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# Programme Health

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Area of Support: Prevention of communicable and non-communicable diseases of people living in socially excluded localities, mainly Roma

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Open Call for applications to fund projects from EEA Grants 2014-2021

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The Ministry of Finance as Programme Operator in cooperation with the Ministry of Health – Programme Partner

announce on 24 July 2020 the **Open Call** for applications for funding of **projects from EEA Grants 2014-2021** in Programme **Health** with focus of potential projects – grant applications – on areas specified **below**.

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## I. Identification and time schedule of the Call

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| Programme Operator  | Ministry of Finance of the Czech Republic  |
| Call code   | ZDOVA2   |
| Call title  | Prevention of communicable and non-communicable diseases of people living in socially excluded localities, mainly Roma |
| Date of the Call announcement                                 | 24. 7. 2020  |
| Start date and time of submission of applications via IS CEDR | 24. 7. 2020 10:00  |
| End date and time of submission of applications via IS CEDR   | 30. 9. 2020 12:00  |

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## II. Objective and thematic focus of the Call

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Communicable and non-communicable diseases have a negative impact on large groups of population living in socially excluded localities, contributing to the worsened health and social situation of these populations, resulting in poverty and exclusion from normal life. In the context of the Czech Republic, this situation mainly affects Roma population which often constitutes majority of population living in socially excluded localities or remote border locations. Citizens living in socially excluded localities also suffer from a lack of or insufficient access to health and social care. This usually leads to specific health problems which are not so prevalent in the majority population. However, the system of primary care in the Czech Republic does not sufficiently reflect these specificities, which results both in the inadequate set-up of correct diagnostic and treatment methods and in the lack of awareness among general practitioners about specific aspects of care for Roma population. People living in socially excluded localities also lack information on the availability of healthcare as well as basic knowledge and information on recognizing the early symptoms of specific diseases and their early diagnosis and treatment options. In this context, we can talk about the so-called inequalities in health. In the Czech Republic, health inequalities generate national economic loss reaching up to tens of billions CZK per year.

The specific objective of this Call is therefore **to improve access to healthcare for marginalized groups of our population from socially excluded localities** (see Annex III of this Call), **especially the Roma, by implementing tools aimed at strengthening the secondary prevention of specific communicable and non-communicable diseases to achieve their early diagnosis and treatment**. In the secondary prevention area, the awareness of the target population group about the symptoms and effects of selected communicable and non-communicable diseases will be strengthened in order to prevent the late diagnosis and further worsening of the treatment options. **Activities in the field of secondary prevention will be coordinated with the activities of the National Institute of Public Health**, which has a long-term presence in socially excluded localities in the field of **primary prevention**. Primary and secondary prevention activities in marginalized and vulnerable population groups aim to reduce health inequalities. This aim was set out, inter alia, in the European Parliament Resolution of 8 March 2011. It was published in the Czech Republic in the Official Journal of the EU C 199 E / 26 of 7 July 2012.

In order to improve access to healthcare for marginalized groups, measures for **early diagnosis and treatment of selected specific communicable and non-communicable diseases** will be implemented. The measures will target **general practitioners** who provide care to patients from socially excluded localities, in particular the Roma population, as well as other healthcare professionals providing primary and/or specialized care to patients from socially excluded localities not only in primary care but also in relevant **referral hospitals**.

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## III. Allocation

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The **allocated amount of the Call** decisive for the selection of projects for funding is **42,823,508 CZK** (1,647,058 EUR). Grants are awarded in CZK.

In accordance with the focus of the Call, the total allocation of the Call is divided into two parts, where a separate allocation of funds is set for each focus area (see Chapter VI of the Call).

- The financial allocation decisive for the selection of projects in focus area no. 1 “**Creation of information materials in printed and online form** for secondary prevention” is 21,411,754 CZK (823,529 EUR).
- The financial allocation decisive for the selection of project in focus area no.2 “**Provision of scientific documentation** as a basis for **creation, validation and implementation of medical recommendations concerning selected communicable and non-communicable diseases**” is 21,411,754 CZK (823,529 EUR).

In case the approved project do not use up the whole allocation in the area no. 2 "Provision of scientific documentation as a basis for creation, validation and implementation of medical recommendations concerning selected communicable and non-communicable diseases", the remaining allocation will be transferred to area no. 1 “Creation of information materials in printed and online form for secondary prevention”.

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## IV. Eligible applicants

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Eligible applicants who can apply for a grant in this Call are providers of health services and care according to Section 111 of Act No. 372/2011 Coll. (as amended)<sup>1</sup> and State Contributory Organizations established by the Ministry of Health providing similar health services and care (multidisciplinary spectrum of medical preventive care) listed in the footnote below<sup>2</sup>.

