



## FAQs Version 13

Please see also the **EIT glossary** and the **H2020 rules** for the exploitation of project results (data management, registries...), legal aspects, open access strategy, gender...

QUESTION	ANSWER
<p><b>Q1.</b> WHAT IS THE BUDGET ENVELOPE FOR EACH CALL I.E. INNOVATION BY IDEAS, INNOVATION BY DESIGN AND HEAD START PROJECTS IN 2016?</p>	<p><b>A1.</b> Assuming a total budget allocation of 22 M€ from the EIT* for 2016, with 56% of this being allocated to innovation projects:</p> <p><b><u>INNOVATION BY IDEAS</u></b></p> <ul style="list-style-type: none"> <li>• Total budget: up to 5.5M€</li> <li>• Capped at a maximum of 500K€ EIT funding per project (could be less)</li> <li>• Up to 11 projects funded in 2016</li> </ul> <p><b><u>INNOVATION BY DESIGN</u></b></p> <ul style="list-style-type: none"> <li>• Total budget: up to 5.5M€</li> <li>• Capped at a maximum of 750K€ EIT funding per project (could be less)</li> <li>• Up to 6 projects funded in 2016</li> </ul> <p><b><u>HEAD START PROJECTS</u></b></p> <ul style="list-style-type: none"> <li>• Total budget: up to 1.25M€</li> <li>• Capped at 50K€ EIT funding per project</li> <li>• Funding will be spread across all CLCs/IS with approx. 3 projects each in 2016 – First selection beginning most probably in February 2016.</li> </ul> <p><i>*Please note that all figures are subject to change based upon the final EIT decision on the total budget allocation.</i></p>
<p><b>Q2.</b> DOES THE MAXIMUM ENVELOPE IN € FOR AN INNOVATION PROJECT REFER TO THE TOTAL BUDGET (KCA + KAVA)?</p>	<p><b>A2.</b> The innovation project budget in euro refers only to the KAVA funding allocated to the project. <i>Please note that we are discussing the detailed budget operationalization with EIT at the moment and will come back to you as soon as we have additional information.</i></p>
<p><b>Q3.</b> DOES EACH TYPE OF INNOVATION PROJECT HAVE TO COMPLY EXACTLY WITH THE 25%/75% RULE AND HOW WILL THIS BE MONITORED?</p>	<p><b>A3.</b> The “25/75” rule in principle applies to the full 7 year funding period and aggregated across all EIT Health activities. Meaning that in a given year and/or for a specific activity, there may be deviations from this fundamental rule. However, EIT Health will have to monitor in a responsive manner that over the 7-year funding period, the 75/25 rule is fulfilled. We should monitor that over an x year(s) period (x&lt;7years, whereby we will most probably opt for x=3 years) the total EIT funding within the KAVA budget per area/segment is 25% while the cofunding and the KCA should be 75% for the period considered and for the overall consortium (and by CLC and</p>

InnoSTARS).  
*Please note that we are discussing the detailed budget operationalization with EIT at the moment and will come back to you as soon as we have additional information.*

**Q4. KIC COMPLEMENTARY ACTIVITY (KCA)**

**A4.**  
 KCA: “KIC complementary activities” (KCA) are KIC activities having a clear and described link with at least one KAVA.  
 • Must be incurred by the KIC Partners and, if included in the Specific Grant Agreement(SGA), by linked third parties and/or third parties receiving financial support  
 • Simplified methods of reporting may be applied following EIT’s approval  
 • They shall be proportionate to the cost of KAVA and/or to the expected impact in furthering the mission of a framework partnership (*i.e.* the relative weight of KCA within KIC Activities must be suitable and reasonable to achieve the objectives of the activity)  
 • Be incurred after the designation date of the *framework* partnership (*i.e.* December 9<sup>th</sup>, 2014)  
 • Shall be identifiable and verifiable.  
**The same KCA costs may not be declared twice.**

Hence, project partners (only if specified in the SGA) will be able to contribute to the KCA. Core and associate partners will need to ensure that the KCA/KAVA balance is maintained, BUT they can mobilize costs incurred by project partners as KCA. While this will often be quite limited in euro's, it alleviates the KCA challenge for the project overall.  
*Note: The detailed budget operationalization is currently under discussion with the EIT. Further information will be provided as soon as it becomes available.*

