



HealthChain Call for SMEs

Guidelines for applicants

Version no.1.0 (May 2024)



General details

GA number	GA 101094676
Project Acronym	HealthChain http://healthchain-i3.eu/
Project Title	Boosting value chains in Health at regional and EU level
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Project Duration	January 2023. – December 2025. (36 months)

Disclaimer

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History of changes

Ver.	Date	Content
1.0	29/05/2024	First public version

Table of contents

Glossary	6
1. Introduction	8
1.1. This document.....	8
1.2. Context.....	8
1.3. The I3 instrument.....	8
1.4. Healthchain model	8
1.4.1. Healthchain Founding Ecosystems (seeking follower SMEs).....	9
1.4.2. HealthChain main objectives.....	13
1.4.3. Expected outcome.....	13
1.4.4. The Interregional Innovation Investments (I3) in HealthChain	13
1.5. Award ten interregional couples of SMEs to solve a healthcare challenge	13
2. The Call for SMEs	15
2.1. Objectives.....	15
2.2. Benefits to become a Follower SME.....	15
2.3. Who can apply?.....	16
2.4. 10 challenges proposed by HealthChain	16
2.5. Timeline	18
2.6. Work to be performed by a follower SME.....	18
3. Activities to be funded	19
3.1. Co-creation and pilot deployment	19
3.2. Business Support	19
3.2.1. Objectives	19
3.2.2. Mentors.....	19
3.2.3. Expected participants.....	19
3.2.4. Business Support Activities.....	19
3.2.5. Timeline.....	20
3.3. Deliverables.....	20
3.4. Evaluation of successful completion.....	21
3.5. Support provided and origin of the funds.....	21
3.5.1. Financial support	21
3.5.2. Financial support for follower SMEs	22
3.5.3. Origin of the funds.....	22
4. Eligibility criteria	22
4.1. Beneficiaries.....	23
4.1.1. Applicants that want to address one of the 10 challenges proposed by HealthChain.....	23
4.1.2. Additional conditions	23
4.1.3. Language	24
4.1.4. Multiple submissions.....	24
4.1.5. Documentation format.....	24
4.1.6. Submission system	25
4.1.7. Data protection	25
4.1.8. Deadline.....	25
4.1.9. Absence of conflict.....	25



5. Evaluation criteria.....	25
6. Application submission.....	27
6.1. Application preparation and submission.....	27
6.2. Application reception.....	27
6.3. Data protection	27
7. Evaluation process.....	28
7.1. Eligibility check.....	28
7.2. Remote evaluation.....	28
7.3. Online interviews.....	29
7.4. Consensus and final scores	29
7.5. Final ranking and selection	29
7.5.1. Final ranking	29
7.5.2. Selection	29
7.6. Communication of results.....	29
7.7. Changes in the Open Call.....	29
7.8. Appeal procedure	30
8. Negotiation.....	31
8.1. Contract preparation.....	31
8.2. Contract signature	31
9. Responsibilities of beneficiaries	32
9.1. Conflict of interest	32
9.2. Data protection and confidentiality.....	32
9.3. Promoting the action and giving visibility to the EU funding.....	33
9.4. Financial audits and controls	34
9.5. Intellectual Property Rights (IPR).....	35
9.5.1. Healthcare organisations, leading SMEs and follower SMEs	35
9.5.2. Originality of the proposals	35
9.5.3. Evaluators.....	35
9.5.4. Liability.....	36
10. Self-assessment before submission	36
11. Other Open Call documents.....	36
12. Additional information.....	37

List of tables

Table 1. HealthCahin Call for SMEs summary.....	15
Table 2. Challenges proposed by HealthChain	18
Table 3. Timeline.....	18
Table 4. Pilot co-creation deliverables.....	21
Table 5. Review Meetings.....	21
Table 6. HealthChain funding support	22



Table 7. HealthChain evaluation criteria26

List of figures

Figure 1. Murcia Region Ecosystem.....10

Figure 2. Centro Portugal Ecosystem10

Figure 3. Western Slovenia Ecosystem11

Figure 4. Primorsko-Goranska Ecosystem12

Figure 5. East Netherlands Ecosystem.....12

Figure 6. An ecosystem in HealthChain13

Figure 7. The HealthChain model.....14

Figure 8. HealthChain evaluation process28



Glossary

Term	Description
Application	Submission of online form to apply for the Call for SMEs, through the F6S platform .
Call for SMEs	Open call inviting innovative companies to submit pilot proposals to solve Challengers' needs.
Cascade Funding Calls / Financial Support for Third Parties (FSTP)	Cascade funding, also known as Financial Support for Third Parties (FSTP), is a Commission mechanism to distribute public funding in order to assist beneficiaries, such as start-ups, scale-ups, SME and/or mid-caps, in the uptake or development of digital innovation.
Challenge	A description of a real and specific organisational innovation need, that is currently not met and for which a solution is not yet available or widely available on the market.
Challenger	Healthcare organisation that has a Challenge that requires an innovative solution and aims to co-create a pilot with an innovative company (or companies).
Co-creation agreement and Pilot Action Plan	A plan signed between the Challenger (healthcare organization), the leading SME and the follower SME, outlining the implementation scope, each partner responsibilities, engagement procedure with end-users, success KPIs for the pilot, IPR ownership and exploitation rights, among other key issues. It will be annexed to the Sub-Grant agreement.
Ecosystem supporter	A business association, cluster or other type of intermediate organisation that leads the ecosystem, linking its stakeholders, connecting it between cross-border regions and delivering business support to the SMEs solving the Challenge in their ecosystem.
Follower SME	Small and Medium Enterprise (SME) that complement the solution already proposed by a Leading SME for a specific Challenge and is selected to jointly co-create that solution with the corresponding healthcare organisation and the Leading SME.
Leading SME	Small and Medium Enterprise (SME) that proposed an innovative solution for a challenge identified by a healthcare organisation established in the same country and will jointly co-create that solution with the corresponding healthcare organisation and the Follower SME selected through the FSTP Call (Call for SMEs).



Proposal	A PDF file detailing a solution/pilot, following the template provided in this Call for SMEs (Annex 2 - Proposal Template).
SME	Small and Medium Enterprise as defined by the European Commission .
Sub-Grant agreement	A contract signed between the HealthChain Coordinator (Ticbiomed) and a follower SME, defining the framework of rights and obligations of the contracting parties, including but not limited to ground rules for receiving financial support and a description of the work to be carried out.
Sub-grantee	Follower SME that signs a Sub-Grant agreement with the HealthChain Consortium leader (Ticbiomed).



Introduction

1.1. This document

This document explains how the **HealthChain Call for SMEs** works, defining the terms and conditions to apply for it, including the eligibility and evaluation criteria, financial support available, application and evaluation process. It is complemented by other open call documents listed in section 6, which can be found on the HealthChain website: <https://healthchain-i3.eu/call-smes/>, and that must be considered by applicants for the submission of a proposal.

1.2. Context

The acquisition of innovation by healthcare organisations enables better and more efficient service delivery to citizens and patients. These organisations can acquire innovation via direct procurement from the market when a mature solution is available. However, frequently these organisations have unmet needs that require innovative solutions that are not yet widely available in the market.

In order to do so, in January 2024 HealthChain launched an Expression of Interest to select leading SMEs for the 10 challenges proposed by the Healthcare Organisations within the consortium. At this stage, HealthChain is looking for 10 follower SMEs to complement the leading SME expertise and jointly co-create innovative solutions with the Healthcare Organisations.

1.3. The I3 instrument

HealthChain is a European project funded by the [I3 Instrument](#) under Strand 2a. I3 provides advisory and financial support to innovation projects in joint smart specialisation areas on the road towards commercialisation and scale-up. Strand 2a focuses on increasing the capacity of regional innovation ecosystems in less developed regions to participate in global value chains, as well as the capacity to participate in partnerships with other regions.

Healthchain model

Boosting value chains in Health at regional and EU level

HealthChain, is a project funded through the I3 Instrument that brings together the public and private sectors in the regional ecosystems to develop demand-driven digital health solutions through co-creation between Healthcare Organisations (HOs) and IT companies.