The applicant must be a legal entity, established in accordance with the legislation of the Czech Republic and in accordance with the provisions in the first paragraph of this chapter. **Natural persons and/or non-governmental organisations (NGOs) are not eligible applicants in the Call.** NGOs are defined as private legal persons which are among the formalized structures of the civil society and fulfil the characteristics specified in document State Policy with Respect to Non-Governmental Organizations for the Years 2015 – 2020.

Each applicant may submit one grant application for each of the two focus areas (see Chapter VI. of this Call). If applicant submits more than 1 application in any of the two focus areas, the programme operator will only accept the first application submitted, based on the date and time of submission in IS CEDR.

Potential applicants are not eligible to participate in the Call if:

- they are in liquidation, bankruptcy, impending bankruptcy or are being subject to insolvency proceedings within the meaning of Act No. 182/2006 Coll. on bankruptcy and settlement (Insolvency Law);
- they are in breach of their obligations relating to the payment of taxes, have arrears of insurance premiums or penalties for public health insurance, social insurance or contributions to the State employment policy<sup>3</sup>;
- they have liabilities towards state and other public budgets;
- they are subject to a recovery order issued following a previous decision of the European Commission, declaring the aid to be unlawful and incompatible with the common market.

The eligibility criteria are assessed during the administrative and eligibility assessment process of the grant applications and must be met by the date of submission of grant application. Applicants declare whether they meet the exclusion criteria stated in previous paragraph as part of the declaration of honour included in grant application.

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## V. Eligible partners and support of projects implemented in partnership with Donor States

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One of the two main objectives of EEA Grants 2014-2021 is strengthening of partnerships between Czech entities and entities from Donor States, i.e. Iceland, Liechtenstein and Norway. Grant applications can therefore be submitted in partnership with relevant partner institutions from Donor States. Eligible expenditures for supporting and strengthening of bilateral partnerships may be included in the project budget.

Eligible project partners are public or private, commercial or non-commercial legal entities as well as non-governmental organizations established as legal persons in the territory of Iceland, Liechtenstein and Norway, as well as similar entities from the Czech Republic and other Beneficiary States of EEA/Norwegian Financial mechanisms 2014-2021 or any international organization or body or agency thereof actively participating in the project and effectively contributing to its implementation.

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<sup>1</sup> University hospitals.

<sup>2</sup> Thomayer hospital, Bulovka hospital, Na Homolce hospital.

<sup>3</sup> The conditions of debtlessness are deemed to be fulfilled if the taxpayer was allowed to delay the tax payment or pay the tax in instalments pursuant to Section 156 of Act No. 280/2009 Coll. Tax Code (as amended), or to pay the insurance and/or penalty in instalments pursuant to Section 20a of Act no. 589/1992 Coll. Social Security Insurance and State Employment Policy Contributions (as amended).

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## VI. Eligible activities, project implementation period and sustainability

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The deadline for the completion of projects and all the project activities is 31 December 2023<sup>4</sup>.

To be awarded grant support, projects must implement activities in one of the following focus areas:

1. Creation of **information materials in printed and online form** for secondary prevention in population of socially excluded localities, especially the Roma population, focused on selected specific communicable and non-communicable diseases (area no. 1).
2. **“Provision of scientific documentation as a basis for creation, validation and implementation of medical recommendations concerning selected communicable and non-communicable diseases specific mainly for the citizens of socially excluded localities”**. The main purpose of the created medical recommendations will be to educate and increase the level of expertise and skills of general practitioners and other healthcare professionals providing care to patients from socially excluded localities, especially Roma patients (area no.2).

Grant applications must be focused either on the implementation of activities in area no. 1 or the implementation of activities in the area no. 2. Both areas cannot be covered in a single project.

**In area no. 1, several projects can be supported**, up to the specified financial allocation 21,411,754 CZK (823,529 EUR).

**In area no. 2, only one project application will be supported**, up to the specified financial allocation 21,411,754 CZK (823,529 EUR).

**Ad 1) “Creation of information materials in printed and online form for secondary prevention in population of socially excluded localities, especially the Roma population, focused on selected specific communicable and non-communicable diseases”**.

Information materials on the identification of early or typical symptoms of specific diseases occurring in patients from socially excluded localities (secondary prevention) should contribute to improve health awareness and awareness of communicable and non-communicable diseases. Funding will be awarded to projects aimed at creating information materials on the above-mentioned diseases for the population of socially excluded localities including information on the possibility of preventive health check-ups and screening examinations covered by public health insurance. **The materials should cover the most common or most serious types of communicable and non-communicable diseases, which affect to a greater extent people from socially excluded localities and especially the Roma population. The applicant shall justify the choice of the diseases based on available data or studies, as well as its relevance in terms of the subject matter of the project and project outputs.**

The materials should include information on the initial symptoms of the disease, how to best identify them in layman's terms and how to ensure their early clinical diagnosis. Furthermore, they should contain information on how to proceed if the initial symptoms of these diseases are identified and, if necessary, which specialist to consult. Information on the possibilities of preventive health check-ups and screening examinations (e.g. at what age they should be conducted, what type of screening tests are relevant, etc.) should be included as well, as this is an important element of secondary prevention of diseases.

