

**GRANT CONTRACT**  
**- EXTERNAL ACTIONS OF THE EUROPEAN UNION -**

Hungary-Slovakia-Romania-Ukraine ENI Cross-border Co-operation  
 Programme 2014-2020

HUSKROUA/1702/8.2/0080

The Ministry of Foreign Affairs and Trade of Hungary (1027 Budapest, Bem rakpart 47, Budapest, Hungary) acting as the Managing Authority for the Hungary-Slovakia-Romania-Ukraine ENI Cross-border Cooperation Programme 2014-2020 (hereinafter referred to as **Managing Authority**)

and

of the one part,

Szabolcs-Szatmár-Bereg County Hospitals and University Hospital (Public organisation, registration number 813749, Szent István u. 68, 4400 Nyíregyháza, Hungary, VAT number 15813743-2-15).

(hereinafter referred to as **Lead Beneficiary**)

of the other part,

(hereinafter collectively referred to as the **Parties**)

have agreed as follows:

**PREAMBLE**

The Lead Beneficiary assures that the Project is implemented and managed in accordance with the provisions of this Grant Contract (hereinafter referred to as **Contract**), with the relevant EU legislation and horizontal policies of the EU in force, with the applicable national legislation and with all instructions set out in the project implementation manual of the Programme.

The Contract is concluded on the basis of the following legal provisions:

- Commission Implementing Decision of 8 October 2014 adopting a programming document for European Union support to ENI Cross-Border Cooperation for the period 2014-2020 (hereinafter referred to as Programming Document)
- Regulation (EU) No 232/2014 of the European Parliament and of the Council of 11 March 2014 establishing a European Neighbourhood Instrument (hereinafter referred to as ENI Regulation);
- Regulation (EU) No 236/2014 of the European Parliament and of the Council of 11 March 2014 laying down common rules and procedures for the implementation of the Union's instruments for financing external action (hereinafter referred to as ENI CIR);
- Commission Implementing Regulation (EU) No 897/2014 of 18 August 2014 laying down specific provisions for the implementation of cross-border cooperation programmes financed under Regulation (EU) No 232/2014 of the European Parliament and the Council establishing a European Neighbourhood Instrument (hereinafter referred to as ENI CBC IR);
- Regulation (EU, Euratom) 2018/1046 of the European Parliament and of the Council of 18 July 2018 on the financial rules applicable to the general budget of the Union, amending Regulations (EU) No 1296/2013, (EU) No 1301/2013, (EU) No 1303/2013, (EU) No 1304/2013, (EU) No

1309/2013, (EU) No 1316/2013, (EU) No 223/2014, (EU) No 283/2014, and Decision No 541/2014/EU and repealing Regulation (EU, Euratom) No 966/2012

- Council Regulation (EC, Euratom) No 2988/95 of 18 December 1995 on the protection of the European Communities financial interests – with reference to Article 5;
- Commission Implementing Decision of 17 December 2015 number C(2015) 9180 adopting the Hungary-Slovakia-Romania-Ukraine ENI Cross-Border Cooperation Programme 2014-2020 (hereinafter referred to as JOP);
- National rules applicable to the Lead Beneficiary and other Beneficiaries;
- Decree no. 554 of the Cabinet of Ministers of Ukraine of 11 July 2018;
- State Aid applicable rules;
- Guidelines for Applicants;
- ENI CBC Financing Agreement of 19 December 2016 concluded between the European Commission and Ukraine;
- Memorandum of Understanding concluded between Hungary and the Member States participating in the Programme;
- Project implementation manual of the Programme.

#### **ARTICLE 1 – PURPOSE**

- 1.1. The purpose of this Contract is the award of a grant by the Joint Monitoring Committee for the implementation of the Project entitled: “Infectious diseases have no borders” (“the Project”) described in Annex I. The grant is financed from the European Neighbourhood Instrument in the framework of the Hungary-Slovakia-Romania-Ukraine Cross-border Cooperation Programme 2014-2020.
- 1.2. The Lead Beneficiary shall be awarded the grant on the terms and conditions set out in this Contract, which consists of these conditions and the annexes, which the Lead Beneficiary hereby declares it has noted and accepted.
- 1.3. The Contract is signed in accordance with the decision of the Joint Monitoring Committee from 12 July 2018 to award a grant to the Project.
- 1.4. The Lead Beneficiary accepts the grant and undertakes to carry out the Project under its own responsibility.
- 1.5. The Lead Beneficiary and the Managing Authority are the only parties to this Contract.

#### **ARTICLE 2 – IMPLEMENTATION PERIOD OF THE PROJECT**

- 2.1 This Contract shall enter into force when both Parties signs. The Lead Beneficiary undertakes to sign the contract within 30 days from the date of its reception from the Managing Authority.
- 2.2 Implementation of the Project shall begin on 1 September 2019.
- 2.3 The Project's implementation period, as laid down in the Description of the Project, annexed to this contract (Annex I), is 24 months.
- 2.4 The execution period of this Contract shall end at the moment when final payment is paid by the Managing Authority and, in any event, at the latest 18 months after the end of the implementation period as stipulated in Article 2.3 unless postponed in accordance with Article 17.15

#### **ARTICLE 3 – FINANCING OF THE PROJECT**

- 3.1 The total cost of the Project is estimated at 1,109,776.38 EUR, as set out in the Budget of the Project, annexed to this Contract (Annex II).

- 3.2 The Managing Authority undertakes to finance a maximum of 998,798.74 EUR, equivalent to 90% of the estimated total eligible cost of the Project; the final amount of the eligible costs shall be established in accordance with Articles 10 and 3.5 of this Contract.
- 3.3 Pursuant to Article 10.5, 1.27% of the final amount of direct eligible costs of the Project without investments and works established in accordance with Article 10, may be claimed by the Lead Beneficiary as indirect costs (flat rate financing).
- 3.4 Pursuant to Article 10, the Regulation under which this Contract is financed authorises payment of taxes, including VAT, in the case the Lead Beneficiary can show it cannot reclaim them.
- 3.5 The grant may not exceed the maximum ceiling in Article 3.2 of the Contract either in terms of the absolute value or the percentage stated therein.

If the eligible costs of the Project at the end of the Project are less than the estimated eligible costs as referred to in Article 3.1 of the Contract, the grant shall be limited to the aggregated amount verified in accordance with Art. 6.7 of this Contract for each Beneficiary.

- 3.6 In addition and without prejudice to its right to terminate this Contract pursuant to Article 17, if the Project is implemented poorly or partially - and therefore not in accordance with the Description of the Project in Annex I - or late, the Managing Authority may, by a duly reasoned decision and after allowing the Lead Beneficiary to submit its observations, reduce the initial grant in line with the actual implementation of the Project and in accordance with the terms of this Contract. This applies as well with regards to the compliance with the visibility obligations set out in Article 19.

#### ARTICLE 4 – GENERAL OBLIGATIONS AND LIABILITIES

- 4.1 This Contract and the payments attached to it may not be assigned to a third party in any manner whatsoever without the prior written consent of the Joint Monitoring Committee.
- 4.2 The Lead Beneficiary shall act in partnership with one or more project Partners (**Beneficiaries**) identified in the Description of the Project. Beneficiaries take part in the implementation of the Project, and the costs they incur are eligible in the same way as those incurred by the Lead Beneficiary. With the exception of infrastructure costs, project Beneficiaries may subcontract a limited portion of the project however the bulk of the activities identified in the Description of the Project must be implemented by the Lead Beneficiary and its Beneficiaries.
- 4.3 The Lead Beneficiary alone shall be accountable to the Managing Authority for the implementation of the Project. It shall undertake that the conditions applicable to it under Articles 4, 5, 6, 7, 8, 9, 10, 11, 12, 13 and 17.10-22 shall also apply to its Project Beneficiary(ies) (hereinafter referred to as Beneficiary). **In particular, the Lead Beneficiary should undertake that the conditions applicable to it under Article 14 on the recovery procedure by the EU Member States and Ukraine and the European Commission shall also apply to its Project Beneficiaries.** It shall include provisions to that effect as appropriate in its contracts with them. The level of responsibilities shall appropriately and clearly be laid down in the relevant Partnership Agreement.
- 4.4 The Lead Beneficiary is liable towards the Managing Authority for ensuring that all its Beneficiaries fulfil their obligations under this Project. It is also liable towards the Managing Authority for any breach of obligations under this Project by its Beneficiaries in the same way as for its own conduct.
- 4.5 The Managing Authority and the Joint Technical Secretariat cannot under any circumstances or for any reason whatsoever be held liable for damage or injury sustained by the staff or property of the Lead Beneficiary and Beneficiaries while the Project is being carried out or as a consequence of the Project. The Managing Authority and the Joint Technical Secretariat cannot, therefore, accept any claim for compensation or increases in payment in connection with such damage or injury.