**Q5. WHAT ARE THE KIC ACTIVITIES?**

**A5.**

KAVA

KCA

EIT HEALTH FUNDING  
Up to 25% of total BUDGET

COFUNDING  
Partner own cost  
In cash/in kind  
(non EU)

COMPLEMENTING FUNDING  
(other project(s), investment(s) that contribute)

	DIRECT COSTS FOR THE PROJECT					INDIRECT COST	TOTAL COSTS	EIT funding	COFUNDING	KCA (EIT additional budget cost)
	Cost of personnel	Travel accomodation	Fixed asset and capital expenditure (equipment/rents)	Other direct costs (consumables...)	Subcontracting (limitations)					
Company	150.000	15.000	12.000	60.000	10.000	59.250	306.250	283.565	22.685	
SME	62.000	10.000	20.000	50.000	-	35.500	177.500	164.352	13.148	
Academic	55.000	10.000	2.000	26.000	-	23.250	116.250	107.639	8.611	
University	80.000	12.000	6.000	10.000	8.125	27.000	143.125	132.523	10.602	
Project partner	30.500	8.000	-	15.000	-	13.375	66.875	61.921	4.954	
TOTAL						158.375	810.000	750.000	60.000	Amount: 2.180.000

25%
75%

AT EIT HEALTH LEVEL, NOT INDIVIDUAL PROJECT LEVEL

The ‘green section’ indicates the total cost of the project (KAVA), to be funded by EIT money (capped) and cofunding. In the example, the maximum amount of EIT funding is asked for – but this is of course no obligation (e.g. if more cofunding is available)  
 EIT Funding: subject to H2020 rules

	Cofunding: to be checked if subject to H2020 rules
<p><b>Q6.</b>  <b>HOW CAN THE ELIGIBILITY OF A PROPOSAL BE SUPPORTED IN THE APPLICATION?</b></p>	<p><b>A6.</b>  Applicants may provide a short table BRIEFLY indicating how the proposal meets each of the eligibility criteria (see also the innovation package).  A check list will also be provided to support the CLC eligibility “check team” (see below) to help ensure all eligibility criteria are met and that basic information has been provided <i>e.g.</i>:</p> <ol style="list-style-type: none"> <li>1) KCA and cofunding, to support the stage 1 evaluation and if the project is successful at this stage the subsequent hearings.</li> <li>2) The cost eligibility criteria that have to be respected for the EIT-funding <i>i.e.</i> following H2020 rules. (Note: for June 22<sup>nd</sup> submission deadline, allowances are being made for a high level outline of the financial information. After the deadline, applicants meeting all eligibility criteria will be asked to provide a further detailed budget breakdown according to the H2020 cost eligibility rules.</li> </ol> <p><b>IN 2015, THE ELIGIBILITY CHECK WILL BE DONE TOGETHER WITH THE CLC’S/INNOSTARS BETWEEN JUNE 22ND AND JUNE 30<sup>TH</sup>.</b></p> <ul style="list-style-type: none"> <li>➤ <b>June 22nd, 4PM CET:</b> Submission deadline.</li> <li>➤ <b>June 22nd – June 26<sup>th</sup> 2PM CET:</b> all proposals checked for eligibility  <i>Modus operandi</i> for eligibility check <ul style="list-style-type: none"> <li>• June 23rd/June 24th: Repartition of the proposals to a “check-team” constituted of the CLC director of the project lead plus the director of a CLC* not involved in the proposal. <i>Action: Interim director for Innovation and IMT (Innovation portfolio, education portfolio, business portfolio)</i></li> <li>• June 24th/June 26th: Criteria for eligibility checked by the CLC “check-team”: <ul style="list-style-type: none"> <li><input type="checkbox"/> Be submitted before the deadline. No late submissions will be accepted.</li> <li><input type="checkbox"/> Be readable, accessible and include all requested elements</li> <li><input type="checkbox"/> Be within the specified page limit/online character limit</li> <li><input type="checkbox"/> Involve a minimum of two CLC/Innostars</li> <li><input type="checkbox"/> Include at least one academic institution (e.g. university, RTO, etc.) and one non-academic partner (e.g. industry, public body, etc.)</li> <li><input type="checkbox"/> KCA link is present</li> <li><input type="checkbox"/> Integration of the knowledge triangle is present: <ul style="list-style-type: none"> <li><input type="checkbox"/> Innovation</li> <li><input type="checkbox"/> Business</li> <li><input type="checkbox"/> Education</li> </ul> </li> <li><input type="checkbox"/> Demonstrate deployment of activities and added value</li> <li><input type="checkbox"/> Commercial end-points (products, services, etc.) are present</li> </ul> </li> </ul> </li> </ul> <p>The questions about to availability of KCA, degree of integration of the knowledge triangle and how clear and achievable the commercial end-points are, will be dealt within the evaluation phase. The eligibility check only confirms that they are addressed in the proposal.</p> <ul style="list-style-type: none"> <li>➤ <b>June 26th:</b> 8PM CET: Feedback on eligibility sent to <i>Interim director for</i></li> </ul>