The structure of the information materials should be based on the diversity of communication channels and should be prepared both in printed form (e.g. newsletters, popular press articles) and in electronic form (e.g. short information videos or audio recordings) allowing for their online distribution, dissemination on social networks, or in traditional media (like TV, radio).

The creation of information materials will be carried out in cooperation with relevant professional societies of the Czech Medical Society J.E.P.

The project promoter will coordinate distribution of the created secondary prevention materials with the National Institute of Public Health (NIPH), which has a long-term active presence in socially excluded localities and is in charge of a network of field staff, the so-called Health Promotion Mediators, who have experience in disseminating information on primary health prevention in communities in socially excluded areas. The network of mediators was created within the project “Effective Promotion of Health of People at Risk of Poverty and Social Exclusion”, which aims to improve primary prevention as part of activities of the newly established Regional Health Promotion Centres (RCPZ) operating in each county.

All primary preventive activities provide the opportunity to educate the target group also in secondary prevention. Linking the primary and secondary prevention in the Czech Republic can create a comprehensive and unique prevention system for the most vulnerable population groups whose lifestyle, significantly influenced by socioeconomic health determinants, generates besides the aspect of suffering from illness also significant national economic losses from illness.

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<sup>4</sup> In exceptional and justified cases it is possible during the implementation of the project to request the Programme Operator about a change of the project completion date to 30 April 2024 at the latest.

## **Ad 2) "Provision of scientific documentation as a basis for creation, validation and implementation of medical recommendations concerning selected communicable and non-communicable diseases specific for socially excluded localities"**

A single successful project will be supported in this area. The project will create and implement guidelines for general practitioners and other specialized healthcare workers providing care to patients from socially excluded localities, especially to Roma population. The aim of the project is gathering expert documentation and creating, validating and implementation of the medical recommendations for communicable and non-communicable diseases that occur to a greater extent in or are specific for excluded localities. These recommendations should include information on how to treat patients in terms of early detection, laboratory and clinical diagnosis, including differential diagnosis. The recommendations will be developed in cooperation with relevant professional societies of the Czech Medical Society J.E.P. Medical recommendations will also include information on the most common or specific causes of health problems in the target group, which occur due to lack of awareness or lack of access to healthcare for the target population.

The project promoter shall coordinate the acquisition of expert data necessary for the elaboration of medical recommendations with the National Institute of Public Health, which has been long operating in socially excluded localities and is in charge of the network of Health Promotion Mediators with experience in health assessment in socially excluded localities (see Annex III to this Call).

Following the development of medical recommendations, the project promoter will ensure their distribution among general practitioners and other relevant healthcare professionals through the respective professional societies of the Czech Medical Society J.E.P. or Association of General Practitioners for Children and Adolescents/ Association of General Practitioners of the Czech Republic. The project promoter of the grant will also organize seminars and/or workshops for the abovementioned practitioners and healthcare professionals where the recommendations will be widely presented.

Taking into account that the eligible applicants are providers of specialized healthcare for patients from socially excluded localities, in particular the Roma population, in the area of specific communicable and/or non-communicable diseases, the project activities may also partly aim to support health-research and/or multidisciplinary teams providing care to the target population or to improve spatial or infrastructure conditions for providing such healthcare taking into account e.g. the professional or demographic specificities of the target population.

## **Detailed description of the required cooperation with the NIPH**

Cooperation and communication between the project promoter and the NIPH during the implementation of the project shall be conducted via Public Health Promotion Centre of the NIPH which manages 14 Regional Health Promotion Centres (RCPZ). Each regional centre is led by a regional coordinator who manages the field staff and harmonizes their preventive health promotion activities for people at risk of poverty and social exclusion. RCPZ coordinators will ensure the dissemination of created secondary prevention materials to key project partners (general practitioners, health and social service providers, Agency for social inclusion, regional and municipal authorities, NGOs) who will further distribute them in the field. The field staff (Health Promotion Mediators) will ensure dissemination of the created materials (leaflets, promotional spots, etc.) directly to the target group of the project in their socially excluded locality.

Health Promotion Mediators come from a particular socially excluded locality where they have informal authority and possess knowledge of the socio-cultural specifics of the given region. They are connected with social service providers and related counselling services. Secondary prevention materials created in the supported projects from this Call will also be distributed as part of individual interventions and group interventions such as healthy lifestyle courses, physical activity courses and Health Days.