HealthChain proposes an innovation model that is demand-driven, co-creative, geared to adoption and ecosystem enabled to complement current instruments. The project aims to develop health solutions meeting existing needs that will improve the quality of the health services for the citizens.

HealthChain builds up on top of five founding regional ecosystems from different EU countries: **Murcia (Spain), Centro (Portugal), Western (Slovenia), Primorsko-Goranska (Croatia) and East Netherlands (The Netherlands)**. As part of the HealthChain Community of Practice, five



additional ecosystems are involved to replicate the model (Mirror Regions): **Western (Greece), Navarra (Spain), Castilla y León (Spain), Flanders (Belgium) and North West (Romania)**. The interregional component provides a unique opportunity to cross-fertilise actual instruments and facilitate the market uptake of the solutions developed.

1.3.1. Healthchain Founding Ecosystems (seeking follower SMEs)

HealthChain model will be implemented and validated in the regional ecosystems based on local quadruple-helix connections from different EU countries. Each region brings together the same structure of roles:

- Healthcare organisation (HO) with the role of Challenge identifier that proposes the needs and pilots the co-creation of the proposed solutions in their premises.
- IT Companies (Solvers) with the role of solvers with expertise in IT/digital technology.
- Regional Ecosystem Supporter (ES) as business support experts for the IT companies but also leading the connection between cross-border regions.

Within HealthChain, each healthcare organisation is already co-creating one or two innovative solutions with the regional founding IT companies from the consortium. Additionally, two challenges have been proposed following a demand-driven approach by the healthcare organisations to be solved by two SMEs outside the consortium. Therefore, through this Call for SMEs, HealthChain is looking for 10 SMEs that will team up with the leading SMEs and jointly co-create the solutions for the challenges proposed by the healthcare organisations. The 10 challenges are described in section 2.3.

Healthchain Founding Ecosystems at a glance:

- **Murcia, Spain:** Servicio Murciano de Salud (SMS) is the regional healthcare provider, in charge of public healthcare in Murcia. Manages 9 health areas, with a total of 10 public hospitals, more than 280 primary care centres and medical offices and 3 specialized centres. It provides healthcare to 1.5 million people. Ticbiomed, as the regional cluster on digital health and Ecosystem supporter, will provide support on the scale up of the solution co-created.



Figure 1. Murcia Region Ecosystem

- Centro, Portugal:** Centro Hospitalar e Universitário de Coimbra (CHUC) is the largest health institution in Portugal, consisting of the Coimbra University Hospital, the General Hospital, the Coimbra Pediatric Hospital, two Maternity Hospitals and a Psychiatric Hospital. As Ecosystem supporter, Instituto Pedro Nunes will be fully involved not only in the regional support, but also in the overall definition of the business support strategy for all the HealthChain partners, with a special focus on the sustainability.

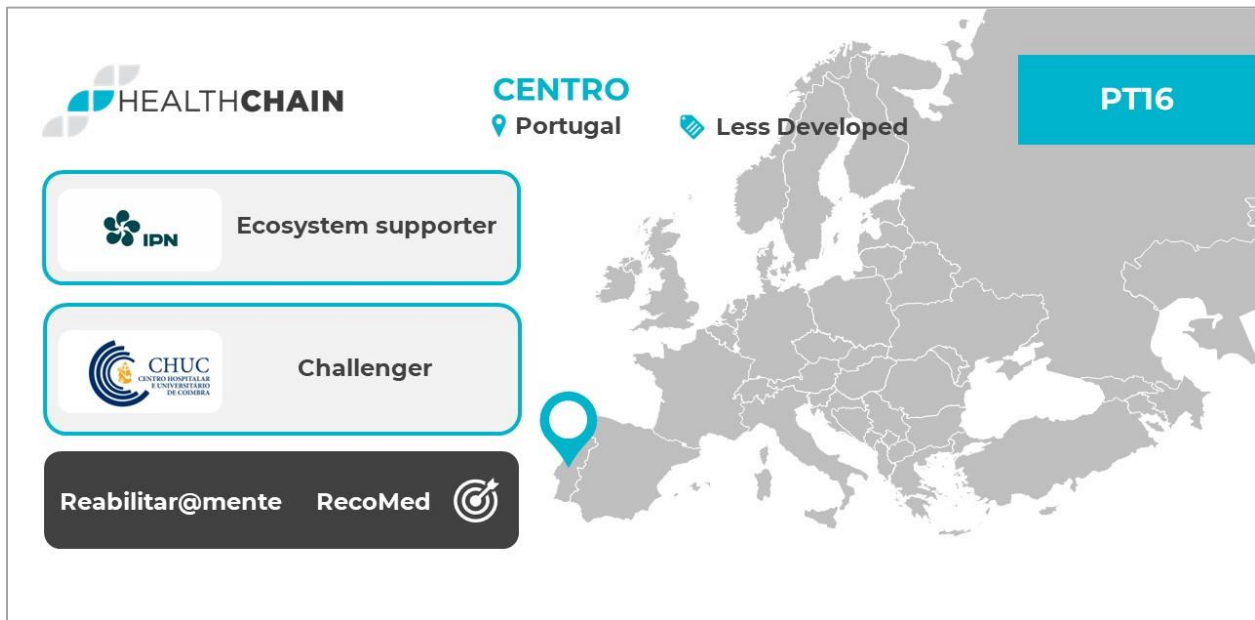


Figure 2. Centro Portugal Ecosystem



- **Western, Slovenia:** The Surgical Centre Rožna Dolina (KSRD) is the first private surgical clinic in Slovenia. It was designed as a self-paying hospital that offers its patients higher standards of care and accommodation. During the years of operation, they also obtained concessions from the Ministry of Health for its activities, supported by Parsek technical and business expertise. Slovenian Innovation Hub (SIH EEIG), as Digital Innovation Hub as well as Ecosystem supporter, will make sure to bring on board all the regional Ecosystem.



Figure 3. Western Slovenia Ecosystem

- **Primorsko-Goranska, Croatia:** Klinički bolnički centar Rijeka (KBCRI) is one of five clinical hospital centers in Croatia and it is the main one in this region. The medical services provided cover three counties, for approximately 600,000 inhabitants. Sustainable Solutions (GIU), the Croatian Ecosystem supporter will coordinate the overall regional activities while ensuring the monitoring of the quality of the implementation of the HealthChain planned actions.



Figure 4. Primorsko-Goranska Ecosystem

- East Netherlands (The Netherlands):** Rijnstate is a top clinical teaching hospital in the Netherlands and offers inpatient and outpatient services in 29 medical specialties, as well as emergency care, with a special focus on oncology, immunology, vascular care, and vulnerable elderly. Oost NL – East Netherlands Development Agency, as the regional development agency and Ecosystem supporter, will oversee the regional activities while focusing on enlarging the HealthChain Community of Practise (CoP).



Figure 5. East Netherlands Ecosystem

1.3.2. HealthChain main objectives

1. Establish and validate a value-chain model that interconnects regional stakeholders to promote demand-driven innovation and resulting in systematically co-created digital health solutions geared for adoption.
2. Boost the competitiveness of the IT companies with mature solutions, facilitating the scaling and uptake of their solutions at local, European and international level.
3. *Support a wider pool of third-party SMEs (TRLs 6-7) to co-develop and pilot solutions under real-world conditions.*
4. Create a sustainable Community of Practice of EU regions, that sustainably maintain and exploit the proposed value-chain model with their own resources beyond the duration of the project.
5. Promote the digital transformation of healthcare organisations by improving the delivery of valuable, user-friendly and cost-effective services to patients and citizens.

1.3.3. Expected outcome

- Innovative investments across borders (TRL 6-9) for digital health solutions, for the acquisition of skills in digital transformation.
- 17 digital health sub-projects, interlinking five regional ecosystems each with 1 Healthcare Organisation, IT companies (3 to 4), 1 regional Ecosystem Supporter.