- 4.6 The Lead Beneficiary shall assume sole liability towards third parties, including liability for damage or injury of any kind sustained by them while the Project is being carried out or as a consequence of the Project. The Lead Beneficiary shall discharge the Managing Authority/Joint Technical Secretariat of all liability arising from any claim or project brought as a result of an infringement of rules or regulations by the Lead Beneficiary or the Lead Beneficiary's employees or individuals for whom those employees are responsible, or as a result of violation of a third party's rights. For the purpose of Article 3 of this Contract employees of the Lead Beneficiary shall be considered third parties.

## **ARTICLE 5 – ROLE OF THE LEAD BENEFICIARY**

The Lead Beneficiary shall:

- a) monitor that the Project is implemented in accordance with this Contract and ensure coordination with all Beneficiaries in the implementation of the Project;
- b) be the intermediary for all communications between the Beneficiaries and the Managing Authority/Joint Technical Secretariat;
- c) be responsible for supplying all documents and information to the Managing Authority/Joint Technical Secretariat which may be required under this Contract, in particular in relation to the reports and the requests for payment. Where information from the Beneficiaries is required, the Lead Beneficiary shall be responsible for obtaining, verifying and consolidating this information before passing it on to the Managing Authority/Joint Technical Secretariat.

Any information given, as well as any request made by the Lead Beneficiary to the Managing Authority/Joint Technical Secretariat, shall be deemed to have been given in agreement with all Beneficiaries;

- d) inform the Managing Authority/Joint Technical Secretariat of any event likely to significantly affect or delay the implementation of the Project;
- e) inform the Managing Authority/Joint Technical Secretariat of any change in the legal, financial, technical, organisational or ownership situation of the Lead Beneficiary/Beneficiaries, as well as, of any change in the name, address or legal representative of the Lead Beneficiary/Beneficiaries;
- f) be responsible in the event of audits, checks, monitoring or evaluations, as described in Article 11 for providing all the necessary documents, including the accounts of the Beneficiaries, copies of the most relevant supporting documents and signed copies of any contract concluded according to Article 15;
- g) have full financial responsibility for ensuring that the Project is implemented in accordance with this Contract;
- h) establish the payment requests in accordance with the Contract;
- i) be the sole recipient, on behalf of all of the Beneficiaries, of the payments of the Managing Authority. The Lead Beneficiary shall ensure that the appropriate payments are then made to the Beneficiaries without unjustified delay;
- j) not delegate any, or part of, these tasks to the Beneficiaries or other entities.

## **ARTICLE 6 – NARRATIVE AND FINANCIAL REPORTING**

- 6.1 Narrative and financial reports shall be produced in support of payment requests, in compliance with Article 7.2 of this Contract.



- 6.2 The Lead Beneficiary shall provide the Joint Technical Secretariat with all required information on the implementation of the Project. The report shall describe the implementation of the Project according to the activities envisaged, difficulties encountered and measures taken to overcome problems, eventual changes introduced, as well as the degree of achievement of its results (outcomes and outputs) as measured by corresponding indicators. The report shall be laid out in such a way as to allow monitoring of the objective(s) and results, the implementation progress of foreseen activities, the means envisaged or employed and the budget details for the Project. The level of detail in any report should match that of the Description of the Project and of the Budget for the Project. The Lead Beneficiary shall collect all the necessary information and draw up consolidated interim and final reports. These reports shall:
- a) cover the Project as a whole, regardless of which part of it is financed by the Managing Authority;
  - b) consist of a narrative and a financial section drafted using the templates provided by the Managing Authority;
  - c) provide a full account of all aspects of the Project's implementation for the period covered, including in case of simplified cost options the qualitative and quantitative information needed to demonstrate the fulfilment of the conditions for reimbursement established in this Contract;
  - d) include the current results within an updated table based on the logical framework matrix including the results achieved by the Project (outcomes and outputs) as measured by their corresponding indicators; agreed baselines and targets, and relevant sources of verification;
  - e) determine if the intervention logic is still valid and propose any relevant modification including regarding the logical framework matrix;
  - f) determine if the budget and financial plan is still valid and propose any relevant modification;
  - g) be drafted in the currency and language of this Contract;
  - h) include any update on the activity and time plan, communication plan and procurement plan;
  - i) include any relevant reports, publications, press releases and updates related to the Project.
- 6.3 Additionally, the final report shall:
- a) cover any period not covered by the previous reports;
  - b) include the proofs of the transfers of ownership as referred to in Article 12
- 6.4 The Managing Authority/Joint Technical Secretariat may request additional information at any time. The Lead Beneficiary shall provide this information within 30 days of the request, in the language of the Contract.
- 6.5 If the Lead Beneficiary fails to provide any report or fails to provide any additional information requested by the Joint Technical Secretariat within the set deadline without an acceptable and written explanation of the reasons, the Managing Authority may terminate this Contract according to Article 17.11(a) and (f) and may request full or partial repayment of amounts unduly paid for the Project in accordance with last paragraph of Article 17.16.

- 6.6 Reports shall be submitted in Euro, and may be drawn from financial statements denominated in other currencies, on the basis of the Lead Beneficiary's applicable legislation and applicable accounting standards. In such case and for the purpose of reporting, conversion into the currency set in the Contract shall be made using the rate monthly accounting exchange rate of the Commission of the month during which the expenditure was submitted for examination in view of the expenditure verification report in accordance with Article 32(1) of the ENI CBC IR.

Unless otherwise provided for in the Contract, costs incurred in other currencies than the one used in the Lead Beneficiary's accounts for the Project shall be converted according to its usual accounting practices, provided they respect the following basic requirements:

- (i) they are written down as an accounting rule, i.e. they are a standard practice of the Lead Beneficiary,
- (ii) they are applied consistently,
- (iii) they give equal treatment to all types of transactions and funding sources,
- (iv) the system can be demonstrated and the exchange rates are easily accessible for verifications

In the event of an exceptional exchange-rate fluctuation, the Parties shall consult each other with a view to amending the Project in order to lessen the impact of such a fluctuation. Where necessary, the Managing Authority may take additional measures such as terminating the Contract.

- 6.7 Each beneficiary must provide an expenditure verification report after each 12 months period and for any request for further pre-financing payment. Expenditure declared by the beneficiary in support of a payment request shall be examined by an auditor approved by the Ukrainian Control Contact Point or by a national controller in the Member State being independent from the beneficiary. The auditor or the national controller shall examine whether the costs declared by the beneficiary and the revenue of the project are real, accurately recorded and eligible in accordance with this contract and related instructions and provisions. Lead Beneficiary shall collect the approved expenditure verification report from the Beneficiary and submit to the JTS in due time.

The expenditure verification report shall conform to the template provided by the Managing Authority, shall cover all expenditure and revenue not covered by any previous expenditure verification report and shall be produced by a national controller or by an auditor. The auditor and the national controller shall meet the requirements set out in Article 32(1) of the ENI CBC IR.

- 6.8 The Project implementation manual of the Programme may set out additional reporting requirements.

## ARTICLE 7 – PAYMENT ARRANGEMENTS

- 7.1 The first instalment of pre-financing shall be paid to the Lead Beneficiary within 30 days, as from the date of reception by the Managing Authority of the signed Contract. In case the date of implementation in Article 2.2 differs with more than 60 days from the date of the reception of the signed contract by the Managing Authority, the first instalment shall be paid at the latest with 15 days before the date specified in Article 2.2. The payment shall be carried out by the Managing Authority without any request for payment.

- 7.2 Payment shall be made according to the following procedure:

First instalment of pre-financing (10% of the total ENI contribution financed by the Managing Authority): 99,879.87 EUR

Second instalment of pre-financing (40% of the total ENI contribution financed by the Managing Authority): 399,519.50 EUR, at the award of the main works procurement tenders, as indicated in the procurement plan.

Third instalment of pre-financing (40% of the total ENI contribution financed by the Managing Authority): 399,519.50 EUR, deducting the EU contribution corresponding to the pre-financing unspent and/or ineligible, at the approval of the report for the first 12 months of implementation.

Final payment (10% of the total ENI contribution financed by the Managing Authority deducting the EU contribution corresponding to the pre-financing unspent and/or ineligible, at the approval of the Project final report): 99,879.87 EUR

- 7.3 With the exception of the first instalment and of the second instalment in case of projects with infrastructure component or works requiring building permission, pre-financing may only be given if the part of the expenditure actually incurred which is financed by the Managing Authority (by applying the percentage set out in Article 3.2 of the Contract) stands at 100% of the previous payment as supported by the corresponding interim report and by an expenditure verification report.

Where the consumption of the previous pre-financing is less than 100%, the amount of the new pre-financing payment shall be reduced by the unused amounts of the previous pre-financing payment.

- 7.4 The total sum of pre-financing under the Contract may not exceed 90% of the amount referred to in Article 3.2 of the Contract.