In the initial phase of project implementation, the project promoter will reach out to the contact person of the project "Effective Promotion of Health of People at Risk of Poverty and Social Exclusion". In cooperation with the contact person and coordinators of regional implementation teams, the project promoter will draw up a schedule of distribution of created materials, their presentation to RCPZ Regional implementation teams, the way of delivery of the materials and the method of keeping records on their handover (directly to the target group or to key partners). The project promoter will get acquainted with the project of the NIPH at [www.epoz.szu.cz](http://www.epoz.szu.cz).

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In the grant application, the applicant shall state how the project outputs will be used after the completion of the project, i.e. how is the sustainability of the project ensured. The sustainability period of project including investments is set at 5 years. Projects without investments need to have sustainability period at least 2 years.

**Project activities must take place in the Czech Republic.** In case of involvement of partner from donor state, the relevant activities may also take place in the donor state(s).

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## **VII. Programme objectives and relevance of the project**

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The general objective of the Health Programme in the Czech Republic is to **improve prevention and reduce inequalities in health**. Regarding this Call, the main focus is to improve access to health care for marginalized population groups from socially excluded localities, in particular the Roma population, by implementing tools aimed at strengthening the secondary prevention of specific communicable and non-communicable diseases to ensure their early diagnosis and treatment.

The expected outcomes and outputs with specific indicators were defined to measure the influence and impact of the programme. Projects that will receive grant from this and following calls of the programme shall contribute to reaching the specified programme outcomes and outputs.

Based on the focus of the Call, applicants shall describe in the project application the relevance of the project towards the general objective of the programme and its impact towards:

- Programme outcome no. 2 (Measures for prevention of diseases strengthened) and
- Programme output no. 2.2. (Tools for improved prevention/early diagnosis of diseases in marginalized populations including Roma developed/ implemented) and/or
- Programme output no. 2.3. (Training/education in disease detection/ treatment provided) and/or
- Programme output no. 2.4. (Awareness raising activities carried out).

**The applicant will then select in the application the programme outputs and indicators which are relevant for the project and indicate the planned target value (i.e. value which shall be reached through the implementation of the project). The applicant will select indicators from the list of programme indicators relevant for this Call which are specified in the table below.**

## Indicators

| General objective of the programme   |   | Improving prevention and reducing inequalities in health   |
|--|---|--|
| Outcome/output of the programme  | Indicator   | Indicator specification – link to the areas of support   |
| Programme Outcome 2<br><b>Measures for prevention of diseases strengthened (mandatory)</b>   | The number of inhabitants profiting from improved measures for prevention of communicable and non-communicable diseases in socially excluded areas                          | mandatory indicator, monitoring indicator <sup>5</sup>   |
| Programme Output 2.2.<br><b>Tools for improved prevention/early diagnosis of diseases in marginalized populations including Roma developed/ implemented (mandatory-elective indicator)</b> | Guideline for general practitioners working with Roma population on secondary prevention of communicable and non-communicable diseases developed                            | Area no. 2, mandatory-elective indicator, binding target value   |
|  | Number of programmes to create/disseminate the guidelines for marginalized populations, mainly Roma, developed/carried out  | Area no. 1, mandatory-elective indicator, binding target value   |
| Programme Output 2.3.<br><b>Training/education in disease detection/ treatment provided (mandatory-elective indicator)</b>   | Number of health professionals trained/educated in prevention, early detection/treatment/management of antimicrobial resistance/communicable- and non-communicable diseases | Area no. 2, mandatory-elective indicator, binding target value, the achieved value will be disaggregated by gender and ethnicity |
|  | Number of training/educational initiatives/guidelines designed/carried out/implemented  | Area no. 2, mandatory-elective indicator, binding target value   |
| Programme Output 2.4<br><b>Awareness raising activities carried out (mandatory-elective indicator)</b>   | Number of awareness raising campaigns carried out   | Area no. 1 and no. 2, mandatory indicator, binding target value  |

Note:

“Mandatory” means that respective outcome/output/outcome indicator/output indicator must always be selected.

“Mandatory-elective” means that at least one respective outcome indicator/output/output indicator must be selected in line with planned key activities listed in chapter VI.

<sup>5</sup> The project indicator contributes to the fulfilment of the programme indicator "Estimated share of Roma population reached with improved measures for prevention of communicable and non-communicable diseases in socially excluded areas".

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Each applicant **realistically sets out the planned target values** of the selected indicators in the application. The fulfilment of the target values will be monitored during the project implementation by monitoring reports.

**Programme outputs and related target values of programme output indicators are binding** as they have a direct link to the project activities and its budget.