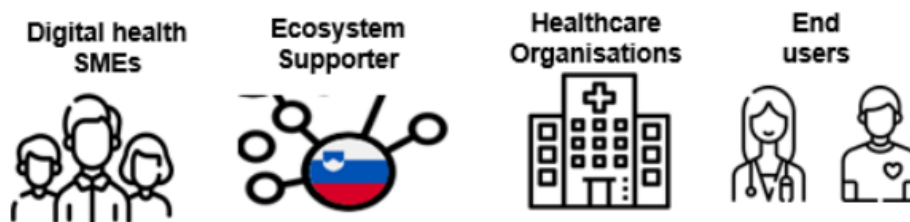


Figure 6. An ecosystem in HealthChain

1.3.4. The Interregional Innovation Investments (I3) in HealthChain

The value chains forged in the HealthChain regions are based on local quadruple-helix connections. The regional ecosystems are then interwoven via cross-border collaborations. Also, the combination of local and cross-border value chains is geared to untap further investments in digital health innovation where the public and private sectors from different countries can work together. By applying a demand-driven and co-creation approach, health entities will increase their capacity to systematically identify and solve their needs while creating opportunities for private companies.

1.4. Award ten interregional couples of SMEs to solve a healthcare challenge

HealthChain proposes a model that is demand-driven, co-creative and geared to adoption. It aligns the regional stakeholders in solving the identified needs of the demand side (called Challengers) and their end-users.

1. The Challenger (the HO in this project) co-creates an innovative solution with Solvers (the IT suppliers).
2. Supporters (clusters and business associations in this project) deliver advice and support to Challenger and Solvers.
3. Since the Challenger commits to adopt the successful innovation, it launches an acquisition process in an open tender.

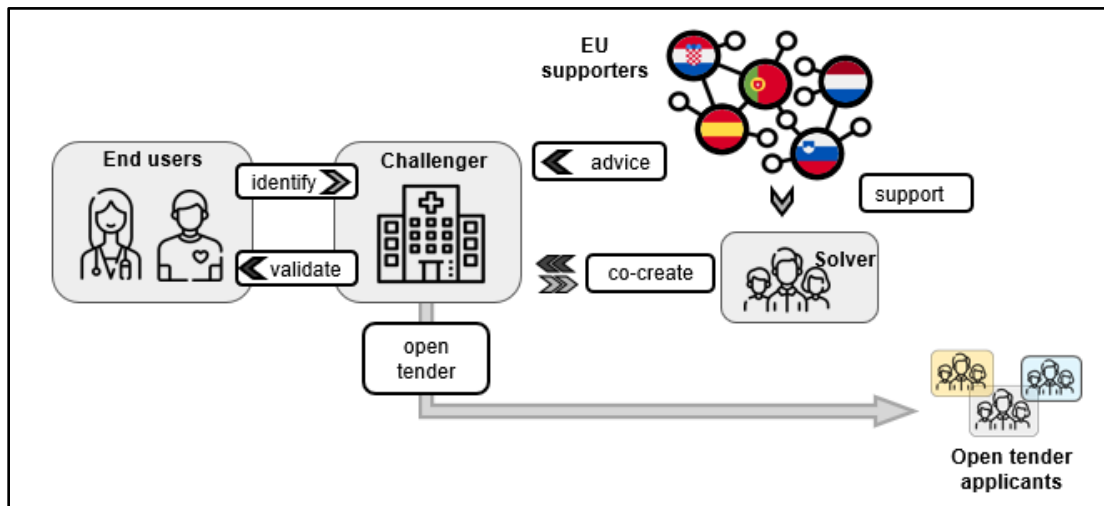


Figure 7. The HealthChain model

Each Healthcare Organisation has selected two challenges involving end users. Each need must be solved by a team of two SMEs. The leading SME (leader) is established in the same country of the HO organisation proposing the need. This is to ensure know-how within the local context and avoid language barriers, which is key in healthcare as professionals and patients typically can only communicate in the local language. To foster the interregional component, the second SME (follower) from another consortium region will team up with the leader to solve the challenge and gain market access to a new country. The leader has already been selected from a Call for Expression of Interest and has become partner of the HealthChain consortium, thus a grant beneficiary, with all related rights and obligations. The follower SME will be awarded through this Open Call using Financial Support for Third Parties (FSTP)¹. This is to create international solutions, and forge links among regions.

Co-creation is conducted under real-world conditions, in close collaboration with end users, and evaluated at the pilot's end. In addition, the SMEs will work on their go-to-market strategy and receive business support from their ecosystem support.

HealthChain is looking for 10 follower SMEs. The follower SME will get funding to closely work with the already selected Leading SME to address the unmet need identified by the healthcare organisation.

¹ [Cascade Funding Calls / Financial Support for Third Parties \(FSTP\)](#).

2. The Call for SMEs

2.1. Objectives

The HealthChain Call for SMEs aims to select and support 10 follower SMEs (Solvers) to complement the expertise of the 10 leading SMEs and jointly co-create a solution addressing the specific innovation needs (Challenges) identified by the healthcare organisations (Challengers). These companies will receive financial support, expertise and connections for the co-creation and piloting of solutions in order to untap further investments in digital health innovation where the public and private sectors from different countries can work together and deliver better and more efficient services to citizens.

The key information about the Open Call is summarised in the table below and further explained in the following sections:

Who can apply?	Small and medium-sized enterprises (SMEs). SME must be from a different HealthChain Region than the Healthcare Organisation proposing the challenge. Other eligibility criteria may apply as described in section 4.
Open Call deadline	5 th of August 2024 at 17:00 Central European Time (CET).
Activities to be funded	Co-creation and deployment of a pilot in collaboration with the Challenger and the leading SME. Participation in the business support activities to develop the solution business model and go to market strategy.
Duration of the activities	12 months
Funding available	Up to 50.000 EUR budget per selected SME as a lump sum amount (payment based on milestones achieved) For more details, please refer to the budget section (3.4).
Type of funding	Grant (equity-free).
Number of follower SMEs to be selected	10 follower SMEs (2 follower SMEs per region; one per challenge) will be awarded through the FSTP Call.
Milestone/payments	Payments are associated with the results of selected applicants: <ul style="list-style-type: none"> • 1st payment after approval of interim report on pilot co-creation deployment and go-to-market strategy. • 2nd payment after approval of final report on pilot co-creation deployment.
How to apply?	Fill in all the required documents. Then, go to the F6S platform and complete required fields.

Table 1. HealthChain Call for SMEs summary

2.2. Benefits to become a Follower SME

Awarded companies who become a Follower SME will:

- Jointly co-create and pilot an innovative solution with a leading SME for a challenge identified by a healthcare organization.
- Get the opportunity to work in an international partnership.
- Access funding up to 50.000 EUR.
- Get expert support on business modelling and market insights, and access to networks and resources.
- Network with other European SMEs and explore opportunities for forthcoming projects.

2.3. Who can apply?

According to the I3 instrument rules², to be eligible, the applicants must:

- be a Small and medium-sized enterprises (SMEs).
- be established in a region already part of the HealthChain consortium, i.e.
 - EITHER in a founding HealthChain ecosystem, different to the region where the Challenger is based: Murcia (Spain), Catalonia (Spain), Centro (Portugal), North (Portugal), any region in Slovenia, any region in Croatia, East Netherlands (The Netherlands) and West Netherlands (The Netherlands);
 - OR in the Mirror Regions: Western Greece, Navarra (Spain), Castilla y León (Spain), Flanders (Belgium) and Northwest Romania.

Mandatory requirements to apply to this Open Call are further described in [section 4 of this document](#).

