activities to be subcontracted, it would need to be done through an amendment to the grant agreement. Subcontracting should follow the organisation's public procurement rules. It is possible to subcontract services to NGO's, natural persons, academia, etc. However, it is not allowed to subcontract tasks between beneficiaries and affiliated entities within the same grant agreement.*

3.4. How to nominate affiliated entities? Is there a limit of Affiliated Entities?

*Only the nomination of the competent authorities is mandatory by the 11 May 2017. A list of affiliated entities can be included for any of the specific JA (in the comments field of the web tool) but, the list is not compulsory at the stage of nomination.*

*However, the affiliated entities must be identified in the JA proposal to be submitted by 7 September 2017.*

*During the negotiation phase and the preparation of the grant agreement, Chafea will verify the legal or capital link between the proposed affiliated entities and the nominated competent authority. If the affiliated link with the nominated competent authority cannot be demonstrated that entity may be invited to participate to the JA as collaborating partner.*

3.5. Will Chafea implement a more “open” policy concerning subcontracting? Subcontracts are up to the Sole beneficiary of can be hired by one Affiliated entity?

*Affiliated entities are allowed to subcontract activities however, these activities must be identified in the original grant proposal.*

3.6. In some countries, non-governmental R&D organisations have a key role. If you want to ensure the appropriate partners that can make real impact can indeed participate then how do you suggest these can still participate?

*Joint Actions are not research projects but have an imbedded policy development component. Only competent authorities or its affiliated entities can participate to JA. If the work of other bodies that are not affiliated to the competent authority is essential to achieve the goals of the Join Action, it will be necessary to create a "sole beneficiary entity" that will include the nominated competent authority and these other bodies.*

3.7. If the affiliation option is not open for the agencies the only option for SE is to subcontract the other agencies although they may work in different WPs in the JA.

*This is always possible. In such a case, the general rules on subcontracting must be followed.*

3.8. What is the difference between affiliated bodies and subcontractors?

*[Annex 2](#) describes in detail the concept and modalities of affiliation. In short 2 options: option 1: Affiliated entities to a beneficiary (nominated competent authority) via an existing legal or capital link; and option 2: Affiliated entities forming one "Sole beneficiary" as a single entity.*

*[Annex 1](#) describes the concept of subcontractor: In short: a subcontractor is an organisation subcontracted by a nominated competent authority for the purpose of providing special expertise to the Joint Action. Please note that coordination and other essential tasks cannot be subcontracted.*

3.9. It is now mandatory to have the participation of NGOs. What are the rules for their selection?

*If by participation it is meant to be a partner of the joint action, it is the contrary: joint actions are open to the participation of the nominated competent authorities of the Member States and other countries participating to the health programme and/ or their affiliated entities.*

*It is difficult to imagine how an NGO can be considered a competent authority of a Member State or participating country's government.*

*ANNEX IV of the [annual work plan 2017](#) mentions: "The competent authorities shall also identify and select the civil society organisations active at EU level which can make the most valuable contribution to the action. These organisations will be invited to join the action as collaborating partners and/or to participate in advisory structures. " In addition, the contribution of NGOs will be supported through the [new call for operating grants](#)(HP-FPA-2017) addressed specifically to NGOs, which was launched by Chafea on 16 March 2017.*

#### 4. BUDGET

4.1. What is the implication on the budget allocated if the competent authority and the affiliated entities participate to the same WP? Are they all covered by the JA budget or only one?

*The nominated competent authority and the participating affiliated entities are covered by the same rule, of co-funding level of 60%-40% or 80%-20% in cases of exceptional utility.*

4.2. Is there possibility for natural persons working under a direct contract with the beneficiary or within beneficiary to be seen as co-financing of JA?

*The staff working under the JA working time can be considered as the organisation's own contribution, co-financing of the JA.*

*The joint actions 2017 guide for applicants is planned to be published in June 2017 on Chafea website.*

*Meanwhile for a general orientation on above questions please refer to the [joint actions 2016 guide for applicants point 5. FINANCIAL ASPECTS](#)*

4.3. How institutions within the sole beneficiary co-finance JA? The co-financing is entirely due by the sole beneficiary or all the Affiliated Entities must have the same share (ie 60%-40% or 80%-20%) of the whole Joint Action ?

*As far as the awarding authority is concerned, the co-funding level for a sole beneficiary is the same as for another JA partner, i.e. the sole beneficiary needs to ensure own funding to the level of 40% or 20% (in cases of exceptional utility) and this will be reflected in the sole beneficiary's budget line within the action.*

*The entities participating to the sole beneficiary are considered as affiliated entities to the sole beneficiary and will be identified as such in the grant agreement. Each of these affiliated entities will have its own budget line in the grant proposal and will need to provide the necessary co-funding. The internal arrangements for budget sharing within the entities composing the sole beneficiary are the responsibility of the sole beneficiary.*

## 5. GENERAL

5.1. Can work package leaders come from affiliated entities or must WP Leaders come only from competent authorities?

*There are no rules. Work package leaders should be those organisations most competent to lead a work package.*

5.2. What is difference between JA and projects in terms of applications for participation? Should institutions willing to apply for projects be also nominated by MoH?