**The implementation of the project contributes to the achievement of the programme outcome**, however, the fulfilment of the programme outcome may depend on factors beyond the control of the project promoter of the grant. Therefore **the target value of the programme outcome indicator will be monitored**, in case the target value won't be reached this will have to be justified in the respective monitoring report.

Apart from the relevance of the project to the programme the applicant will also define **the purpose of the project** related to the Programme outcome no. 2 (Measures for prevention of diseases strengthened) as well as outputs of particular activities including output indicators. **These activity outputs and target values of chosen indicators are binding** because they have direct link to project activities and budget of the project.

The applicants may, at their discretion, include other optional indicators in addition to the above-mentioned mandatory and mandatory-elective indicators. Detailed information related to the setting of outputs for activities/programme and programme outcome, relevance of indicators, setting of additional optional indicators, its description and definitions is in the Guideline for Applicants (Annex I to this Call).

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## VIII. Eligible expenditures

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Detailed rules defining which categories and types of expenditures are eligible and can be claimed for reimbursement are laid down in the Chapter 8 of the Regulation on the implementation of the EEA Grants 2014-2021 and further described in the Guideline for Applicants and the Guideline of the National Focal Point for Eligible Expenditures under EEA/Norwegian Financial mechanisms 2014-2021.

All types of expenditures<sup>6</sup> listed in Chapter 3 of the Guideline of the National Focal Point for Eligible Expenditures under EEA/Norwegian Financial mechanisms 2014-2021 are eligible under this Call, provided that the expenditures are directly related to the implementation of the project activities.

The share of investment/infrastructure expenditures **cannot exceed 20 % of total eligible project expenditures**. For the purposes of this Call, investment expenditures mean the acquisition of tangible and intangible fixed assets and the acquisition of real estate and / or land as specified in Chapters 3.1.3 resp. 3.1.5 of the Guideline of the National Focal Point for Eligible Expenditures under the EEA/Norwegian Financial Mechanisms 2014-2021. The Program Operator has decided that within the EEA Grants 2014-2021 the cost of the goods approved in the grant application or modified grant application is fully eligible, since the approved purchase form an integral and necessary component for achieving the project outcomes. Depreciation of tangible and intangible assets is not considered eligible expenditure and the related costs cannot be claimed for reimbursement.

The proportion of costs falling under "construction" and "supplies" budget chapters (e.g. consumables, equipment supplies) **shall not exceed 40 % of the total eligible project expenditures**.

Expenditure on project management will be included in the chapter Management. For projects with a **duration above 24 months**, the **maximum allocation of the Management chapter is set at 15 % of the total eligible project expenditure**. Projects with a duration of less than and including 24 months can set the allocation of the Management chapter to a maximum of 10 % of the total eligible project expenditure.

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## IX. Grant amount – co-financing – advance payment – payment system

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**Minimum grant amount is 5,200,000 CZK (200,000 EUR), maximum grant amount is 21,411,754 CZK (823,529 EUR).**

**The exchange rate set by the Programme Operator is CZK 26.00 / EUR.**

**The maximum rate of grant support is 100% for all eligible applicants.**

The list of relevant legal forms of eligible applicants is provided in Annex II to this Call.

**The final date of eligibility of expenditure is 31/12/2023<sup>7</sup>.**

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<sup>6</sup> These are direct expenses (staff costs, travel costs, tangible and intangible fixed assets, purchase of current assets and consumables, purchase of land and real estate /incl. reconstructions/, purchase of services, VAT) and indirect costs (overheads).

According to the act no. 218/2000 Sb., on Budget rules and amendments of some relating acts (as amended), advance payment is not provided to State Contributory Organizations.

The expenditures will be reimbursed to the project promoter ex-post according to the actually incurred expenditures (the request for payment will be submitted together with the monitoring report; monitoring reports will be submitted every 4 months). The project promoter will provide a statement of actual expenditures incurred, including the required annexes.

**The applicant has no legal entitlement to the grant.**

**The Programme Operator reserves the right not to distribute all the funds available in this Call.**

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## **X. Processing and submission of grant applications**

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Grant applications can be only completed and submitted electronically via the IS CEDR information system by 30. 9. 2020 do 12:00.

Grant application and its annexes will be prepared in Czech language (only part of the Project summary and relevant parts in application form will be in English) and in standardized format (if it is specified for the respective annex – see Guideline for Applicants). Presumed expenditures of the project will be given in CZK.

The information needed to process and submit the application is contained in this Call, the Guideline for Applicants and the notes and help in IS CEDR.