2.4. 10 challenges proposed by HealthChain

The applicants must address one of the 10 challenges described in the table below:

Region	Challenger	Leading SME	Challenge acronym	Challenge short description	Full description
Murcia (Spain)	Servicio Murciano de Salud (SMS)	Renalyse	K-control	Interdialysis potassium level intensive monitoring	Link
		IDI EIKON	PASPADOC	A new holistic way to capacitate patients who suffer chronic pain	Link
Centro (Portugal)	Centro Hospitalar e	NeuroInova	Reabilitar@mente	Effectiveness of cognitive	Link

² https://ec.europa.eu/info/funding-tenders/opportunities/docs/2021-2027/i3/wp-call/2021/call-fiche_i3-2021-inv2a_en.pdf



	Universitari o de Coimbra (CHUC)			rehabilitation programs for hospitalized elderly people	
		VirtualCare	RecoMed	Boost medication safety in Plastic Surgery and Burns department!	Link
Western (Slovenia)	Kirurski Sanatorij Rozna Dolina, Ljubljana (KSRD)	ZenLab	HIPRO	Improving patients' safety and empowerment after fast- tracking hip surgery	Link
		DITA	MEPRO	Improving patients' safety by assessing mental distress after surgery	Link
Primorsk o- Goranska (Croatia)	Klinicki Bolnicki Centar Rijeka (KBCRI)	Sparky	FallPredict	Real-time patient monitoring during independent movements in the Hospital	Link
		Bit4bytes	MediLink	Facilitating communicatio n between specialists and family doctors in remote areas	Link
East Netherlan ds (The Netherlan ds)	Stichting Rijnstate Ziekenhuis (RST)	Buro StrakZ	Digicare-Aware	Creating awareness amongst healthcare professionals about the necessity and possibilities of remote patients	Link



				monitoring and the Virtual Care Center	
		Health Coins	DELSIS	Determining the extent of lifestyle support to increase self-management	Link

Table 2. Challenges proposed by HealthChain

2.5. Timeline

Below are presented the current tentative dates for the different phases. The dates can be subject to change in case of any modifications to the HealthChain project's schedule.

Open Call for SMEs deadline	5 th August 2024 17:00 CET
Eligibility checks & eligibility communication	6 th to 23 rd August 2024
Appeal of Eligibility results	26 th to 29 th August 17.00 CET
Eligibility appeal decision	30 th August
Evaluation of applications	2 nd September to 20 th September 2024
Communication of results	September 2024
Sub-grant Agreement signature with selected SMEs (between the HealthChain Coordinator and the follower SMEs)	September 2024
Co-creation, Pilot deployment and business support	October 2024 to September 2025 (12 months)

Table 3. Timeline

2.6. Work to be performed by a follower SME

- **Understanding the challenge requirements and co-creating a solution.** Each follower SME should be able to closely work with a Healthcare Organization (HO) and the leading SME for the co-creation of the innovative solution to cover the unmet need previously identified by the challenger.



- **Deploying the pilot.** Once the solution is developed, the team of SMEs (leading SME and follower SME) should pilot their technology within the HO premises under real-world conditions, in close collaboration with end users, and evaluated at the pilot's end.
- **Develop a go-to-market strategy.** Selected SMEs should jointly develop with the leading SMEs a go-to-market strategy with the support of HealthChain experts.

3. Activities to be funded

3.1. Co-creation and pilot deployment

Follower SME is expected to jointly collaborate with the leading SME for period of 12 month to implement the solution/pilot to address the Challenge presented by the Challenger, notably by:

- Implementing a round of co-creation sessions bringing together healthcare organisation and SMEs personnel, for co-developing a joint solution.
- Piloting the co-created solution in a real environment to test its functionality and assess its effectiveness.

3.2. Business Support

SMEs will get expert support on business modelling and market insights, and access to networks and resources.

3.2.1. Objectives

The business support **objectives** are the following:

1. To find a sound business model for the solution.
2. To develop a go-to-market strategy.
3. To untap new investments for the sustainability of the solution.

3.2.2. Mentors

This support is led by [Instituto Pedro Nunes](#), expert in the promotion of innovation and the transfer of technology, with a special focus in the internationalization. In addition the ecosystem supporters (Ess) will also participate in the business support services complemented by the consortium companies, in particular [Philips](#) (The Netherlands) and [PARSEK](#) (Slovenia).

3.2.3. Expected participants

Both the leading and follower SMEs are expected to participate in the business support activities.

3.2.4. Business Support Activities

To kick-off the business support activities, the SMEs will receive a **Rapid Business Readiness Check** to assess business support needs.



Next, the team of SMEs will be assigned a **mentor from the local ecosystem** they are developing the solution for. In monthly sessions, they will jointly work on:

1. The development of the value proposition and **business model** aspects.
2. The identification of **Key Opinion Leaders** (KOLs) to validate the business model hypotheses.
3. The creation of their **Go2Market strategy** and investments plan for the sustainability of the solution.

In addition, up to **3 joint workshops** with other HealthChain SMEs will be organized. The topics will depend on the SMEs' needs and could include, among others, EU Medical Device regulation, access to private or public funding, or internationalisation.

Finally, **on demand 1:1 sessions with experts from other regions** will be considered too, if of interest for the SME.

More information will be provided to the selected SMEs at the SMEs at the programme start.

3.2.5. Timeline

The business support will run in parallel to the co-creation: from October 2024 to September 2025.

3.3. Deliverables

The selected follower SMEs are expected to submit deliverables according to the details presented in the table below.

#	Deliverable	Description	Due Date (end of month)
D1.1	Co-creation Agreement and Pilot Action Plan	Report outlining the objectives, activities, timeline, and resources for testing the innovative solution before its implementation.	October 2024
D1.2	Interim report on co-creation & pilot deployment	Report describing the implementation of the activities, including co-creation sessions held, the status of the pilot deployment and results achieved at this stage. It must indicate and justify any major deviations from the original plan and lessons learnt to improve the rest of the co-creation period. In addition, both leading and follower SMEs have to provide the draft business model for the commercialization of the developed solution.	March 2025
D1.3	Final report on co-creation and pilot deployment	Report presenting an overview of the implementation of the activities, including co-creation sessions held, pilot deployed, and results achieved. It must include an evaluation by the Challenger team of whether the solution achieved the initial objectives.	September 2025

		In addition, both leading and follower SMEs have to provide the business model, validated by KOLs, and go-to-market strategy for the commercialization of the developed solution.	
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Table 4. Pilot co-creation deliverables

3.4. Evaluation of successful completion

The healthcare organisation and ecosystem supporter will evaluate the SMEs' work (lead and follower) and progress based on the deliverables provided by them that must be submitted within the defined deadlines.

After the submission of the interim and final deliverable, an online review meeting will take place via a teleconference platform (e.g. Zoom) in which each team of SMEs will make a presentation of the work done, analyse their progress and answer questions from the healthcare organisation and ecosystem supporter. After each online review, the SMEs will receive a review report, including comments and potential recommendations. The report will also state if the deliverables are accepted or not.

- On acceptance of the deliverables, the SMEs will be requested to send a financial statement (template to be provided by the HealthChain Consortium) requesting the voucher for the corresponding phase. Payments will be released no later than thirty (30) natural days after the HealthChain Consortium receives the financial statement.
- On rejection of any of the deliverables, or in case of not satisfactory review, the HealthChain Consortium reserves the right to withdraw an SME from the HealthChain Programme and without paying the corresponding voucher.

#	Meeting	Description	Date
R1	Interim Review	Review meeting to present the results from the first 6-months of the co-creation, specially D1.1 and D1.2 will be reviewed.	April 2025
R2	Final Review	Review meeting to present the final results from the co-creation, specially D1.3 will be reviewed.	October 2025

Table 5. Review Meetings

3.5. Support provided and origin of the funds

3.5.1. Financial support

HealthChain funding is results-driven, provided as vouchers in a lump sum. As such, there is no need for a traditional administrative justification system (e.g., counting hourly dedication or calculating workload), but getting the funding is associated with the acceptance of the agreed deliverables. Payments will be made in instalments based on concrete results, deliverables and a review by the mid-term of the co-creation pilot.

3.5.2. Financial support for follower SMEs

The maximum amount of funding a selected SME can get and retain is €50.000. A summary of funding support and a tentative payment schedule is presented in the table below:

Action	Deliverable	Payment trigger	Expected payment date	Amount
D1.1	Submission of D1.1 Pilot Action Plan, using a template provided by the HealthChain Consortium.	Acceptance of the submitted deliverable by the HealthChain Consortium.	Not linked to payment	Not linked to payment
D1.2	Submission of D1.2 Interim report on pilot co-creation deployment and go-to-market strategy, using a template provided by the HealthChain Consortium.	Acceptance of the submitted deliverable by the HealthChain Consortium.	May 2025	25.000 €
D1.3	Submission of D1.3 Final report on pilot co-creation deployment, using a template provided by the HealthChain Consortium.	Acceptance of the submitted deliverable by the HealthChain Consortium.	November 2025	25.000 €

Table 6. HealthChain funding support

Detailed payment schedule and payment conditions will be settled in the Sub-Grant Agreement.