- 7.5 The Lead Beneficiary shall transfer the corresponding amounts of the grant to its Beneficiaries without delay as from the date of receipt of the instalment of grant, proportionally to each Beneficiary's EU contribution to the Project in case of first pre-financing and proportionally to each Beneficiary's verified expenditures in case of further payments, without making any deduction, retention or further specific charge, and shall submit the proof of transfer to the Joint Technical Secretariat within 10 days. If the Lead Beneficiary fails to provide all proofs of transfer within the set deadline, the Managing Authority shall suspend further payments until the Lead Beneficiary fulfils the above mentioned obligation.

- 7.6 The payment request shall be drafted using the template provided by the Managing Authority and shall be accompanied by:

- a) a narrative and financial report in line with Article 6;
- b) an expenditure verification report and a detailed list of expenditure;

For the purposes of the initial pre-financing payment, the signed contract serves as payment request.

Payment shall not imply recognition of the regularity or of the authenticity, completeness and correctness of the declarations and information provided.

- 7.7 Payments shall be made in Euro to the Lead Beneficiary's bank account referred to in the financial identification form in Annex IV, which allows the identification of the funds received from the Programme. The initial pre-financing payment shall be made within 30 days as from the date of reception by the Managing Authority of the signed Contract.

Further pre-financing payments and payments of the balance shall be made within 30 days date from the acceptance of the report by the Joint Technical Secretariat.

- 7.8 In case the ENI balance of programme single bank account does not cover the amount to be paid, the payment process will be suspended till the transfer of the ENI contribution from the European Commission is credited to the programme single bank account.

## **ARTICLE 8 – CONFLICT OF INTEREST AND GOOD CONDUCT**

- 8.1 The Lead Beneficiary shall take all necessary measures to prevent or end any situation that could compromise the impartial and objective performance of this Contract. Such conflict of interests may arise in particular as a result of economic interest, political or national affinity, family or emotional ties, or any other relevant connection or shared interest.
- 8.2 Any conflict of interests which may arise during performance of this Contract must be notified in writing to the Joint Technical Secretariat without delay. In the event of such conflict, the Lead Beneficiary shall immediately take all necessary steps to resolve it.
- 8.3 The Joint Technical Secretariat reserves the right to verify that the measures taken are appropriate and may require additional measures to be taken if necessary.
- 8.4 The Lead Beneficiary shall ensure that its staff, including its management, is not placed in a situation which could give rise to conflict of interests. Without prejudice to its obligation under this Contract, the Lead Beneficiary shall replace, immediately and without compensation from the Managing Authority/Joint Technical Secretariat, any member of its staff in such a situation.
- 8.5 The Lead Beneficiary shall respect human rights and applicable environmental legislation including multilateral environmental agreements, as well as internationally agreed core labour standards.

## **ARTICLE 9 – CONFIDENTIALITY**

- 9.1 Subject to Article 11, the Managing Authority and the Lead Beneficiary undertake to preserve the confidentiality of any information, notwithstanding its form, disclosed in writing or orally in relation to the implementation of this Contract and identified in writing as confidential until at least 5 years after the payment of the balance.
- 9.2 The Lead Beneficiary shall not use confidential information for any aim other than fulfilling their obligations under this Contract unless otherwise agreed with the Managing Authority/Joint Technical Secretariat.
- 9.3 The European Commission shall have access to all documents communicated to the Managing Authority and shall maintain the same level of confidentiality.

## **ARTICLE 10 – FINANCIAL PROVISIONS**

- 10.1 Eligible costs are actual costs incurred by the Beneficiary which meet all the criteria set out in Article 48.1-4 of the ENI CBC IR
- 10.2 Subject to paragraphs 1 and 2 of the Article 48 of the ENI CBC IR direct costs of the Beneficiary shall be eligible in accordance with Article 48.5 of the ENI CBC IR
- 10.3 Cost listed in Article 49 of the ENI CBC IR relating to the implementation of the Project shall not be considered eligible.
- 10.4 Eligible costs may also be constituted by any or a combination of the following cost options:
  - a) unit costs;
  - b) flat-rate financing;
- 10.5 The methods used by the Lead Beneficiary/Beneficiaries to determine unit costs or flat-rates shall be clearly described and substantiated in Annex II Budget for the Project and shall ensure

compliance with the no-profit rule and shall avoid double funding of costs. The information used can be based on the Lead Beneficiary/Beneficiary's historical and/or actual accounting or on external information where available and appropriate.

Costs declared under simplified cost options shall satisfy the eligibility criteria set out in Article 10.1 and 10.2. They do not need to be backed by accounting or supporting documents, save those necessary to demonstrate the fulfilment of the conditions for reimbursement established in Annex I and II. These costs may not include ineligible costs as referred to in Article 10.3 or costs already declared under another costs item or heading of the Budget for the Project. The amounts or rates of unit costs or flat-rates set out in Annex II Budget for the Project may not be amended unilaterally and may not be challenged by ex post verifications.

10.6 The total amount of financing that may be awarded on the basis of simplified cost options in accordance with Article 10.4 a) to b) may not exceed EUR 60 000 per each project.

10.7 The indirect costs for the Project are those eligible costs which may not be identified as specific costs directly linked to the implementation of the Project and may not be booked to it directly according to the conditions of eligibility in Article 10.1. However, they are incurred by the Lead Beneficiary/Beneficiaries in connection with the eligible direct costs for the Project. They may not include ineligible costs as referred to in Article 10.3 or costs already declared under another costs item or heading of the Budget for the Project.

A fixed percentage of the total amount of direct eligible costs of the Project not exceeding the percentage laid down in Article 3 of this Contract may be claimed to cover indirect costs for the Project. Flat-rate funding in respect of indirect costs does not need to be supported by accounting documents. This amount shall not be taken into account with regard to the maximum amount of simplified cost options.

10.9 Any contributions in kind, which shall be listed separately in Annex II Budget, do not represent actual expenditure and are not eligible costs. Contributions in kind may not be treated as co-financing by the Lead Beneficiary/Beneficiaries. The cost of staff assigned to the Project shall not be considered as contribution in kind and may be considered as part of the minimum 10 % co-financing.

10.10 The grant may not produce a profit for the Beneficiary. Profit is defined as a surplus of the receipts over the eligible costs approved by the Managing Authority when the request for payment of the balance is made. The receipts to be taken into account are the consolidated receipts on the date on which the payment request for the balance is made by the Lead Beneficiary that fall within one of the three following categories:

- a) revenue generated by the Project above the threshold of the Lead Beneficiary's and Beneficiaries' co-financing
- b) financial contributions specifically assigned by the donors to the financing of the same eligible costs financed by this Contract and declared by the Lead Beneficiary as actual costs under this Contract. Further details of handling financial contributions paid by donors are laid down in programme rules.
- c) interest from pre-financing in case it has not been used for project activities.

Where the final amount of the grant determined in accordance with the Contract would result in a profit, it shall be reduced according to programme rules.

10.11 Without prejudice to Article 17.10-22, the time-limits for approval of a report and subsequent payments may be suspended by notifying the Lead Beneficiary that:

- a) the amount indicated in its request of payments is not due, or;
- b) proper supporting documents have not been supplied, or;
- c) clarifications, modifications or additional information to the narrative or financial sections of reports are needed, or;
- d) there are doubts on the eligibility of expenditure and it is necessary to carry out additional checks, including on-the-spot checks to make sure that the expenditure is eligible, or;
- e) it is necessary to verify whether presumed substantial errors, irregularities or fraud have occurred in the grant award procedure or the implementation of the Project, or;
- f) it is necessary to verify whether the Lead Beneficiary have breached any substantial obligations under this Contract, or;
- g) the visibility obligations set out in Article 19 are not complied with.

The suspension of the time-limits for approval of a report and subsequent payments starts when the above notification is sent to the Lead Beneficiary. The time-limit starts running again on the date on which a correctly formulated request for payment is recorded and/or the required information is received. The Lead Beneficiary shall provide any requested information, clarification or document within 15 days of the request.

If, notwithstanding the information, clarification or document provided by the Lead Beneficiary, the payment request is still inadmissible, or if the award procedure or the implementation of the grant proves to have been subject to substantial errors, irregularities, fraud, or breach of obligations, then the Managing Authority may refuse to proceed further with payments and may, in the cases foreseen in Article 17.10-22, terminate accordingly this Contract.

In addition, the Managing Authority may also suspend payments as a precautionary measure without prior notice, prior to, or instead of, terminating this Contract as provided for in Article 17.10-22, as well as applying administrative penalties.

- 10.12 The Lead Beneficiary shall ensure the respect of the State Aid applicable legislation, as well as the State Aid provisions laid out in Chapter 10 of the Association Agreement between the European Union and Ukraine, in accordance with the instructions set out in the Project implementation manual.