- Guideline for Applicants is available at [www.eeagrants.cz](http://www.eeagrants.cz) and [www.mzcr.cz](http://www.mzcr.cz)
- The application must be accompanied by all required annexes – see Guideline for Applicants. Standardized annexes are available for download at [www.eeagrants.cz](http://www.eeagrants.cz) and [www.mzcr.cz](http://www.mzcr.cz).
- During the evaluation of the grant application, the applicant may be asked to submit a paper form of some annexes (large-format attachments, drawings, etc.).
- In the grant application, the applicant shall provide information on all consultants involved in the preparation of the grant application.

Technical requirements and recommendations

- Access to the IS CEDR system is possible through: [www.eeagrants.cz](http://www.eeagrants.cz); CEDR button.
- For communication with the Program Operator - the Ministry of Finance and the Program Partner – the Ministry of Health, the use of a data box is recommended. Communication via data box is obligatory for entities that have an obligation by law to have established data box.
- The application and annexes must be accompanied by a visible qualified electronic signature of the authorized representative, i.e. signature of the statutory representative or member of the statutory body or another authorized person.
- In case of technical difficulties with preparation and submission of the application it is possible to contact the person stated at the IS CEDR homepage; Contacts.
- Grant application and its annexes can be prepared gradually in IS CEDR, the system enables interim saving of already completed parts.
- The grant application process must be completed while knowing that the evaluation and selection process will be based solely on information contained in the grant application and its annexes. All parts of grant application and the annexes therefore need to be filled carefully and clearly.
- It is recommended to submit the application well in advance of the Call deadline. Postponing the submission to the last minute could cause difficulties due to possible system overload.

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## **XI. Documents for the implementation of the EEA Grants 2014-2021**

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Documents (Regulations, guidelines and methodology) are available at following websites:

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### **Financial Mechanisms Office**

(especially Regulation on the implementation of EEA and Norway Grants 2014-2021 and Results Guidelines)

[www.eeagrants.org](http://www.eeagrants.org)

### **National Focal Point**

(especially NFP Guideline for eligible expenditures)

[www.eeagrants.cz](http://www.eeagrants.cz)

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<sup>7</sup> In exceptional and justified cases it is possible during the implementation of the project to request the Programme Operator about a change of the final date of eligibility of expenditures to 30 April 2024 at the latest.

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## XII. Evaluation and selection procedure of grant applications

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Phases of the selection of projects that will be used for the evaluation of applications submitted under this Call include:

### 1) Assessment of administrative and eligibility criteria

The Programme Partner will assess first the administrative, and second the eligibility criteria according to the criteria set in points 1) and 2) of Part XIII of this Call.

If shortcomings (e.g. completeness and legibility) are found, the applicant will be informed and asked to make modifications of the annexes of the application via the IS CEDR in reasonable time period set by the Programme Partner. The applicant only makes such additions to the annexes that do not lead to the quality improvement of the application. The grant application itself can no longer be modified after its submission.

Applications that do not meet the administrative and eligibility criteria will be excluded from further evaluation. The applicant will be notified via the IS CEDR of the rejection of application due to failure to comply with administrative and/or eligibility criteria. The applicant can appeal the rejection of the application through the IS CEDR within 15 days from the receipt of the rejection of the application due to failure to comply with administrative and eligibility criteria.

### 2) Evaluation of the quality of the application by external evaluators

Each application is evaluated by two external evaluators according to evaluation criteria indicated in point 3) of Part XIII of this Call. The final score of the grant application is calculated as arithmetic average of the scores awarded by the evaluators.

If the difference between the overall score of the two evaluators is higher than 30 % of the higher score, the application will be evaluated by the third evaluator. The resulting score will be the average of the two scores that are closer to each other. If the score of the third evaluation is exactly between the score of the first and second evaluation, the resulting score is calculated from the higher two scores.

### 3) Assessment of applications by the Selection Committee

The Selection Committee is provided with a list of all projects that have been evaluated for quality. Projects shall reach the minimum score of 60 points to proceed to subsequent stage of selection. Another prerequisite for proceeding to the next stage of selection is to obtain at least 13 points in the evaluation criterion "Relevance and importance of the project". Projects are ranked on the list according to the score obtained by external evaluators (arithmetic average of the scores). The Selection Committee shall discuss the submitted project applications and produce a list of recommended projects, together with a reserve list and the list of rejected project applications and the reason for their rejection, to the Programme Operator - Ministry of Finance for verification.

### 4) Verification by Programme Operator

The Programme Operator verifies the evaluation and selection procedure of grant applications, including the verification of individual recommended applications.

### 5) Grant approval / non-approval

Based on the outcome of the verification, the Programme Operator decides whether to award / reject the grant and informs the applicant about further procedure. Successful grant applicants receive a Grant Approval Letter followed by a legal act on the allocation of funds. Unsuccessful applicants are sent a legal act informing of rejection of the grant application.