3.5.3. Origin of the funds

All selected applicants will sign a Sub-Grant Agreement with HealthChain, represented by Ticbiomed as coordinator. The funds attached to the Sub-Grant Agreement come directly from the funds of the European Project HealthChain, funded itself by the SMEs Executive Agency ([EISMEA](#)), and remain, therefore, property of the EU until the payment of the balance, whose management rights have been transferred to the project partners in HealthChain via European Commission Grant Agreement Number 101094676. As can be seen in the Model Sub-Grant Agreement (Annex 5), this relationship between the selected applicants and the European Commission through the HealthChain project carries a set of obligations to the Subgrantees with the European Commission. It is the task of the Subgrantees to accomplish them, and of the HealthChain consortium partners to inform about them.

4. Eligibility criteria

All applicants must comply with the requirements described in this section, and subsections, to be considered eligible for the HealthChain Open Call for SMEs.

4.1. Beneficiaries

4.1.1. Applicants that want to address one of the 10 challenges proposed by HealthChain

The applicants that choose to address one of the 10 challenges proposed by HealthChain must be Small and Medium-sized Enterprises (SMEs).

Small and Medium-Sized Enterprises (SMEs) definition

An SME will be considered as such if it complies with the European Commission Recommendation 2003/361/EC²¹ and the SME user guide. As a summary, SMEs are enterprises which:

- a) employ fewer than 250 persons; and
- b) have either an annual turnover not exceeding EUR 50 million or an annual total balance sheet not exceeding EUR 43 million.

Start-ups that do not have an annual turnover or balance sheets yet, are also considered eligible given that they fulfil the criteria (a) and (b) of section 4.1.1 at submission time.

In case an SME is awarded, it will remain eligible even if, at a certain point during the execution of HealthChain activities, it does not fulfil criteria (a) or (b) of section 4.1.1.

Eligible regions

HealthChain is looking for SMEs based within regions **that are already represented in the HealthChain consortium**. They must be legally established:

- EITHER in a founding HealthChain ecosystem, different to the region where the Challenger is based:
 - ES62 – Murcia Region (Spain)
 - ES51 - Catalonia (Spain)
 - PT16 - Centro (Portugal)
 - PT11 - North (Portugal)
 - Any region in Slovenia
 - Any region in Croatia
 - NL2 - East Netherlands
 - NL3 - West Netherlands;
- OR in the Mirror Regions:
 - EL63 - Western Greece
 - ES22 - Navarra (Spain)
 - ES41 - Castilla y León (Spain)
 - BE2 - Flanders (Belgium)
 - RO11 - Northwest Romania.

The list of eligible regions is according to NUTS code³.

SMEs based in regions different to the ones mentioned above are not eligible to apply.

4.1.2. Additional conditions

In addition, the following conditions apply:

³ <https://ec.europa.eu/eurostat/web/nuts>



- The applicants should not:
 - have convictions for fraudulent behaviour, other financial irregularities, unethical or illegal business practices.
 - have been declared bankrupt or have initiated bankruptcy procedures.
 - be under liquidation or an enterprise under difficulty accordingly to the Commission Regulation No 651/2014, art. 2.18.
 - be excluded from the possibility of obtaining EU funding under the provisions of both national and EU law, or by a decision of both national and EU authority.
- Proposals from Linked SMEs⁴ must demonstrate that there is no risk of double funding. The fundamental principle underpinning the rules for public expenditure in the EU states that no costs for the same activity can be funded twice from the EU budget, as defined in the Article 111 of Council Regulation (EC, Euratom) No 1605/2002 of 25 June 2002 on the Financial Regulation. In the case of proposals submitted by linked SMEs, all must clearly state the differences between them including but not limited to, technical aspects, market strategy and team composition, so that it remains no doubt that there is no risk of double funding. In order to properly assess these concerns HealthChain may assign all proposals to the same set of evaluators and, should any doubt remain, exclude all proposals.

4.1.3. Language

English is the official language for the HealthChain Call for SMEs. Proposals submitted in any other language will not be evaluated.

English is also the official language to be used to communicate with the HealthChain consortium during the whole execution of the HealthChain programme, for example in meetings, deliverables listed in section 3.2, and other administrative documents.

Other languages can be used between healthcare organisations and SMEs for the development of the pilots according to the language requirements defined by each Challenger.

4.1.4. Multiple submissions

Only one proposal will be accepted for funding per applicant. In the case of a multiple submission, only the last one received (timestamp of the system) will enter into the evaluation process, the rest being declared as non-eligible. If the last submitted proposal is declared non-eligible or fails to reach the thresholds of the evaluation, the other proposals submitted earlier will not be considered for evaluation in any case.

4.1.5. Documentation format

Any document requested in any of the phases must be submitted electronically in PDF format without restrictions for printing.

⁴ Please check the definition of Linked SME on the “User guide to the SME definition” available at <https://op.europa.eu/s/n3t1>

4.1.6. Submission system

Only proposals submitted through the Open Call submission tool (F6S platform) at <https://www.f6s.com/healthchain-call-for-smes/apply> and within the Call duration will be accepted. Proposals submitted by any other means will not be evaluated. Only the documentation included in the application will be considered by evaluators. It will be composed of a form with administrative questions to be completed directly on the platform, and Annex 2: Proposal template. The information provided should be actual, true, and complete and should allow the assessment of the proposal. The regular functioning of the F6S platform limits one application submission per F6S user in each call.

4.1.7. Data protection

In order to process and evaluate applications, the HealthChain consortium will need to collect Personal and Industrial Data. Ticbiomed, will act as Data Controller for data submitted through the F6S platform for these purposes. A Data Protection Officer (DPO) has been appointed by Ticbiomed generally, to ensure compliance with data protection regulations, such as the General Data Protection Regulation (GDPR), and that personal data is collected, processed, and stored in a secure manner.

The F6S platform's system design and operational procedures ensure that data is managed in compliance with the General Data Protection Regulation (EU) 2016/679 (GDPR). Each applicant will accept the F6S terms to ensure compliance. Please refer to <https://www.f6s.com/privacy-policy> to review the F6S platform's privacy policy and data security policy.

Apart from the F6S platform, data will also be stored in the Ticbiomed One Drive.

Please note that the HealthChain consortium must retain generated data until five years after the balance of the HealthChain project is paid or longer if there are ongoing procedures (such as audits, investigations or litigation). In this case, the data must be kept until the end.

4.1.8. Deadline

Only proposals submitted before the deadline will be accepted. After the call closure no additions or changes to received proposals will be taken into account. The deadline for this call is 5th August 2024, at 17:00 CET (Brussels time).

4.1.9. Absence of conflict

Applicants shall not have any actual or/and potential conflict of interest with the HealthChain selection process and during the whole project. All cases of conflict of interest will be assessed case by case. In particular, applicants cannot be HealthChain Consortium partners or affiliated entities nor their employees or co-operators under a contractual agreement.

5. Evaluation criteria

The criteria for proposal evaluation will be the following:

CRITERIA	DESCRIPTION	WEIGHTING
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Relevance	<ol style="list-style-type: none"> 1. Clarity and consistency of the proposal objectives, in compliance with the open call. 2. The extent to which the solution is aligned with the targeted challenge, notably with the tasks to be performed by the follower SME. 3. Relevance and effectiveness of the proposed innovation in terms of novelty and ambition. 	40%
Quality	<ol style="list-style-type: none"> 1. Sound methodology for implementing the project. 2. Feasibility of the project within the proposed time frame 3. Experience of team members in the challenger's sector. 	20%
Cost effectiveness	<ol style="list-style-type: none"> 1. Sufficient/appropriate budget for proper implementation. 2. The budget is developed following a best value for money approach. 	20%
Impact	<ol style="list-style-type: none"> 1. Extent to which the proposal demonstrates that the SME is committed to exploit the solution beyond the project. 2. Ambition and expected long-term impact of interregional cooperation. 	20%

Table 7. HealthChain evaluation criteria

HealthChain will score each award criterion on a scale from 0 to 5 (decimal and centesimal point scores may be given):

0 = Proposal fails to address the criterion or cannot be assessed due to missing or incomplete information.