## **ARTICLE 11 – ACCOUNTS AND TECHNICAL AND FINANCIAL CHECKS**

- 11.1 The Lead Beneficiary shall keep accurate and regular accounts of the implementation of the Project using an appropriate accounting and double-entry book-keeping system. The accounts:
  - a) may be an integrated part of or an adjunct to the Beneficiary's regular system;
  - b) shall comply with the accounting and bookkeeping policies and rules that apply in the country concerned;
  - c) shall enable income and expenditure relating to the Project to be easily traced, identified and verified.
- 11.2 The Lead Beneficiary shall ensure that financial section of any report as required under Article 6 and in the Project implementation manual of the Programme can be properly and easily

reconciled to the accounting and bookkeeping system and to the underlying accounting and other relevant records. For this purpose, the Lead Beneficiary shall prepare and keep appropriate reconciliations, supporting schedules, analyses and breakdowns for inspection and verification.

- 11.3 The Lead Beneficiary shall allow verifications to be carried out by the Managing Authority, the National Authority, the Audit Authority and members of Group of Auditors, the Control Contact Point, the European Commission, the European Anti-Fraud Office, the AFCOS in Member States and the anti-fraud body identified in the Financing Agreement by Ukraine, the European Court of Auditors and any external auditor authorised by any of these bodies. The Lead Beneficiary has to take all steps to facilitate their work.
- 11.4 The Lead Beneficiary shall allow the above entities to:
- d) access the sites and locations at which the Project is implemented;
  - e) examine its accounting and information systems, documents and databases concerning the technical and financial management of the Project;
  - f) take copies of documents;
  - g) carry out on-the-spot-checks;
  - h) conduct a full audit on the basis of all accounting documents and any other document relevant to the financing of the Project.
- 11.5 Additionally the European Anti-Fraud Office and the other above-mentioned anti-fraud agencies, shall be allowed to carry out on-the-spot checks and inspections in accordance with the procedures laid down by the European Union legislation for the protection of the financial interests of the European Union against fraud and other irregularities, as well as the Financing Agreement between the European Commission and Ukraine. Where appropriate, the findings may lead to recovery by the European Commission.
- 11.6 Access given to agents of the above-mentioned bodies carrying out verifications as provided for by this Article as well as by Article 6.7 and 7.6 shall be on the basis of confidentiality with respect to third parties, without prejudice to the obligations of public law to which they are subject.
- 11.7 Each Beneficiary shall keep all records, accounting and supporting documents related to this Contract for five years following the payment of the balance of the programme, in accordance with Article 70 of the ENI CBC IR, and in any case until any on-going audit, verification, appeal, litigation or pursuit of claim has been disposed of. The Managing Authority shall inform the Lead Beneficiary when the payment of the balance of the Programme is made by the European Commission.
- They shall be easily accessible and filed so as to facilitate their examination and the Lead Beneficiary shall inform the Managing Authority of their precise location in the final report. The Lead Beneficiary shall inform of any change of location without delay..
- 11.8 All the supporting documents shall be available either in the original form, including in electronic form, or in duly justified cases as a copy.
- 11.9 In addition to the reports mentioned in Article 6, the documents referred to in this Article include, *inter alia*:

- a) Accounting records (computerised or manual) from the Lead Beneficiary's accounting system such as general ledger, sub-ledgers and payroll accounts, fixed assets registers and other relevant accounting information;
- b) Proof of procurement procedures such as tendering documents, bids from tenderers and evaluation reports;
- c) Proof of commitments such as contracts and order forms;
- d) Proof of delivery of services such as approved reports, time sheets, photos, transport tickets, proof of attending seminars, conferences and training courses (including relevant documentation and material delivered, certificates) etc;
- e) Proof of receipt of goods such as delivery slips from suppliers;
- f) Proof of completion of works, such as acceptance certificates, photos, quality certificates and final technical documentation;
- g) Proof of purchase such as invoices and receipts;
- h) Proof of payment such as bank statements, debit notices, proof of settlement by the contractor;
- i) Proof that taxes and/or VAT that have been paid cannot actually be reclaimed;
- j) For fuel and oil expenses, a summary list of the distance covered, the average consumption of the vehicles used, fuel costs and maintenance costs;
- k) Staff and payroll records such as contracts, salary statements, social security documents and time sheets.

11.10 Failure to comply with the obligations set forth in this Article constitutes a case of breach of a substantial obligation under this Contract. In this case, the Managing Authority may in particular suspend the Contract, approval of a report, payments or the time-limit for a payment, terminate the Contract and reduce the grant.

#### **ARTICLE 12 – OWNERSHIP/USE OF RESULTS AND ASSETS**

- 12.1 Ownership of, and title and intellectual and industrial property rights to, the Project's results, reports and other documents relating to it will be vested in the Lead Beneficiary and Beneficiary(ies), in accordance with the conditions stipulated in the Partnership Agreement..
- 12.2 Without prejudice to Article 12.1, the Beneficiary grants the Managing Authority/Joint Technical Secretariat (and the European Commission) the right to use freely and as it sees fit, and in particular, to store, modify, translate, display, reproduce by any technical procedure, publish or communicate by any medium all documents deriving from the Project whatever their form, provided it does not thereby breach existing industrial and intellectual property rights.
- 12.3 The Lead Beneficiary shall ensure that it has all rights to use any pre-existing intellectual property rights necessary to implement this Contract.
- 12.4 In case natural, recognizable persons are depicted in a photograph or film, the Lead Beneficiary shall, in the final report to the Joint Technical Secretariat, submit a statement of these persons giving their permissions for the described use of their images. The above does not refer to photographs taken or films shot in public places where random members of the public are identifiable only hypothetically and to public persons acting in their public activities.
- 12.5 Unless otherwise clearly specified in the Description of the Project in Annex I, the equipment, vehicles and supplies paid for by the Budget for the Project shall be transferred to the final beneficiaries of the Project, at the latest when submitting the final report.



If there are no final beneficiaries of the Project to whom the equipment, vehicles and supplies can be transferred, the Lead Beneficiary may retain ownership of these items or may transfer these items to:

- local authorities
- local Beneficiary(ies)

Such cases should be clearly specified in the Description of the Project in Annex I. Any deviation from the planned ownership and use of equipment, vehicles and supplies is subject to prior authorization. The Lead Beneficiary shall submit a justified written request for authorisation to the Managing Authority/Joint Technical Secretariat, with an inventory listing the items concerned and a proposal concerning their use, in due time and at the latest with the submission of the final report.

In no event may the end use jeopardize the sustainability of the Project or result in a profit for the Lead Beneficiary/Beneficiaries.

- 12.6 Copies of the proofs of transfer of any equipment and vehicles for which the purchase cost was more than 5.000 EUR per item, shall be attached to the final report. Proofs of transfer of equipment and vehicles whose purchase cost was less than 5.000 EUR per item shall be kept by the Lead Beneficiary for control purposes.
- 12.7 In accordance with Article 39.3 of ENI CBC IR, any project including an infrastructure component shall repay the Union contribution if, within five years of the project closure or within the period of time set out in state aid rules, where applicable, it is subject to a substantial change affecting its nature, objectives or implementation conditions which would result in undermining its original objectives. Sums unduly paid in respect of the project shall be recovered by the Managing Authority in proportion to the period for which the requirement has not been fulfilled.

#### ARTICLE 13 – EVALUATION/MONITORING OF THE PROJECT

- 13.1 If the Managing Authority/Joint Technical Secretariat or the European Commission carries out an interim or ex post evaluation or a monitoring mission, the Lead Beneficiary shall undertake to provide it and/or the persons authorised by it with the documents or information necessary for the evaluation or monitoring mission.
- 13.2 If either the Lead Beneficiary or the Managing Authority/Joint Technical Secretariat carries out or commissions an evaluation in the course of the Project, it shall provide the other with a copy of the evaluation report.

#### ARTICLE 14 – RECOVERY

- 14.1 If any amount is unduly paid to any the project beneficiary, or if recovery is justified under the terms of this Contract, the beneficiary undertakes to pay the Lead Beneficiary, who will repay the Managing Authority these amounts.
- 14.2 In particular, payments made do not preclude the possibility for the Managing Authority to issue a recovery order following an expenditure verification report, a check or an audit or further verification of the payment request
- 14.3 If a verification reveals that the methods used by the beneficiary to determine unit costs or flat-rates are not compliant with the conditions established in this Contract, the Managing Authority

shall be entitled to reduce the final amount of the grant proportionately up to the amount of the unit costs or flat rate financing.