Implementation of the approved projects is expected to start approx. 5-6 months after the end date of submission of applications via IS CEDR (i.e. in March 2021).

## Information on the state aid conditions

It is not possible to finance projects, which constitute unlawful State aid under Article 107 (1) of the Treaty on the Functioning of the European Union (TFEU). For this reason, only those grants that either do not constitute State aid at all (i.e. the characteristics of state aid are not cumulatively fulfilled within the meaning of Article 107 (1) TFEU) or constitute State aid compatible with the EU internal market without the need for prior notification to the European Commission will be awarded. Further details are set out in the Guideline for Applicants.

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### XIII. Administrative, eligibility and quality criteria

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#### 1) Administrative (formal) criteria

- The application was submitted until the deadline set in the Call.
- The application is processed in the required language according to the Call.
- All mandatory information is filled in the application.
- The application is signed electronically by the representative of applicant's statutory authority or authorized person.
- All mandatory annexes are complete and are submitted in the required form in accordance with the Call and the Guideline for Applicants.
- The applicant submitted a maximum of one grant application into each focus area of the Call<sup>8</sup> (see Chapter VI.).
- The applicant complied with the limit of the maximum grant rate according to the Call.

#### 2) Eligibility criteria

- The applicant is eligible.
- Partner (s) are eligible (if applicable).
- The project is in line with the focus of the Call (program area, outcomes, outputs).
- Activities are eligible.
- The place of the project implementation is in accordance with the terms of the Call.
- The end date of project implementation does not exceed the maximum completion date specified in the Call.
- The requested grant amount complies with the conditions set out in the Call.

Detailed information on the individual administrative and eligibility criteria is provided in the Annex IV of this Call – Checklist.

#### 3) Quality evaluation criteria

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#### Detailed quality evaluation criteria

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|          | <b>Evaluation criteria</b>   | <b>Max. number of points of the given criterion (out of 100 possible) (y)</b> |
|----------|--|---|
| <b>1</b> | <b>The applicant's ability and readiness to implement the project</b>  | <b>13</b>   |
|          | 1.1. Administrative capacity – The applicant (or partner (s)) has adequate administrative capacity for the implementation of the project.  | 5   |
|          | 1.2 The organizational structure of the management is clearly described, including the effective division of organizational, managing and executive tasks among the individual members of the project team on the side of applicant as well as external assistance supplier (if proposed by the applicant). The size and organizational structure of the project management corresponds to the size of the project.<br><br>In case of partnership in the project, the roles of each partner in project implementation are described clearly and in detail. | 4   |
|          | 1.3 The applicant has experience with successful implementation of at least one similarly focused project.   | 4   |
| <b>2</b> | <b>Relevance and importance of the project</b>   | <b>25</b>   |
|          | 2.1 The project contributes significantly to fulfilling the outcome and outputs of the Programme. (Project may contribute to several Programme outputs).   | 9   |
|          | 2.2 The project clearly contributes to fulfilling the objectives of the related conceptual and strategic documents (local / regional / sectoral), or it is linked to the outputs of the already completed project.   | 3   |
|          | 2.3 The justification of the project is based on recent and respected scientific literature or other supporting documents (needs analysis etc.). Outputs of the project activities are realistic and are in line with the indicated outputs of the   | 3   |

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<sup>8</sup> If applicant submits more than 1 application in any of the two focus areas, the Programme operator will only accept the first application submitted, based on the date and time of submission in IS CEDR.