1 = Poor: criterion is inadequately addressed or there are serious inherent weaknesses.

2 = Fair: proposal broadly addresses the criterion, but there are significant weaknesses.

3 = Good: proposal addresses the criterion well, but a number of shortcomings are present.

4 = Very good: proposal addresses the criterion very well, but a small number of shortcomings are present.

5 = Excellent: proposal successfully addresses all relevant aspects of the criterion. Any shortcomings are minor.

For each criterion, the minimum threshold is 3 out of 5 points. The overall default threshold, considering the sum of the individual scores is 12. That means if a proposal receives less than 3 in one criterion or less than 12 in the overall score it is automatically rejected.

6. Application submission

6.1. Application preparation and submission

The Call for SMEs has been launched through the HealthChain project website comprising the 5 regional sub-calls to ease the open call management process.

To submit an application, applicants should follow these steps:

1. Go to <https://healthchain-i3.eu/call-smes/> and carefully read the open call documents composed by the:
 - a. Guidelines for Applicants: This document
 - b. Annex 1: Challenges
 - c. Annex 2: Proposal template

If selected, you will also be requested to send the following documents:

- d. Annex 3: Declaration of honour
 - e. Annex 4: Bank account information
 - f. Annex 5: Sub-Grant agreement template
 - g. Annex 6: SME declaration
2. Go to <https://www.f6s.com/healthchain-call-for-smes/apply> to fill in the application form through the F6S platform (applicants are required to register a profile at F6S to be able to submit an application) and answer all mandatory questions.

Applicants are encouraged to be concrete and concise. Each proposal shall not exceed the page limits indicated in the Proposal Template.

It is strongly recommended not to wait until the last minute to submit the application. Failure of the application to arrive in time for any reason, including network communications delays or working from multiple browsers or multiple browser windows, is not acceptable as an extenuating circumstance. The time of receipt of the application as recorded by the submission system will be definitive.

6.2. Application reception

Submissions will ONLY be done via the [F6S platform](#).

A full list of applicants will be drafted containing their basic information for statistical purposes and clarity, which will be also shared with the European Commission for transparency.

6.3. Data protection

In order to process and evaluate applications, HealthChain will need to collect Personal and Industrial Data. Ticbiomed, as the Open Call Manager of the project, will act as Data Controller for data submitted through the F6S platform for these purposes. The F6S platform's system design and operational procedures ensure that data is managed in compliance with The General Data Protection Regulation (EU) 2016/679 (GDPR). Each applicant will accept the F6S terms to ensure compliance. Please note that HealthChain requests the minimum information needed to deliver the evaluation procedures or the support programme. The annexes Declaration of Honour, Bank Account Information and Sub-Grant Agreement are provided for

reference and will only be requested if the applicant is accepted in the HealthChain support programme. Please refer to <https://www.f6s.com/privacy-policy> to check the F6S platform data privacy policy and security.

7. Evaluation process

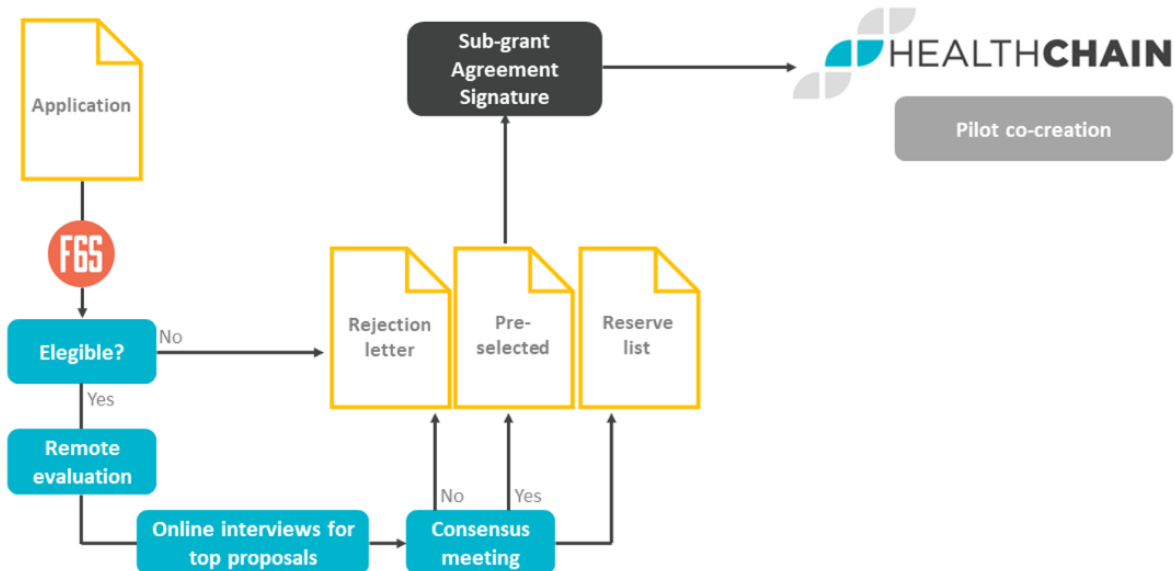


Figure 8. HealthChain evaluation process

7.1. Eligibility check

A combination of automatic filtering and manual checking will discard applications that do not meet the eligibility criteria listed in section 4 of this document. Applicants should be mindful that, given the semi-automated evaluation tools in use, all provided information will undergo thorough verification. It is the applicant's responsibility to ensure the accuracy of all fields within the online form. Any inclusion of erroneous information may result in the rejection of the proposal on the grounds of ineligibility. In cases where a proposal is deemed ineligible through manual verification, applicants will be promptly notified of its status and provided with at least a 48-hour window to submit a rebuttal.

7.2. Remote evaluation

After the eligibility filter, the final proposals shortlist for evaluation will be created.

Then, the proposals will be given to HealthChain Healthcare Organisations, Ecosystem Supporters and Leading SMEs which count on technical expertise for the proposed solutions, bound by a confidentiality agreement and non-conflict of interest declaration. Every proposal will be evaluated according to the evaluation criteria described in section 5, by an Evaluation Committee established between the Healthcare Organization, the Ecosystem Supporter and the Leading SME. At the end of this phase, the proposals will be ranked.

7.3. Online interviews

The top 2 applications related to each challenge proposed by HealthChain will be invited for the online interview stage.

During the online interview the applicants will start by doing a pitch of their pilot project concept, followed by Q&As. This will be an opportunity for evaluators to ask questions that they may have about the written application, as well as about the commitment and engagement of applicants towards participating in HealthChain.

7.4. Consensus and final scores

After the online interviews, the evaluators will have the opportunity to share, compare and revise, if necessary, their scores aiming to have a consensus about the ranking of proposals.

7.5. Final ranking and selection

7.5.1. Final ranking

At the end of the evaluation process, the proposals will be ranked taking into account the revised scores from the online interviews and consensus process. The criteria for the ranking of the proposals will be semi-automatic following the rules below:

- **Rule 1:** The proposals will be ranked based on their overall score.
- **Rule 2:** In case following Rule 1 there are proposals in the same position, priority will be given to proposals that have a higher score on the Relevance award criterion.
- **Rule 3:** In case following Rule 2 there are proposals in the same position, priority will be given to proposals that have a higher score on the Impact award criterion.
- **Rule 4:** In case following Rule 3 there are proposals in the same position, priority will be given to the proposal demonstrating superior gender balance.

7.5.2. Selection

The top-ranked proposal for each challenge proposed by HealthChain will be selected for funding.

7.6. Communication of results

Every applicant will receive via e-mail:

- An Evaluation Summary Report (ESR)
- A letter informing of a rejection decision or invitation to enter the negotiation phase.

7.7. Changes in the Open Call

HealthChain may conclude that there are not enough proposals with adequate quality (indicated by their evaluation scores meeting or exceeding specific predefined thresholds), in which case it will make no selection or select fewer proposals than the funding budget allows.