- 14.4 The Lead Beneficiary undertakes to repay any amounts paid in excess of the final amount due to the Managing Authority within 60 days of the receipt of the debit note accompanied by the letter by which the Joint Technical Secretariat/Managing Authority requests the amount owed by the Lead Beneficiary.
- 14.5 Should the beneficiary fail to make repayment within the deadline set by the Managing Authority, the Managing Authority may increase the amounts due by adding interest at the rate applied by the European Central Bank to its main refinancing transactions in euro on the first working day of the month in which the time-limit expired, plus three and a half percentage points. The default interest shall be incurred over the time which elapses between the date of the payment deadline set by the Managing Authority, and the date on which payment is actually made. Any partial payments shall first cover the interest thus established.
- 14.6 Amounts to be repaid to the Managing Authority may be offset against amounts of any kind due to the beneficiary corresponding to the HU-SK-RO-UA ENI CBC 2014-2020 funds by the Managing Authority, after informing it accordingly. This shall not affect the Parties' right to agree on payment in instalments.
- 14.7 The repayment under Article 14.4 or the offsetting under Article 14.6 amount to the payment of the balance.
- 14.8 Bank charges incurred by the repayment of amounts due to the Managing Authority shall be borne entirely by the beneficiary.
- 14.9 Without prejudice to the prerogative of the Managing Authority, if necessary, the European Commission may, as donor, proceed itself to the recovery by any means.

#### **ARTICLE 15 – AWARD AND IMPLEMENTATION OF SUBCONTRACTS**

- 15.1 If the Lead Beneficiary and Beneficiaries have to conclude subcontracts with contractors in order to carry out the Project, with the exception of the infrastructure costs, these may only cover a limited portion of the Project and shall respect the contract-award rules and rules of nationality and origin set out in the ENI CBC IR and in the Project implementation manual of the Programme. In particular, the beneficiary may not set any limitation to the nationality of the contractor. All supplies purchased shall originate from an eligible country, as defined in Article 9 of the ENI CBC IR. However, they may originate from any country when the amount of the supplies to be purchased is below 100.000€.
- 15.2 To the extent relevant, the Beneficiaries shall ensure that the conditions applicable to them under Articles 4, 6, 8, 11 and 19 are also applicable to all subcontractors. The Lead Beneficiary shall provide in its report to the Joint Technical Secretariat a comprehensive and detailed report on the award and implementation of the contracts awarded under Article 15.1, in accordance with the reporting requirements.
- 15.3 In duly justified cases, the subcontracting limit does not apply to Projects focused on investment activities, notably to Large Infrastructure Projects.

#### **ARTICLE 16 – AMENDMENT OF THE CONTRACT**

- 16.1 Any amendment to this Contract, including the annexes thereto, shall be set out in writing. This Contract can be modified only during its execution period.

- 16.2 The amendment may not have the purpose or the effect of making changes to this Contract that would call into question the grant award decision or be contrary to the equal treatment of applicants.
- 16.3 If an amendment is requested by the beneficiaries, the Lead Beneficiary shall submit a duly justified request to the Joint Technical Secretariat 30 days before the date on which the amendment should enter into force, unless there are special circumstances duly substantiated and accepted by the Joint Technical Secretariat. Such amendment will be embodied in form of an Addendum to the Contract.
- 16.4 Where the amendment to the Budget and/or Description of the Project does not affect the basic purpose of the Project and the financial impact is limited to a transfer between items within the same main budget heading including cancellation or introduction of an item, or a transfer between main budget headings involving a variation of 20% or less of the amount originally entered (or as modified by addendum) in relation to each concerned main heading for eligible costs, the Lead Beneficiary may amend the Budget and/or Description of the Project and shall inform the Joint Technical Secretariat accordingly. Lead Beneficiary shall submit such amendments collected during the concerned reporting period in form of a 'request for modification(s)' for approval to the Joint Technical Secretariat by the end of the reporting period but in the interim or final report at the latest. This method may not be used to amend the headings for indirect costs, or the amounts or rates of simplified cost options defined in the Contract.
- 16.5 Changes of address, bank account or auditor may simply be notified by the Lead Beneficiary. However, in duly substantiated circumstances, the Joint Technical Secretariat may oppose the Lead Beneficiary's choice.
- In case the Lead Beneficiary fails to properly inform the Joint Technical Secretariat on the details of its bank account opened specifically for the project, all consequences including those of financial nature shall be borne by the Lead Beneficiary.
- 16.6 The Joint Technical Secretariat reserves the right to require that the auditor referred to in Article 21.2 be replaced if considerations which were unknown when this Contract was signed cast doubt on the auditor's independence or there is no compliance with professional standards or the terms of reference for expenditure verification set out by the programme.

#### ARTICLE 17 – EXTENSION, SUSPENSION AND TERMINATION OF THE CONTRACT

- 17.1 The implementation period of the Project is laid down in Article 2 of this Contract. The Lead Beneficiary shall inform the Joint Technical Secretariat without delay of any circumstances likely to hamper or delay the implementation of the Project. In exceptional and justified cases the Lead Beneficiary may request an extension of the Project implementation period no later than 30 days before it ends in accordance with Article 16. The request shall be accompanied by all the supporting evidence needed for its appraisal. Final decision on such requests is a subject of approval by the Managing Authority. The project can be extended only once and maximum with 6 months. In the event of unforeseen and duly justified needs or circumstances, following a reasoned request from the Lead Beneficiary, the Joint Monitoring Committee may agree on further extension of the implementation period of a Project.
- 17.2 The Lead Beneficiary may suspend implementation of the Project, or any part thereof, if exceptional circumstances, notably of force majeure, make such implementation excessively difficult or dangerous. The Lead Beneficiary shall inform the Joint Technical Secretariat without delay, stating the nature, probable duration and foreseeable effects of the suspension.
- 17.3 The Lead Beneficiary or the Managing Authority may then terminate this Contract in accordance with Article 17.10. If the Contract is not terminated, the Lead Beneficiary shall

- endeavour to minimise the time of its suspension and any possible damage and shall resume implementation once circumstances allow, informing the Joint Technical Secretariat accordingly.
- 17.4 The Managing Authority/Joint Technical Secretariat may request the Lead Beneficiary to suspend implementation of the Project, or any part thereof, if exceptional circumstances, notably of force majeure, make such implementation excessively difficult or dangerous. To this purpose, the Managing Authority/Joint Technical Secretariat shall inform the Lead Beneficiary stating the nature and probable duration of the suspension.
- 17.4 The Lead Beneficiary or the Managing Authority may then terminate this Contract in accordance with Article 17.10-22. If the Contract is not terminated, the Lead Beneficiary shall endeavour to minimise the time of its suspension and any possible damage and shall resume implementation once circumstances allow and after having obtained the approval of the Managing Authority/Joint Technical Secretariat.
- 17.5 The Managing Authority may also suspend this Contract or the participation of a Lead Beneficiary/Beneficiaries in this Contract if the Managing Authority/Joint Technical Secretariat has evidence that, or if, for objective and well justified reasons, the Managing Authority/Joint Technical Secretariat deems necessary to verify whether presumably:
- a) the grant award procedure or the implementation of the Project has been subject to substantial errors, irregularities, fraud or corruption;
  - b) the Lead Beneficiary/Beneficiaries have breached any substantial obligation under this Contract.
- 17.6 The Lead Beneficiary shall provide any requested information, clarification or document within 30 days of receipt of the requests sent by the Managing Authority/Joint Technical Secretariat. If, notwithstanding the information, clarification or document provided by the Lead Beneficiary, the award procedure or the implementation of the grant prove to have been subject to substantial errors, irregularities, fraud, or breach of obligations, then the Managing Authority may terminate this Contract according to Article 17.11.
- 17.7 The term force majeure, as used herein covers any unforeseeable events, not within the control of either party to this Contract and which by the exercise of due diligence neither party is able to overcome such as acts of God, strikes, lock-outs or other industrial disturbances, acts of the public enemy, wars whether declared or not, blockades, insurrection, riots, epidemics, landslides, earthquakes, storms, lightning, floods, washouts, civil disturbances, explosion. A decision of the European Union to suspend the cooperation with the Partner Country is considered to be a case of force majeure when it implies suspending funding under this Contract.
- 17.8 The Lead Beneficiary shall not be held in breach of its contractual obligations if it is prevented from fulfilling them by circumstances of force majeure.
- 17.9 In case of suspension according to Articles 17.2, 17.4 and 17.6, the implementation period of the Project shall be extended by a period equivalent to the length of suspension, without prejudice to any amendment to the Contract that may be necessary to adapt the Project to the new implementing conditions.
- 17.10 In the cases foreseen in Article 17.2 and 17.4, if the Lead Beneficiary or the Managing Authority believes that this Contract can no longer be executed effectively or appropriately, it shall duly consult the other. Failing agreement on a solution, the Lead Beneficiary or the Managing Authority may terminate this Contract by serving two-months written notice, without being required to pay indemnity.