Innovation and IMT representatives (Innovation portfolio, education portfolio, business portfolio) for final validation

➤ **June 28<sup>th</sup>**: Repartition of the proposal portfolio to the experts. *Action: Interim director for Innovation and IMT (Innovation portfolio, education portfolio, business portfolio)*

➤ **June 29<sup>th</sup>**: Each proposal is sent to 3 evaluators. Evaluation process begins. *Action: Interim Director Innovation*

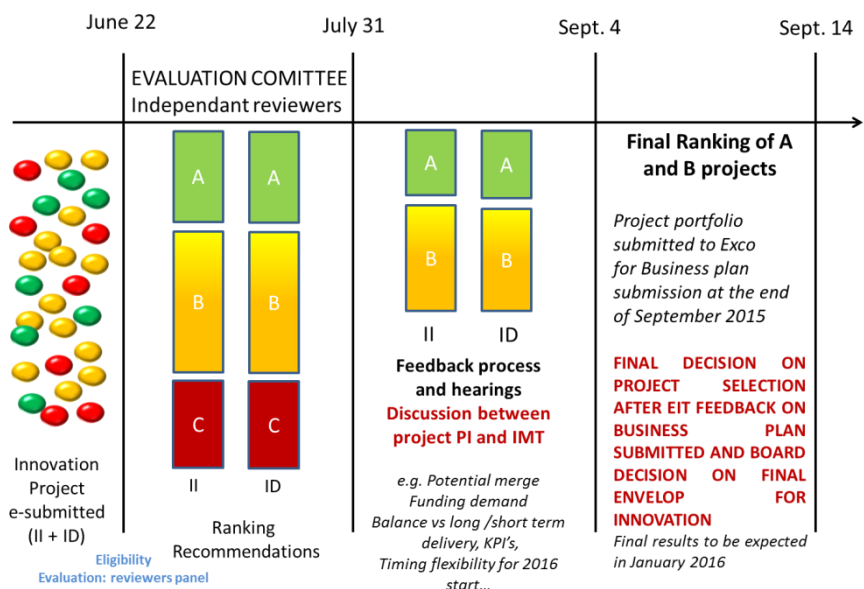
*\*Could be asked to the innovation coordinators of the CLC/InnoSTARS. To avoid any Conflict of Interest the check-team cannot be involved in the proposal or in a competing proposal.*

*Please not that the check for availability of the IMT representatives, CLC directors etc. ... for the end of June work assignment will be done asap by email after IMT approval of the FAQs.*

**Q7.  
2015 EVALUATION TIMELINE**

**A7.**

**INNOVATION EVALUATION TIMELINE 2015**



**Q8.  
IS IT POSSIBLE TO INVITE A NON-KIC PARTNER TO PARTICPATE IN AN INNOVATION BY IDEAS OR INNOVATION BY DESIGN PROJECT?**

**A8.**

A non KIC-partner could be involved for specific, well-argued reasons *e.g.* as a subcontractor or supplier of certain services such as clinical support. In addition, a non KIC-partner can be taken on board as a project partner. As a project partner, the organization will have to follow the EIT Health rules (including the EIT funding cap of 50 K€).