This conclusion is obligatory if not enough proposals score above the threshold given on the bespoke evaluation form.

HealthChain reserves the right to cancel the Open Call at any point due to any unforeseen circumstances beyond control.

7.8. Appeal procedure

If, the applicant considers that a mistake has been made or that the evaluators have acted unfairly or have failed to comply with the rules of this Call for SMEs, and that their interests have been prejudiced as a result, the following appeal procedure is available.

A complaint should be drawn up in English and submitted by email to hello@healthchain-i3.eu.

Any complaint made should include the following:

- contact details,
- the subject of the complaint,
- information and evidence regarding the alleged breach.

Anonymous complaints or those not providing the mentioned information will not be considered.

Complaints should also be made within **five calendar days** since the evaluation results are presented to the applicants.

As a general rule, the HealthChain Consortium will investigate the complaints with a view to arriving at a decision to issue a formal notice or to close the case within no more than twenty days from the date of reception of the complaint, provided that all required information has been submitted by the complainant. When this time limit is exceeded, the HealthChain Consortium will inform the complainant by email.

Please note:

- This procedure only concerns the evaluation and/or eligibility checking process. The HealthChain Consortium will not call into question the scientific or technical judgement of appropriately qualified experts.
- A re-evaluation will only be carried out if there is evidence of a shortcoming that affects the final decision on whether to fund an applicant or not. This means, for example, that a problem relating to one evaluation criterion will not lead to a re-evaluation if a proposal has failed anyway on other criteria.
- The evaluation score following any re-evaluation will be regarded as definitive. It may be lower than the original score.

8. Negotiation

8.1. Contract preparation

After the Open Call evaluation conclusion and application selection, the HealthChain coordinator will start the contract preparation (Sub-Grant Agreement) in collaboration with the follower SMEs. Contract preparation will go via administrative and financial checking (and potentially into technical or ethical/security negotiations) based on evaluators' comments. On a case-by-case approach, a phone call or teleconference may be needed for clarification.

The objective of the contract preparation is to fulfil the legal requirements between the HealthChain Consortium and every beneficiary of the open call. The items covered will be:

- Inclusion of the comments (if any) in the Evaluation Summary Report of the proposals and mapping to the Sub-Grant Agreement (contract).
- To validate the status information of the SMEs according to the definition included in section 4 'Eligibility Criteria' of this document. The following documents will be required:
 - **Legal existence:** Organisation Register, Official Gazette or another official document per country showing the name of the organisation, the legal address and registration number and a copy of a document proving VAT registration (in case the VAT number does not show on the registration extract or its equivalent).
 - **Declaration of honour:** Document that ensures that the sub-grantee complies with the rules and is not in a situation that would exclude it from receiving EU funding.
 - **Bank account information:** The account to which the funds will be transferred will be indicated via a form signed by the sub-grantee representative and the bank representative. The account should be a business bank account of the SME.
 - **SME declaration:** A self-assessment document confirming that the IT companies comply with the SME definition.

The request, by HealthChain Coordinator (Ticbiomed), for the above documentation will be done within the deadlines. In general, the negotiation should be concluded **within 15 days**. An additional week may be provided by the HealthChain Coordinator in case of significant reasoning. In case negotiations have not been concluded within the above period, the proposal can be rejected and the next proposal in the ranking list can be invited.

8.2. Contract signature

At the end of the negotiation phase, a Sub-Grant Agreement (Contract) will be signed between the HealthChain Consortium represented by its coordinator (Ticbiomed) and each selected SME.

Please note:

- The Sub-Grant Agreement/contract will cover the whole pilot co-creation process.



- The Sub-Grant Agreement will automatically expire at the end of August 2025. Note that some obligations will remain after the contract expiration (e.g. record keeping for 5 years). Check Responsibilities of beneficiaries for more information.

9. Responsibilities of beneficiaries

The selected applicants are indirect beneficiaries of European Commission funding. As such, they are responsible for the proper use of the funding and ensure that the recipients comply with obligations under the I3 Instrument. The obligations that are applicable to the recipients include the following:

9.1. Conflict of interest

The selected applicants must take all measures to prevent any situation where the impartial and objective implementation of the HealthChain activities is compromised for reasons involving economic interest, political or national affinity, family or emotional ties or any other shared interest ('conflict of interests').

They must formally notify the HealthChain coordinator without delay of any situation constituting or likely to lead to a conflict of interests and immediately take all the necessary steps to rectify this situation.

The HealthChain coordinator may verify that the measures taken are appropriate and may require additional measures to be taken by a specified deadline.

If the selected applicant breaches any of its obligations, the Sub-Grant Agreement may be automatically terminated. Moreover, payments may be stopped.

9.2. Data protection and confidentiality

During the implementation of the HealthChain activities and for five years after the end of the activities, the parties must keep confidential any data, documents, or other material (in any form) that is identified as confidential at Sub-Grant Agreement signing time ('confidential information').

If a selected applicant requests, the Commission and the HealthChain Consortium may agree to keep such information confidential for an additional period beyond the initial five years. This will be explicitly stated in the Sub-Grant agreement.

If the information has been identified as confidential during the HealthChain programme or only orally, it will be considered confidential only if this is accepted by the HealthChain coordinator and confirmed in writing within 15 days of the oral disclosure. Unless otherwise agreed between the parties, they may use confidential information only to implement the Sub-Grant Agreement.

The selected applicants may disclose confidential information to the HealthChain consortium and to the selected reviewers, who will be bound by a specific Non-Disclosure Agreement.

9.3. Promoting the action and giving visibility to the EU funding

The selected SMEs must promote the HealthChain programme and its results, by providing targeted information to multiple audiences in a strategic and effective manner and highlighting the financial support of the European Union.

Unless the European Commission or the HealthChain coordinator requests or agrees otherwise or unless it is impossible, any communication activity related to the action (including in electronic form, via social media, etc.), any publicity, including at a conference or seminar or any type of information or promotional material (brochure, leaflet, poster, presentation etc.), and any infrastructure, equipment and major results funded by the grant must:

- (a) display the EU emblem;
- (b) display the HealthChain logo and
- (c) include the following text:

“This project has received funding from the Interregional Innovation Investments (I3) Instrument under the Grant Agreement 101094676”

When displayed in association with a logo, the European emblem should be given appropriate prominence. This obligation to use the European emblem in respect of projects to which the EC contributes implies no right of exclusive use. It is subject to general third-party use restrictions which do not permit the appropriation of the emblem, or of any similar trademark or logo, whether by registration or by any other means. Under these conditions, the sub-grantee is exempt from the obligation to obtain prior permission from the EC to use the emblem. Further detailed information on the EU emblem can be found on the European Commission web page⁵.

Any publicity made by selected SMEs in respect of the HealthChain programme, in whatever form and on or by whatever medium, must specify that it reflects only the author's views and that the EC or HealthChain project is not liable for any use that may be made of the information contained therein.

The EC and the HealthChain Consortium shall be authorised to publish, in whatever form and on or by whatever medium, the following information:

- the name of the selected SMEs;
- contact address of the selected SMEs;
- the general purpose of the SMEs' participation in the HealthChain programme;
- the amount of the financial contribution foreseen for the SMEs; after the final payment, and the amount of the financial contribution actually received;
- the geographic location of the activities carried out;
- the list of dissemination activities and/or of the patent (applications) relating to the foreground;

⁵ https://ec.europa.eu/info/funding-tenders/managing-your-project/communicating-and-raising-eu-visibility_en



- the details/references and the abstracts of scientific publications relating to the foreground and, if funded within the HealthChain project, the published version or the final manuscript accepted for publication;
- the publishable reports submitted to HealthChain;
- any picture or any audio-visual or web material provided to the EC and HealthChain in the framework of the project.

The selected applicants shall ensure that all necessary authorisations for such publication have been obtained and that the publication of the information by the EC and HealthChain does not infringe any rights of third parties.

Upon a duly substantiated request by a selected SME, the HealthChain Consortium, if such permission is provided by the EC, may agree to forego such publicity if disclosure of the information indicated above would risk compromising the beneficiary's security, academic or commercial interests.