17.11 Without prejudice to Article 17.10, in the following circumstances the Managing Authority may, after having duly consulted the Lead Beneficiary, terminate this Contract without any indemnity on its part when:

- a) the Lead Beneficiary fails, without justification, to fulfil any substantial obligation incumbent on them individually or collectively by this Contract and, after being given notice by letter to comply with those obligations, still fails to do so or to furnish a satisfactory explanation within 30 days of receipt of the letter;
- b) the Lead Beneficiary or any person that assumes unlimited liability for the debts of the Lead Beneficiary is bankrupt, subject to insolvency or winding up procedures, is having its assets administered by a liquidator or by the courts, has entered into an arrangement with creditors, has suspended business activities, or is in any analogous situation arising from a similar procedure provided for under any national law or regulations relevant to the Beneficiary;
- c) the Lead Beneficiary, or any related entity or person, have been found guilty of an offence concerning their professional conduct proven by any means;
- d) it has been established by a final judgment or a final administrative decision or by proof in possession of the Managing Authority that the Lead Beneficiary has been guilty of fraud, corruption, involvement in a criminal organisation, money laundering or terrorist financing, terrorist related offences, child labour or other forms of trafficking in human beings or has committed an irregularity;
- e) a change to the Lead Beneficiary's legal, financial, technical, organisational or ownership situation or the termination of the participation of the Lead Beneficiary substantially affects the implementation of this Contract or calls into question the decision awarding the grant;
- f) the Lead Beneficiary or any related person, are guilty of misrepresentation in supplying the information required in the award procedure or in the implementation of the Project or fail to supply – or fail to supply within the deadlines set under this Contract - any information related to the Project required by the Managing Authority/Joint Technical Secretariat;
- g) the Lead Beneficiary has not fulfilled obligations relating to the payment of social security contributions or the payment of taxes in accordance with the legal provisions of the country in which it is established;
- h) the Managing Authority/Joint Technical Secretariat has evidence that the Lead Beneficiary, or any related entity or person, has committed substantial errors, irregularities or fraud in the award procedure or in the implementation of the Project;
- i) the Lead Beneficiary is subject to an administrative penalty referred to in Article 17.18;
- j) the Managing Authority/Joint Technical Secretariat has evidence that the Lead Beneficiary is subject to a conflict of interests;
- k) the European Commission has evidence that the Lead Beneficiary has committed systemic or recurrent errors or irregularities, fraud, or serious breach of obligations under other grants financed by the European Union and awarded to that specific Lead Beneficiary under similar conditions, provided that those errors, irregularities, fraud or serious breach of obligations have a material impact on this grant.

The cases of termination under points (b), (c), (d), (h), (j) and (k) may refer also to persons who are members of the administrative, management or supervisory body of the Lead Beneficiary and/or to persons having powers of representation, decision or control with regard to the Lead Beneficiary.

17.12 In the cases referred to in points (c), (f), (h) and (k) above, any related person means any physical person with powers of representation, decision-making or control in relation to the Lead Beneficiary. Any related entity means, in particular, any entity which meets the criteria laid down by Article 1 of the Seventh Council Directive No 83/349/EEC of 13 June 1983.

17.13 In duly justified cases, the participation of a Beneficiary(ies) in this Contract may be also terminated by the Lead Beneficiary. To this purpose, the Lead Beneficiary shall communicate to the Managing Authority/Joint Technical Secretariat the reasons for the termination of its participation and the date on which the termination shall take effect, as well as a proposal on the reallocation of the tasks of the Beneficiary(ies) whose participation is terminated, or on its possible replacement. The proposal shall be sent in good time before the termination is due to take effect. If the Managing Authority/Joint Technical Secretariat agrees, the Contract shall be amended accordingly in conformity with Article 16 with the prior written consent of the Joint Monitoring Committee.

17.14 The payment obligations of the Managing Authority under this Contract shall end 18 months after the implementation period laid down in Article 2, unless this Contract is terminated according to Article 17.10-22.

The Managing Authority shall postpone this end date, so as to be able to fulfil its payment obligations, in all cases where the Lead Beneficiary has submitted a payment request in accordance with contractual provisions or, in case of dispute, until completion of the dispute settlement procedure provided for in Article 18. The Managing Authority shall notify the Lead Beneficiary of any postponement of the end date.

17.15 This Contract may be terminated if it has not given rise to any payment by the Managing Authority on top of the first instalment within two years of its signature.

17.16 The Joint Monitoring Committee will be notified by the Managing Authority concerning eventual decisions to terminate a Contract.

17.17 Upon termination of this Contract the Lead Beneficiary shall take all immediate steps to bring the Project to a close in a prompt and orderly manner and to reduce further expenditure to a minimum.

Without prejudice to Article 10, the Lead Beneficiary shall be entitled to payment only for the part of the Project carried out, excluding costs relating to current commitments that are due to be executed after termination.

To this purpose, the Lead Beneficiary shall introduce a payment request to the Managing Authority/Joint Technical Secretariat within the time limit of three months starting from the date of termination.

In the event of termination according to Article 17.11, the Managing Authority may agree to reimburse the unavoidable residual expenditures incurred during the notice period, provided, the first paragraph of this Article has been properly executed.

In the cases of termination foreseen in Article 17.12 a), c), d), f), h) and k) the Managing Authority may, after having properly consulted the Lead Beneficiary and depending on the gravity of the failings, request full or partial repayment of amounts unduly paid for the Project.

17.18 Without prejudice to the application of other remedies laid down in the Contract, a sanction of exclusion from all contracts and grants financed by the EU, may be imposed, after an adversarial procedure, upon the Lead Beneficiary who, in particular,

is guilty of grave professional misconduct, has committed irregularities or has been found in serious breach of its contractual obligations. The duration of the exclusion shall not exceed the duration set by final judgement or final administrative decision or, in the absence thereof, three years;

is guilty of fraud, corruption and participation in a criminal organisation, money laundering, terrorist-related offences, child labour or trafficking in human beings. The duration of the exclusion shall not exceed the duration set by final judgement or final administrative decision or, in the absence thereof, five years;

- 17.19 In the situations mentioned in Article 17.18, in addition or in alternative to the sanction of exclusion, the Lead Beneficiary may also be subject to financial penalties representing 2-10% of the contract value.
- 17.20 Where the Managing Authority is entitled to impose financial penalties, it may deduct such financial penalties from any sums due to the Lead Beneficiary or call on the appropriate guarantee.
- 17.21 The decision to impose administrative sanctions may be published on a dedicated internet-site, explicitly naming the Lead Beneficiary.
- 17.22 The abovementioned administrative sanctions may also be imposed to persons who are members of the administrative, management or supervisory body of the Lead Beneficiary, to persons having powers of representation, decision or control with regard to the Lead Beneficiary.

#### **ARTICLE 18 – APPLICABLE LAW AND DISPUTE SETTLEMENT**

- 18.1 This Contract shall be governed by the Hungarian law, being the law of the country of the Managing Authority.
- 18.2 The parties to this Contract shall do everything possible to settle amicably any dispute arising between them during the implementation of this Contract. To that end, they shall communicate their positions and any solution that they consider possible in writing, and meet each other at either's request. The Lead Beneficiary and the Managing Authority shall reply to a request sent for an amicable settlement within 30 days. Once this period has expired, or if the attempt to reach amicable settlement has not produced an agreement within 120 days of the first request, the Lead Beneficiary or the Managing Authority may notify the other part that it considers the procedure to have failed.
- 18.3 In the event of failure to reach an amicable agreement, the dispute may by common agreement of the Lead Beneficiary and the Managing Authority be submitted for conciliation by the European Commission. If no settlement is reached within 120 days of the opening of the conciliation procedure, each party may notify the other that it considers the procedure to have failed.
- 18.4 In the event of failure of the above procedures, each party to this Contract may submit the dispute to the courts of the country of the Managing Authority

#### **ARTICLE 19 – VISIBILITY**

- 19.1 Unless the European Commission agrees or requests otherwise, the Lead Beneficiary shall take all necessary steps to publicise the fact that the European Union has financed or co-financed the Project. Such measures shall comply with the Communication and Visibility Manual for European Union External Actions laid down and published by the European Commission, that

can be found at: [https://ec.europa.eu/europeaid/funding/communication-and-visibility-manual-eu-external-actions\\_en](https://ec.europa.eu/europeaid/funding/communication-and-visibility-manual-eu-external-actions_en)

and with any other provisions of the Hungary-Slovakia-Romania-Ukraine ENI Cross-border Cooperation Programme 2014-2020, as published in the web-site of the Programme.