|          |   |            |
|----------|---|------------|
|          | programme.  |            |
|          | 2.4 The project intent is in line with the relevant programme outcome. The impact of the project corresponds to the needs of the main target group focused on in the project. The applicant cooperates with the target groups during the implementation of the project.   | 4          |
|          | 2.5 The cooperation with the National Institute of Public Health (NIPH) and the Czech Medical Society J.E.P, which is required by the Call, is sufficiently described. The cooperation with the abovementioned entities is set up in a meaningful way and will contribute to the dissemination of project outputs among the target group.   | 6          |
| <b>3</b> | <b>Project structure, risks, activities and outputs</b>   | <b>33</b>  |
|          | 3.1 The structure of the project is clearly defined. Individual activities and their outputs are clearly described including their interconnection. The project activities are complementary to each other.   | 9          |
|          | 3.2 The proposed project activities are necessary to fulfil the purpose of the project and they contribute to the programme outcome/output(s).  | 9          |
|          | 3.3 The publicity of the project is clearly described, including the individual activities to ensure the overall publicity.   | 3          |
|          | 3.4 The proposed timeline of the project is clear, realistic and corresponds to the needs for the implementation of activities in terms of their content and their interconnection.   | 4          |
|          | 3.5 The results framework of the project provides clear and transparent information on the relevance of the project to the programme, including the indicators and sources for their verification (outputs, outcome). The baseline and final values of the indicators are realistic, the indicators are quantified and objectively measurable in both quantity and time. Sources of verification of indicators are listed and will be available and suitable for verifying both baseline and target values of indicators. | 4          |
|          | 3.6 Risks related to project implementation are clearly defined and relevant, including the design of measures to eliminate them to ensure the smooth implementation of the project.  | 4          |
| <b>4</b> | <b>Project economy and sustainability</b>   | <b>14</b>  |
|          | 4.1 The items indicated in the budget are eligible and <u>necessary</u> for the implementation of particular activities.<br><br>A clear quantification of the units of individual budget items is provided in measurable units.<br><br>The proposal of individual budget items is in line with the project and its activities and their amount is reasonable and corresponds to the standard costs in place and time, or the costs of similar projects.<br><br>Unit costs correspond to standard market prices.           | 11         |
|          | 4.2 The sustainability of the project results is described, it covers the minimum period specified in the Call and the way it will be achieved is clearly described.  | 3          |
| <b>5</b> | <b>Specific programme conditions and horizontal (cross-cutting) themes</b>  | <b>15</b>  |
|          | 5.1 The project is aimed at addressing the problems of minority groups, especially the Roma (no - 0, it contributes to this area - 2, it significantly contributes to this area – 5, it crucially contributes to this area - 7).<br><br><i>Note: Only one option shall be selected for this criterion.</i>  | 7          |
|          | 5.2 The project contributes to strengthening the bilateral relations with donor states.   | 8          |
|          | <b>Total</b>  | <b>100</b> |

The minimum average score needed to advance to the next stage of evaluation is 60 points.

**The minimum average score for the evaluation criterion 2 (Relevance and importance of the project) to advance to the next stage of evaluation is 13 points.**

Weighting - the external evaluator evaluates the fulfilment of each criterion by 0 - 5 points (with the exception of the criterion 5.1 where only one of the options is selected). The value obtained for each criterion is then converted into a weighted value based on the maximum score that can be earned for that criterion. For each criterion the evaluator shall justify the number of points awarded.

0 - The project does not meet the assessed criterion, or it cannot be assessed due to missing or incomplete information.

1- Very bad. The criterion is met superficially and unsatisfactorily.

2 - Bad. There are serious and substantial shortcomings in relation to this criterion.

3 - Satisfactory. Although the project broadly addresses this criterion, there are shortcomings that would require correction.

4 - Good. The project fits well with the criterion, although some improvements are possible.

5 - Excellent. The proposal successfully addresses all aspects of the criterion.

For each criterion, the points given by the evaluator (x) are then recalculated by using the Weighting Coefficient (max. number of points of the given criterion in the table above) (y) according to the formula  $(x / 5 * y)$ .

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## **XIV. Information on how to provide consultations for a Call**

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Questions related to the Call (e.g. submitting of grant application, terms of the Call, evaluation procedure and the awarding of funds) may be made in writing addressed to the staff of the Programme Partner.

— Petr Čermák, Head of Financial Mechanism Department (email: [Petr.Cermak@mzcr.cz](mailto:Petr.Cermak@mzcr.cz))

— Lucia Hrivňáková, Financial Mechanism Department (email: [Lucia.Hrivnakova@mzcr.cz](mailto:Lucia.Hrivnakova@mzcr.cz))

Questions may be addressed no earlier than on the date the open Call is announced and no later than 5 working days before the deadline for submission of the grant applications. The reply will be sent to the applicant within 5 working days, at the latest on the day of termination of the Call. Only written answers are binding.

Frequently asked questions and answers will be available at the Questions and Answers section [www.eeagrants.cz/health/FAQ](http://www.eeagrants.cz/health/FAQ)

### **Information how to submit a complaint**

Implementation of EEA Grants is based on the principles of transparency, openness and responsibility with zero tolerance towards corruption and misuse of funds. In line with these principles the Applicant is entitled to submit a complaint related to the suspicion of misuse or irregularity related to the EEA Grants. The complaint can be submitted by the following means:

— **electronically** via email to: [stiznosti-czp@mfcz.cz](mailto:stiznosti-czp@mfcz.cz)

— in writing – by regular mail to the address:

Ministry of Finance  
Department No. 58 – International Relations  
Unit No. 5804 – Centre for Foreign Assistance – Preparation and Coordination  
Letenská 15  
118 10 Prague 1

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## **XV. List of attachments**

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I. Guideline for Applicants

II. List of relevant legal forms of applicants – in Czech only

III. List of socially excluded localities relevant for this Call – in Czech only

IV. Checklist: Open Call - Prevention of communicable and non-communicable diseases of people living in socially excluded localities, mainly Roma – in Czech only