Finally, there are some questions as to the involvement of non-EU entities, such as the US HQ of a KIC partner or the presence of organizations from specific countries (Switzerland, Israel,...) as associate or project partner. For Switzerland and Israel, for instance, participation is possible.

In general, Chapter V. of the EIT Financial Guide specifies the rules regulating cost eligibility of *affiliated entities and third parties with a link to a KIC partner*

	<p><u>provides the necessary guidance.</u> (Entities affiliated and third parties with a legal link to the KIC LE or the KIC partner.) The most important rule here is that these parties must be identified upfront and specified in Annex V of the SGA.</p> <p>Further to this, the KIC can involve in the implementation of its KAVA activities <u>subcontractors</u> and can provide <u>financial support to third parties</u>. No provisions based on nationalities, countries (EU or non EU) exist.</p> <p>Irrespective of the origin, location or type of partner, it is very important to have a) a transparent time management system in place where hours worked by individual employees at each partner site can be recorded, maintained and retrieved for audit purposes and b) a transparent cost calculation method that is in accordance with the relevant rules referred to in the EIT Financial Guide.</p> <p>Once an entity joins as project partner, we need to take into account the related KCA. Those related KCA will be secured by the core and associate partners, or if included in the SGA, by the third parties receiving financial support.</p> <p><b>As a reminder, this has to be managed with great attention since the co-funding and the KCA part has to be balanced by the core and associate partners. As mentioned above, KCA costs must be incurred by the KIC Partners and, if included in the SGA, by linked third parties and/or third parties receiving financial support.</b></p> <p><i>Please note that any questions related to these aspects should be raised via your CLC Office and/or via the Interim Management Team who will deal with them in a timely manner.</i></p>
<p><b>Q9.</b> COULD YOU CLARIFY IF THE INITIAL 250KEURO PER ANNUM CEILING FOR EIT FUNDING TO ASSOCIATE PARTNERS IS <u>PER PROJECT</u> OR <u>PER PARTNER</u>?</p>	<p><b>A9.</b> 250 K€ in total per associate partner for 2016.</p>
<p><b>Q10.</b> WHAT HAPPEN IF INNOSTARS PARTNERS (ALL CURRENTLY ASSOCIATES) ARE INVOLVED IN SEVERAL SUCCESSFUL BIDS LED BY CLCS AND ANNUAL EIT FUNDING IS PREDICTED TO BE MORE THAN EUR 250K? IS THE WHOLE PROJECT SCRAPPED?</p>	<p><b>A10.</b> 250 K€ in total per associate partner for 2016.</p>
<p><b>Q11.</b> COULD YOU CLARIFY THE RELATIONSHIP BETWEEN EU STRUCTURAL FUND INVESTMENTS AND EIT-HEALTH FINANCES? SPECIFICALLY, SEVERAL INNOSTARS</p>	<p><b>A11.</b> Structural funds can be declared as KCA (if expended from December 9<sup>th</sup>, 2014 on).</p>