- 19.2 The Lead Beneficiary shall submit a communication plan for the approval of the Managing Authority/Joint Technical Secretariat and report on its implementation in accordance with Article 6.
- 19.3 In particular, the Lead Beneficiary shall mention the Project and the European Union's financial contribution in information given to the final recipients of the Project, in its annual reports, and in any dealings with the media. It shall display the European Union and Programme logos wherever appropriate.
- 19.4 Any notice or publication by the Beneficiary concerning the Project, including those given at conferences or seminars, shall specify that the Project has received European Union funding by the Programme. Any publication by the Beneficiary, in whatever form and by whatever medium, including the internet, shall include the following statement: 'This document has been produced with the financial assistance of the European Union and the Programme. The contents of this document are the sole responsibility of the Szabolcs-Szatmár-Bereg County Hospitals and University Hospital and can under no circumstances be regarded as reflecting the position of the Managing Authority/ Joint Technical Secretariat or the European Union.'
- 19.5 The Lead Beneficiary authorises the Managing Authority/Joint Technical Secretariat and the European Commission to publish its name and address, nationality, the purpose of the grant, duration and location as well as the maximum amount of the grant and the rate of funding of the Project's costs, as laid down in Article 3. Derogation from publication of this information may be granted if it could endanger the Lead Beneficiary or harm his/her interest.

#### **ARTICLE 20 – DATA PROTECTION**

- 20.1 Any personal data will be processed in accordance with applicable national legislation solely for the purposes of the performance, management, monitoring and control of this Contract by the Managing Authority/Joint Technical Secretariat and may also be passed to the bodies charged with monitoring or inspection tasks under European Union law. Lead Beneficiary will have the right of access to his/her personal data and the right to rectify any such data.
- 20.2 The Lead Beneficiary shall limit access and use of personal data to that strictly necessary for the performance, management, monitoring and control of this Contract and shall adopt all appropriate technical and organisational security measures necessary to preserve the strictest confidentiality and limit access to this data.
- 20.3 The Lead Beneficiary duly consents to the fact that the Data Controller (Ministry of Foreign Affairs and Trade) and the Technical Data Processor (Széchenyi Programiroda Nonprofit Kft.) will manage all the personal data included in the Application and provided in the contracting or project implementation phase in line with Regulation (EU) 2016/679 of the European Parliament and of the Council on the protection of natural persons with regard to the processing of personal data and on the free movement of such data (General Data Protection Regulation).

#### **ARTICLE 21 – CONTRACT ADDRESSES**

- 21.1 Any communication relating to this Contract, including payment requests and attached reports, requests for changes to bank account arrangements must be in writing, state the number and title of the Project and be sent to the following addresses:



For the Joint Technical Secretariat (on behalf of the Managing Authority)

Szép u. 2, 4<sup>th</sup> floor, 1053 Budapest, Hungary

For the Lead Beneficiary

Szent István u. 68, 4400 Nyíregyháza, Hungary

- 21.2 The audit company which will carry out the verifications for the Ukrainian Beneficiaries referred to in Article 6.7 is

LLC "VARIANTA"

Registration number 33360313

89600 Zakarpattia Oblast, Mukachevo

Mytraka street, 58A/5, tel/fax 3-23-53

varianta.ua@gmail.com

## ARTICLE 22 - ANNEXES

- 22.1 The following documents are annexed to the Contract and form an integral part of it:

- Annex I: Description of the Project (updated part of the GAF (incl. Activity, Time, Communication, Procurement, (Risk management) plans and Logical Framework Matrix)
- Annex II: Budget of the Project indicated per Beneficiary including ENI share in amount and in percentage
- Annex III: Financial identification form
- Annex IV: Legal Entity Sheet
- Annex V: Partnership Agreement

- 22.2 In the event of conflict between the provisions of the present Contract and any Annex thereto, the provisions of the Contract shall take precedence.

Done in English in 6 originals, one original being for the Managing Authority, one original being for the Joint Technical Secretariat and 4 originals being for the Lead Beneficiary.

### For the Lead Beneficiary

Name TAMÁS GÁBOR DR. ADÓSI

Title DIRECTOR

Signature and stamp

Date 28/08/2019

Szabolcs-Szatmár-Bereg Megyei  
Kórházak és Egyetemi Oktatókórház  
4400 Nyíregyháza, Szent István út 68.  
Főigazgató  
Adószám: 15813743-2-15

### For the Managing Authority

Name Péter Kiss-Parciu

Title Deputy State Secretary

Signature and stamp

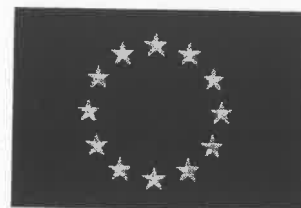
Date Budapest 27/08/2019







Hungary  
Slovakia  
Romania  
Ukraine



**Managing Authority: Prime Minister's Office of Hungary**

**Hungary-Slovakia-Romania-Ukraine**

**ENI Cross-border Cooperation Programme**

**2014-2020**

**Grant Application Form**

**for the 2nd Call for Proposals\_2017**

**Open call procedure for regular project proposals**

**Deadline for submission: 01/12/2017**

# 1. General information

## 1.1. Project identification

Reference of the call for proposals	HUSKROUA/1702
Thematic objective <sup>1</sup>	8. TO - Common challenges in the field of safety and security
Programme priority <sup>2</sup>	8.2 Support to the development of health
Project full title	Infectious diseases have no borders
Project acronym	IDHB
Name of the Lead Applicant [in English] and country of registration <sup>3</sup>	Szabolcs-Szatmár-Bereg County Hospitals and University Hospital, Hungary
Applicant(s) <sup>4</sup>	Regional Children's Hospital Regional Clinical Infectious Hospital

<sup>1</sup> Section 1.3 of the Guidelines for Applicants

<sup>2</sup> Section 1.3 of the Guidelines for Applicants

<sup>3</sup> Section 2.1.2 (a) in the Guidelines for Applicants

<sup>4</sup> Section 2.1.2 (c) in the Guidelines for Applicants

## 1.2. Information on the Lead Applicant

Name of the Lead Applicant	Szabolcs-Szatmár-Bereg County Hospitals and University Hospital Szabolcs-Szatmár-Bereg Megyei Kórházak és Egyetemi Oktatókórház
Legal status <sup>5</sup>	Public
Postal address	Nyíregyháza Szent István 68. 4400 Hungary
Telephone/fax	+3642599700
Email	dr.szondi.zita@szszbmk.hu
Contact person and position within the organization/ institution:	Mr. Attila Komán head of unit
Mobile and e-mail of the contact person	+3642599811 +36207734371 projektiroda@szszbmk.hu
Website of the Lead Applicant	www.szszbmk.hu

### 1.3. Information on the other Applicants

Name of Applicant 1	Oblasna dytiacha likarnia Regional Children's Hospital
Country of registration of Applicant 1	Ukraine
Name of Applicant 2	Oblasna klinichna infekcijna likarnia Regional Clinical Infectious Hospital
Country of registration of Applicant 2	Ukraine

### 1.4. Summary of the Project

Location of the project activities	Lead Applicant - SzSzBMK, Hungary, Szabolcs-Szatmár-Bereg megye, Nyíregyháza Applicant 1 - RCH, Ukraine, Zakarpattia, Mukachevo Applicant 2 - RCIH, Ukraine, Zakarpattia, Uzhhorod Lead Applicant - SzSzBMK, Hungary, Szabolcs-Szatmár-Bereg megye, Fehérgyarmat Lead Applicant - SzSzBMK, Hungary, Szabolcs-Szatmár-Bereg megye, Vásárosnamény
Nature of the project <sup>6</sup>	Integrated Project
Type of the action <sup>7</sup>	Soft with infrastructure component
Duration of the project (months) <sup>8</sup>	24
Project overview	<p>The project titled Infectious diseases have no borders (IDHB) will be implemented through the improvement of material and technical base of infectious departments of Szabolcs-Szatmár-Bereg County Hospitals and University Teaching Hospital (Nyíregyháza), Regional Children's Hospital (Mukachevo) and Regional Clinical Infectious Hospital (Uzhhorod). Activities: modernization, construction and equipment of bacteriological laboratories, assembly of disinfecting facilities, repair of water supply system, sewerage and premises, equipping of intensive care ward in infectious department.</p> <p>Quick and qualified bacteriological examination will help maximally reduce time (from 5 days to a few hours) to identify a dangerous infectious pathogen. Adequate therapy will start sooner and the time of pathogen spreading will be reduced, the probability of its getting into the water of rivers decreases. The proper material and technical basis of the infectious department will reduce both hospitalization time and the possibility of spreading infectious pathogens internally. It will lead to the reduction of government's expenditures. Disinfection facilities of the infectious buildings will prevent pathogenic microorganisms from getting into general city sewage and</p>

water basins of local rivers. Practical training for medical personnel of infectious departments of hospitals and bacteriological laboratories in terms of identification of infectious pathogens. Main results: the prevention of intra-hospital and external dissemination of infectious pathogens; Improvement of the quality of bacteriological examinations of patients; improvement of conditions for inpatient treatment; improvement the knowledge of medical staff. Beneficiaries are: professional staff, infectious patients and members of their families, the population of the settlements which are located on the rivers. Innovative feature is the simultaneous and synchronous solution directed to prevent spreading of infections by water.