9.4. Financial audits and controls

The European Commission (EC) will monitor that the HealthChain consortium partners and the selected SMEs comply with the conditions for financial support to third parties such as set out in the HealthChain grant agreement and may take any action foreseen by the grant agreement in case of noncompliance vis à vis the selected SMEs concerned.

Moreover, the EC may at any time during the implementation of the HealthChain project and up to 5 (five) years after the end of the HealthChain project, arrange for financial audits to be carried out, by external auditors, or by the EC services themselves including the European Anti-Fraud office (OLAF). The audit procedure shall be deemed to be initiated on the date of receipt of the relevant letter sent by the EC. Such audits may cover financial, systemic and other aspects (such as accounting and management principles) relating to the proper execution of the grant agreement. They shall be carried out on a confidential basis.

The selected applicants shall make available directly to the EC all detailed information and data that may be requested by the EC or any representative authorised by it, with a view to verifying that the grant agreement is properly managed and performed in accordance with its provisions and that costs have been charged in compliance with it. This information and data must be precise, complete and effective.

The selected applicants shall keep all deliverables and the originals or, in exceptional cases, duly authenticated copies – including electronic copies – of all documents relating to the Sub-Grant Agreement for up to five years from the end of the project. These shall be made available to the EC when requested during any audit under the grant agreement.

In order to carry out these audits, the selected SMEs shall ensure that the EC's services and any external body(ies) authorised by it have on-the-spot access at all reasonable times, notably to the selected SMEs' offices, to their computer data, to their accounting data and to all the information needed to carry out those audits, including information on individual salaries of persons involved in the project. They shall ensure that the information is readily available on the spot at the moment of the audit and, if so requested, that data be handed over in an appropriate form.

On the basis of the findings made during the financial audit, a provisional report shall be drawn up. It shall be sent by the EC or its authorised representative to the HealthChain Consortium



or SME concerned, which may make observations thereon within one month of receiving it. The Commission may decide not to take into account observations conveyed or documents sent after that deadline.

The final report shall be sent to the HealthChain Consortium or SME concerned within two months of expiry of the aforesaid deadline. On the basis of the conclusions of the audit, the EC shall take all appropriate measures that it considers necessary, including the issuing of recovery orders regarding all or part of the payments made by it and the application of any applicable sanction.

The European Court of Auditors shall have the same rights as the EC, notably the right of access, for the purpose of checks and audits, without prejudice to its own rules.

In addition, the EC may carry out on-the-spot checks and inspections in accordance with Council Regulation (Euratom, EC) No 2185/96 of 11 November 1996 concerning on-the-spot checks and inspections carried out by the Commission in order to protect the European Communities' financial interests against fraud and other irregularities.

9.5. Intellectual Property Rights (IPR)

9.5.1. Healthcare organisations, leading SMEs and follower SMEs

The ownership of results is regulated by contract: 1) the sub-grant agreement and 2) the co-creation agreement and pilot action plan. The general rules are that each party retains ownership of the Intellectual Property Rights attached to their background (what they bring to the project), and, regarding the foreground (what is generated during the project), the results are owned by the party that generates them. For joint results, the terms of Intellectual Property Rights must be mutually agreed. In addition to the sub-grant agreement, a Co-creation Agreement and Pilot Action Plan will be signed upon by the Leading SME, follower SME and the Healthcare Organization prior to the co-creation process, detailing the scope of work, expected results and ownership of those results.

As a rule, Healthcare Organizations are not interested in the Intellectual Property Rights to commercialise the solution, but to explore potential benefits arising from their involvement in the co-creation process. For instance, in the event of a successful pilot, if the Healthcare Organization decides to continue utilizing the solution beyond the HealthChain project, to benefit from preferential pricing. This acknowledgment stems from the clinical insights contributed by the Healthcare Organization to enhance the solution. This will be discussed case by case. Check each challenge description for the specific conditions per region.

9.5.2. Originality of the proposals

It is required that proposals submitted are based on the original situations of the applicants and that their foreseen developments (pilot co-creation) are free from third-party rights. HealthChain consortium is not obliged to verify the authenticity of the ownership of the foreseen products/ services. Any issues delivered from third-party claims that arise as a result of the sub-granted projects/pilots are the sole responsibility of the sub-grantees.

9.5.3. Evaluators

Each evaluator will sign a non-disclosure agreement (NDA) before receiving access to the database of proposals in order to protect the intellectual property of the applicants. However,

HealthChain and the European Commission may ask participants who have received funding to present their work as part of public relations and networking events in order to showcase the benefits of the HealthChain project.

9.5.4. Liability

The HealthChain consortium and the European Commission cannot be held liable for any acts or omissions of the applicant in relation to the selected sub-granted project/pilot implemented by the subgrantees. The HealthChain consortium shall not be liable for any defaults of any products, processes or services created in the sub-granted project/pilot. Including, for instance, anomalies in the functioning or performance thereof. In case any damage is caused to a third party by the subgrantee, the subgrantee will assume full responsibility for the damage caused. In no way will the HealthChain Consortium be responsible for any damages caused by the subgrantee.

10. Self-assessment before submission

1) Does your application fit with the open call? Check that your proposal does indeed address the objectives of HealthChain Open Call for SMEs.

2) Is your application eligible? The eligibility criteria are given in chapter 4 “Eligibility Criteria”.

3) Budgetary limits. Check that you comply with any budgetary limits as expressed in chapter 3.4 “Financial support provided and origin of the funds”.

4) Is your application complete? Have you completed all mandatory questions?

5) Does your application fulfil the requested information? Proposals should be precise, and concise and must answer the requested information, which is designed to correspond to the applied evaluation. Omitting requested information will almost certainly lead to lower scores and possible rejection.

6) Have you maximised your chances? There will be strong competition. Therefore, edit your application tightly, and strengthen or eliminate weak points.

7) Have you submitted your application before the deadline? It is strongly recommended not to wait until the last minute to submit your proposal. The failure of the proposal to arrive in time for any reason, including network communications delays, is not acceptable as an extenuating circumstance. The time of receipt of the message as recorded by the submission system will be definitive.

8) Have you provided the necessary annexes? Annex 2: Proposal template.

9) Do you need further advice and support? You are strongly advised to communicate with the HealthChain consortium via online Q&A.

11. Other Open Call documents

The HealthChain Call for SMEs will be supported by two types of documents.

Documents needed at the application stage (for all applicants)

- **Guidelines for Applicants**, open call rules (this document)
- **Annex 1: Challenges**, description of challenges and tasks to be performed by the Follower SME.
- **Annex 2: Proposal template**, to apply for one of the 10 challenges proposed by HealthChain. This document must be completed and uploaded to the F6S platform in PDF format.



Documents needed at the contracting stage (only for selected applicants)

- **Annex 3: Declaration of Honour**, which declares that all conditions related to the Call for SMEs are accepted by the applicants' legal representatives.
- **Annex 4: Bank Account Information**, which collects information on the applicants' bank account to where the HealthChain payments will be sent.
- **Annex 5: Model Sub-Grant Agreement**, which provides a template of the Sub-Grant agreement that the successful applicants will be requested to sign.
- **Annex 6: SME declaration:** A self-assessment document confirming that the companies comply with the SME definition.

12. Additional information

All the information is available at <https://healthchain-i3.eu/call-smes/>.

Informative webinars will be planned for the potential applicants during the Open Call. The events will be posted on the HealthChain website and invitations will be extended through the HealthChain newsletter ([subscribe here](#)).

HealthChain will provide information to the applicants via the [F6S blog](#), so that the information (question and answer) can be visible to all participants. Please, make your questions directly on the F6S page. HealthChain partners will get back to you as soon as possible via that same page.

- Online Q&A: <https://www.f6s.com/healthchain-call-for-smes/discuss>
- Apply via: <https://www.f6s.com/healthchain-call-for-smes/apply>
- For IT support on the F6S platform, contact F6S support team: support@f6s.com
- More info at: <https://healthchain-i3.eu/call-smes/>
- For extraordinary communication needs, please contact the HealthChain Help Desk: hello@healthchain-i3.eu