<p><b>PARTNERS IN FORMER CONVERGENCE REGIONS HAVE/WILL BENEFIT FROM SUBSTANTIAL EU STRUCTURAL FUNDS (2015-2020) TO PROVIDE CAPITAL INVESTMENT IN NEW INNOVATION FACILITIES.</b></p>	
<p><b>Q12. QUESTIONS HAVE ALSO BEEN RAISED IN RELATION TO THE PROPOSED INITIAL ANNUAL CEILING OF EUR 250,000 FOR ASSOCIATE PARTNERS IF USE OF TEST BED FACILITIES TO SUPPORT CONSORTIA LED BY OTHER EIT-HEALTH PARTNERS IS INCLUDED IN THIS CAP? THIS SITUATION WOULD BLOCK INNOVATION BY SUCH ASSOCIATE PARTNERS WHO WOULD END UP LARGELY PROVIDING A SERVICE.</b></p>	<p><b>A12.</b> Eligibility of costs of large infrastructures is still under discussion with EIT. However it is eligible under Horizon 2020 rules and may therefore be taken into account in the future by EIT (we are currently waiting for further confirmation/clarification by EIT and will come back to you as soon as further information is available).</p>
<p><b>Q13. CAN COMPANIES OUTSIDE OF THE EU BE PARTNERS IN KIC ACTIVITIES – PARTICULARLY THOSE CONTRIBUTING ESSENTIAL TECHNOLOGY FOR A PROPOSED PROJECT?</b></p>	<p><b>A13.</b> Yes, but the standard rule is without access to EIT-funding, unless specific arrangements making access to EU funding possible are in place (see also <b>Q12.</b>).</p>
<p><b>Q14. IN SOME INSTITUTIONS a PARTNER MAY HAVE MORE THAN ONE AFFILIATION (I.E. A PARTNER CAN BE UNIVERSITY TEACHERS/RESEARCHERS AS WELL AS HOSPITAL CLINIC'S DOCTORS). KNOWING THAT THE UNIVERSITY IS A CORE PARTNER, HOW THE APPLICANT SHOULD PROCEED IF THE APPLICANT IS UNIVERSITY STAFF BUT HAVE ALL OR PART OF HIS/HER KCA IN DIFFERENT ENTITIES (IN SOME CASES, THEY HAVE SOME OF THEIR PROJECTS IN THE UNIVERSITY WHILE OTHERS ARE IN DIVERSE INSTITUTIONS). CAN THEY USE THOSE KCA TO LEVERAGE AN UNIVERSITY PROJECT,</b></p>	<p><b>A14.</b> We strongly recommend that you take the affiliation of the institution that employs you. As far as KCA are concerned, the simple rule is that the amount of KCA declared under the “25/75” rule has to be incurred as costs in the accounts of the core or associate partner. Hence, as long as the entities referred to are part of the legal entity of the EIT Health partner, there is no problem. In case they are a separate legal entity and hence not a KIC partner, they will have to live up to the rule mentioned earlier stating that KCA costs must be incurred by the KIC Partners and, if included in the SGA, by linked third parties and/or third parties receiving financial support. In case the affiliated entity becomes a contributor of KCA it would be worthwhile for it to consider becoming an associate partner. After which it would have direct access to higher levels of EIT (KAVA) funding as determined in the InnoLife bid proposal.</p>

<p><b>AS FAR AS THEY ARE THE IP OF THE PROJECT?</b></p>	
<p><b>Q15. WHAT IS THE DEFINITION OF THE RETURN ON INVESTMENT FOR INNOVATION PROJECT?</b></p>	<p><b>A15.</b> See InnoLife bid Proposal, page 31.</p>
<p><b>Q16. THE EVALUATION COMMITTEE WILL WORK ON THEIR RECOMENDATIONS AND PROPOSE A FINAL RANKING AT THE END OF AUGUST 2015?</b></p>	<p><b>A16.</b> The Management Board (MB) directs the day-to-day operations of EIT Health but will not be in place in August 2015. In August 2015, an Interim Management Committee composed of the interim CEO, the interim Directors of Innovation, Business Creation, Education, the CLC (interim) Directors and the InnoSTARS Directors will propose the final ranking based on the evaluation provided by the evaluation committee and hearings that will be performed on the projects ranked A and B+ by the independent evaluation committee.</p>
<p><b>Q17. HOW IS THE PROJECT MONITORING PERFORMED?</b></p>	<p><b>A17.</b> See Innovation package document for practical information on monitoring. In the event that a project is not progressing or is not implemented in an appropriate way, the MB has the power to intervene and ultimately, if considered necessary, to stop EIT funding and labeling according to specific criteria that will be set out in the project agreement.</p>
<p><b>Q18. WILL I GET AFEEDBACK ON PROPOSAL ACCEPTATION OR REJECTION?</b></p>	<p><b>A18.</b> The coordinating partner for each proposal will receive a short feedback explaining the decision on whether or not their proposal will be included in the business plan to be submitted to EIT end of September 2015. Upon approval of the business plan and final EIT budget allocation an official list of those projects which have been selected will be finalized and an official communication sent to the successful applicants. After the evaluation has been completed, the current plan is to group selected projects into the three categories shown below for proposal to the IMT: - Category ranked and fundable within the 22/XXX million - Category ranked but non-fundable within the 22/XXX million - Category not ranked</p>
<p><b>Q19. HOW EVALUATORS HAVE BEEN RECRUITED?</b></p>	<p><b>A19.</b> The selection has been made on the basis of having a proven track record in evaluating complex projects (innovation, research, education, financing, both at national and European levels and via a broad range of different instruments including FP7 and Horizon 2020 calls, many also having written calls themselves and/or managed evaluation panels. They are used to work to tight time constraints while remaining good team players.</p>
<p><b>Q20. WHEN WILL I RECEIVE AN ADVANCE PAYMENT OR THE FULL EIT FUNDING IF MY PROJECT IS</b></p>	<p><b>A20.</b> For the year 2016, advance payment will be sent at the beginning of the year 2016 (as soon as EIT Health has received the EIT prepayment for the year). This will be similar to H2020, with a ~70% advance at the beginning or the project</p>