*JA are grants for actions implemented jointly by the EU MS Competent authority and the European Commission via a direct grant agreement between the EU Commission and these competent authorities under Article 190 RAP of the EU Financial Regulation. The participation to JA is made through the nomination of the competent authorities by the Member States.*

*Projects are grants for actions implemented following a competitive open call for proposals (Call for Projects) and any organisation that has the operational and financial capacity can join a partnership and form the project consortium. This process is not under Article 190 RAP of the EU Financial Regulation and does not request any nomination process.*

5.3. How they find other partners for projects? Are they obliged to find them by themselves or they could find them by applying to the project?

*For organisations that are planning to present or participate in a project, they can look for partners through their expert networks or scientific partners in previous projects; they can consult the Health Programme database to identify other countries beneficiaries, and consult the NFP networks. The NFP can write to the other NFP members to find out when there are other applications under preparation and offer the contact of the national partners organisation.*

5.4. Is the deadline of 7 September for proposals final or is there a possibility for extension due to the timing of preparation during summer holidays?

*It is final: 7 September 2017 is the deadline for the submission of the JA proposals.*

5.5. Where could different activities within each joint action be consulted?

*This is up to the Coordinator and partners. It is usual practice to identify the Coordinator among the different nominated competent authorities during the Infoday in Luxembourg foreseen in June. It is the coordinator's role to then provide clear instructions to the other partners forming*

*the so-called JA Consortium on how to proceed with the definition of the JA activities and the development of the different work packages.*

5.6. If a competent authority has the competence to participate without previous nomination by the Ministry of Health or Department of Health, would it be enough to refer to the letter sent to the MS authorities from DG Sante on the nomination in the JA?

*No, it is not possible to use this letter as a proxy for the nomination. Any competent authority wishing to participate in the JA would need to be nominated by the Member State Authority, through the specific on-line form provided. Self-nomination is not possible.*

5.7. What if there are different entities with competence in different domains covered by the Joint action, e.g. information on health and information on health systems performance, both institutions being governmental agencies?

*The Member State is responsible for the selection of the Competent authority.*

*Criteria that could be considered are the nominated body having the mandate to implement the JA core activities; or being in an institutional position within the government setup which can ensure the sustainability of the activities at national level.*

*In case of several organisations fulfilling these criteria, further to choosing the nominated one, the Member State can envisage to involve the others as collaborating stakeholders.*

5.8. Can a competent authority be a network, federation or association, if a legal agreement is created between the Ministry of Health and the organization where certain responsibilities are transferred for the purpose of participation in this Joint Action and where the organization participate on behalf of the respective Member State and under its responsibility in the relevant action?

*In general terms a private network, federation or association does not fulfil the definition of competent authority:*

*"Competent authority means the central authority of a Member State competent for health/specific (public) health topic or any other authority to which this competence has been conferred. A competent authority can therefore also be one at regional level, depending on the governance structure of the MS/C. Example of competent authorities: the ministry of health, a governmental agency, a national institute of public health, a regional health authority"*

*If a sole beneficiary is created between that private network, federation or association and the Ministry of Health or other Member State Competent authority, then the Ministry of Health or other Member State Competent authority should have been nominate within the set deadline, while the sole beneficiary creation can be completed at any time until the signature of the grant agreement.*

*Participation of NGOs as collaborating stakeholders can ensure appropriate representation of civil society organisations active in the relevant health fields at EU level.*

5.9. Do all entities affiliated to the nominated competent authorities prepare jointly one technical and financial proposal or will these proposals be done separately?

*The technical and financial proposal is prepared by all involved partners, whether nominated or not, under the responsibility of the coordinator– selected among and by the nominated Competent Authorities.*

5.10. In case of a joint financial proposal: how to deal with the different rates for staff (in particular E1 b) non-public officials) of participating entities? how to deal with exclusion/inclusion of VAT for the entity not being a public body? how to deal with the fact that some entities may not receive overheads?

*Please note that there is no more a distinction between public or non-public officials. On the other elements of your question, you will need to refer to the joint actions 2017 guide for applicants which will be published in May 2017 on [Chafea website](#).*

*In the meantime, for a general orientation on above questions please refer to the [joint actions 2016 guide for applicants point 5. FINANCIAL ASPECTS](#), as there have not been changes in the cost categories since last year.*