<b>SELECTED?</b>	and the balance at the end of 2016/beginning of 2017, depending on the receipt of the remainder of the 2016 EIT funding by EIT.
<b>Q21.</b> <b>WHICH PERIOD IS THE KCA RELATED TO FOR THIS CALL?</b>	<b>A21.</b> Contribution happening after December 9th 2014. Hence activity costs incurred in the accounts of the EIT Health partners after December 9 <sup>th</sup> 2014 can be entered as KCA.
<b>Q22.</b> <b>KAVA PERIOD/COST TO BE INCURRED?</b>	<b>A22.</b> January 2016 until December 2016 for the present call.
<b>Q23.</b> <b>IN CASE OF A SPIN-OFF CREATED WITHIN THE LAST 2 YEARS, CAN THEY PARTICIPATE IN THE INNOVATION CALL OR THERE IS A RESTRICTION RELATED TO THE BRAND NEW COMPANIES?</b>	<b>A23.</b> No restriction but has to follow project partner rules.
<b>Q24.</b> <b>A PROFESSOR AND PI WITHIN MY INSTITUTION IS COLLABORATING WITH OTHER PROFESSORS FROM VARIOUS RESEARCH GROUPS TO ADD VALUE TO A PROPOSAL I.E. TOTAL KCA WILL COME FROM MORE THAN THE PI ALONE. HOW CAN WE HANDLE THIS SITUATION?</b>	<b>A24.</b> You can only declare your KCA once. As long as those KCA can be identified in the accounts of the partner, it does not matter that the KCA is the result of research by several PIs of which only one (for example) participates in the KAVA project proposed.  The IP rules of the FPA must be followed. Arrangements have to be made as to the use of KCA related IP as background IP in the KAVA project that is proposed. This is both for research and for exploitation purposes, as per the H2020 practices.
<b>Q25.</b> <b>I HAVE SOME RESEARCHERS WHO WANT TO USE PRIVATE FUNDING FROM AN EXTERNAL COMPANY AS KCA. IS THIS POSSIBLE? IF SO HOW CAN THIS BE HANDLED IN CASE OF AN AUDIT?</b>	<b>A25.</b> As long as it leads to identifiable costs in the accounts of the EIT Health partner (donation...), it can be declared as KCA.
<b>Q26.</b> <b>REGARDING CONFIDENTIALITY ISSUES (e.g. IP), HOW MUCH OF THE RESULTS ON THE KCA HAVE TO BE SHARED WITH THE KIC LE?</b>	<b>A26.</b> None, the H2020 IP rules apply to the KAVA. Arrangements have to be in place for use of KCA related IP to specific KAVA (see above).
<b>Q27.</b> <b>EUROPEAN PROJECTS HAVE A TOTAL BUDGET FOR THE PROJECT DISTRIBUTED across SEVERAL YEARS. IN SOME CASES, WE HAVE</b>	<b>A27.</b> You have to show the expenses after the December 9 <sup>th</sup> 2014 (KCA). In other words, if you have a project that runs 2012 – 2015 and that from a content point of view can be linked to a 2016 KAVA project, you can bundle the activities and the costs incurred in your accounts after December 9 <sup>th</sup> and



<p><b>PROJECT WHICH STARTED ON 2012 AND WILL LAST TILL, FOR EXAMPLE, 2016. THERE IS NO OFFICIAL YEARLY BUDGET DISTRIBUTION OR AT LEAST, PROJECT MANAGERS CALCULATE AND REPORT PROJECT YEARS, NOT CALENDAR YEARS. THIS MIGHT BE A PROBLEM WHEN WE CALCULATE OUR KCA EVEN FOR 2015 ANNUITY, BECAUSE THE PROJECT REPORT MIGHT NOT BE FOR THE WHOLE YEAR, SO TO PROVE THAT THE AMOUNT DESIGNATED AS KCA IS CORRECT IS NOT STRAIGHTFORWARD EVEN FOR 2015.</b></p>	<p>declare them as KCA. Between January 1, 2016 and December 31, 2016 (KAVA).</p>
<p><b>Q28.</b> ADDITIONALLY TO Q27., IF WE HAVE TO CALCULATE THE KCA FOR FUTURE PERIODS E.G. THE NEXT CALENDAR YEAR, CAN YOU CONFIRM THIS MUST BE BASED ON THE WORK PLAN FOR THAT CALENDAR YEAR, INCLUDING ANY MODIFICATIONS THAT MIGHT HAVE OCCURRED DURING THE PROJECT EXECUTION (FOR EXAMPLE, INCLUDING ANY TIME EXTENSION WE HAVE NEGOTIATED WITH THE CE)?</p>	<p><b>A28.</b> YES. During the drafting of the business plan in year N-1, you will take into account your activity forecast for year N. During the reporting in year N+1, you will provide the costs incurred over year N.</p>
<p><b>Q29.</b> MINOR CHANGES CAN OCCUR DURING THE PROJECT EXECUTION THAT MIGHT ALTER THE estimated KCA HOW SHOULD we DEAL WITH This e.g. REDUCE THE KAVA forecast? INCLUDE MORE CO-FINANCING? BOTH?</p>	<p><b>A29.</b> See <b>Q28/A28</b>. More information will be provided in a detailed monitoring document. On a case-by-case basis, deviations from the “25/75” rule are possible, as long as we live up to the overall 25/75 equilibrium required by EIT. The KCA-KAVA balance at an individual specific activity level can therefore fluctuate because of changes that occur in the activity over the year in question. A monitoring framework will be drafted that should allow partners to deal with such fluctuations from a monitoring and reporting perspective.</p>
<p><b>Q30.</b> IT WAS SAID THAT KCA CAN START AS SOON AS KIC STARTING DATA (FROM 9<sup>TH</sup> OF DECEMBER 2014 ON) THEN IT HAS TO BE TAKEN INTO ACCOUNT UNTIL DECEMBER 2016 FOR 2016 PROJECT?</p>	<p><b>A30.</b> YES, <b>Q29/A29</b>.</p>

<p><b>Q31.</b> <b>PROJECT PARTNER AND KAVA/KCA?</b></p>	<p><b>A31.</b> See also <b>Q28-Q30</b>. The core and associate engaging the project partner should monitor the 25/75; so they should make sure that there is sufficient KCA to support the KAVA. If KCA is not sufficient you should contact the KIC LE.</p>
<p><b>Q32.</b> <b>WHAT ARE THE PROFILES OF THE EVALUATORS IN THE INDEPENDANT EVALUATION COMMITTEE?</b></p>	<p><b>A32.</b> Senior scientists, investors, recognized in their field and known for the excellence of their contribution to their field of expertise. Specialized in the thematic areas, business objectives mentioned in the EIT Health/InnoLife proposal. See also Innovation Package.</p>
<p><b>Q33.</b> The highest ranking proposals will be considered by the (Interim) Management Board for inclusion in the annual business plan as part of a balanced portfolio". What criteria will be used and how will the final decision(s) be taken?</p>	<p><b>A33.</b> These criteria are still under development, and will be published as soon as they're known.</p>

*End of document*