Planned total budget of the project	1 109 776,38EUR
Requested EU contribution	998 798,74EUR
- % of total eligible cost of Project	100,00

<sup>6</sup> Section 2.1.3 (c) in the Guidelines for Applicants: the projects can be either integrated (where each partner carries out a part of the activities of the joint action on its own territory) or symmetrical (where similar activities are carried out in parallel in the eligible territory of two or more countries)

<sup>7</sup> **Infrastructure** refers to a set of works, activities or services intended to produce physical assets such as roads, bicycle lanes, bridges, buildings (e.g.: rehabilitation of a bridge or building 3 km of bicycle lanes). **Soft with infrastructure** component comprises of a mixture of works, activities and services that include both non-physical and physical assets (e.g. new rules, policies or training for emergency intervention together with rehabilitation of a building that would host the intervention team and equipment). **Soft**: a project in which the project's activities produce results that are not necessary tangible. A soft project starts with an idea and results in specific accomplishments that are distinguished from the initial situation (e.g: capacity building, sharing best practice, setting up a network, writing a research, etc.)

<sup>8</sup> Section 2.1.3 in the Guidelines for Applicants

## 1.5. Partnership

### 1.5.1. Composition of the Partnership

Szabolcs-Szatmár-Bereg County Hospitals and University Teaching Hospital (SZSZBMK) serves as the lead applicant of the project providing the project level project management staff (project manager, financial manager and communication assistant). In addition to that SZSZBMK represents a surplus of technical and medical know-how and by that provides special expertise and a series of on the site training opportunities for the Ukrainian partner applicants. Nearly 85% of the population of Szabolcs-Szatmár-Bereg County (572 000 capita, 2015) belong to the obligatory service provision area the institution is responsible for. Currently SZSZBMK fulfils its core activities coming from the territorial service provision responsibility in 5 cities, in 6 sites providing inpatient and integrated outpatient services as well as in 26 sites in total. SZSZBMK has plenty of successful project implementation and project management references (HURO 2 times, operational programmes of Structural Funds management at a domestic level) in the period 2009-2017.

Regional Children's Hospital (RCH, Mukachevo), is a versatile medical institution of the tertiary level which serves about 300 thousand children under the age of 17. Its infectious department has 57 beds (Zakarpattya Oblast territorial focus, about 2 500 children). Main related project management references: TACIS (2005-2013), ENPI HUSKROUA (2007-2013) with focus: medical service of children in the neonatal intensive care unit, developing rehabilitation of children with lesions of the nervous system. The projects were implemented successfully and in time.

Regional Clinical Infectious Hospital (RCIH, Uzhhorod) is the only specialized medical institution of the tertiary level (Zakarpattya Oblast territorial focus, about 1.2 million people). It has the unit of 100 beds and the intensive care unit of 6 beds (about 3 500 patients per year).

### 1.5.2. Arrangements among Partners / beneficiaries

The operational management teams will be created on both sides of the border. In each of the partner hospitals there is the working group (WG). Their activities are coordinated by the Hungarian Lead Partner which receives the financial contribution from the Managing Authority for the implementation of the project and assumes the responsibility for ensuring implementation of the entire project. Therefore also directly joint efforts were made for the preparation of the project. Preliminary project preparation meetings were held where the distribution of the tasks were defined based on the technical and institutional specialties of the partners. Besides them each of the partners developed specific activities, plans and terms of their implementation in advance for the better results and effective management. International meetings of WG will be prepared and will be held alternately on both sides of the border every 6 months according to the planned schedule. Current events and any problems that might appear will be agreed upon by phone, through e-mail or real time dialogue opportunities via Internet connection. Both Ukrainian partners will sign the Partnership Agreement with the Lead Applicant. The Agreement reflects cooperation (financial mutual settlements, transfer of project funds, formation and submission of analytical and financial reports, etc.). Each partner will make up the separate budget with the description of human resources, products and services, as well as timeline for implementation. SZSZBMK as lead applicant and project promoter will provide umbrella activities for the Ukrainian partners and by that ensures the continuous implementation and meets the criteria given by the Managing Authority to receive the funds as a reimbursement for the project purposes.

### 1.5.3. Task distribution/identification of roles during the project implementation

Taking into account the possibility of infectious pathogens spreading through the river water of Uzh and Latorytsia (Ukraine) and the Tisza River (Hungary) it is necessary to carry out a complex of additional measures at the level of each of the partners to improve the quality of examination and treatment of infections, as well as disinfection of the sewage system in the city of Mukachevo (in Regional Children's Hospital) and in Uzhhorod (Regional Clinical Infectious Hospital). Therefore the tasks of partners are as follows. Leader Partner has new infectious departments functioning to cure children and adults. They are located in modern newly built premises and are well equipped. But for improving the speed and accuracy of examination of patients bacteriological laboratories should be additionally equipped. SZSZBMK is the basis for on the site informal training activities for Ukrainian medical professionals (infectious disease specialists, bacteriologists) for the assimilation of modern methods of diagnostics and treatment of infectious patients. Renovations of premises of infectious department in RCH and the construction works of the premises of bacteriological laboratories of RCIH are tasks to be met by the Ukrainian partners on their own but with direct professional support of the Hungarian lead applicant exploiting a more or less decade-long reference period. In order to promote the project, to disseminate the positive experience of cooperation between Ukraine and the EU for the targeted areas, 3 joint scientific and practical conferences will be held: a start-up conference in Nyíregyháza with a venue based on the lead applicant's modern infrastructure of the infectious department and European standards for the provision of medical services, and the latter ones in Ukraine in both partner institutions, which will provide an opportunity to demonstrate an innovative approach to the prevention of the spread of infections and concrete results of the project.

## 2. Project Description

### 2.1. Overall objective of the Project

The main objective of the project is the prevention of spreading the pathogens of dangerous infectious diseases through the river basins of the Tisza River on the border area of Hungary and Ukraine. The objective is directly linked to the programme level goals regarding TO8's (Common challenges in the field of safety and security) activities as follows: co-operation between institutions on the field of human epidemiology, exchange of know-how, joint training programmes, joint prevention programmes, joint support services, improvement of health care and prevention infrastructure and equipment related to cross border service provision, joint capacity development.

### 2.2. Please describe the specific objectives of your project.

Specific objectives (SO) and related activities (responsible partners indicated) are as follows:

SO1 Reduction of time and improvement the quality of infectious pathogen identification and determination of the adequate remedy in bacteriological laboratories (SZSZBMK, RCH, RCIH)

Related activities:

- Improvement of material and technical support of bacteriological laboratories in hospitals (SZSZBMK, RCH, RCIH)
- Construction of bacteriological laboratory units (RCIH)
- Improving qualification of medical personnel in the sphere of microbiological diagnosis (SZSZBMK, RCH, RCIH)

SO2 Improving efficiency of infectious diseases treatment in infectious hospitals (SZSZBMK, RCH, RCIH)

Related activities:

- Improving qualification of the specialists working in infectious departments in Ukrainian hospitals in the sphere of the modern treatment and care after the patient to achieve the level required by the European Standards of the provision of medical services (RCH, RCIH).
- Improvement of material and technical support of infectious department of RCH
- Improving knowledge of the specialists working in infectious departments in Zakarpattya Oblast hospitals in 3-day trainings due to which they'll learn to assess health condition and to treat infectious patient appropriately. (Regional Children's Hospital, Regional Clinical Infectious Hospital).

SO3 Disinfection of sewage systems in the infectious units (RCH, RCIH)

Related activities:

- Setting-up disinfecting facilities of sewerage for infectious buildings of RCH, RCIH.

### 2.3. Logical framework matrix

	Intervention logic	Indicators	Sources and means of verification	Assumptions (What other conditions must exist?)
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<b>Overall objectives</b>	The main objective of the project is the prevention of spreading the pathogens of dangerous infectious diseases through the river basins of the Tisza River on the border area of Hungary and Ukraine. Infectious diseases are directly connected with the negative social and economic changes, military conflicts, internal and external migration, ecological cataclysms etc.	Key indicators are as follows: 1. Indicator of the degree of sewage pollution in the partner hospitals 2. Prevention of intra-hospital and external dissemination of infectious pathogens 3. The number of cases of infectious diseases associated with staying in the hospitals	1. Project reports 2. Medical and statistic information 3. Medical and statistic information of governmental agencies 4. Analyses of infection diseases	1. Planned and adequate financing of hospitals 2. Prevention of possible negative impact (consequences) of the rearrangements in the sphere of in-patient care on infectious patients. 3. Avoiding economic crisis in the region in the following periods covered by the project sustainability period
<b>Specific objectives</b>	<p>SO1 Reduction of time and improvement the quality of infectious pathogen identification and determination of the adequate remedy in bacteriological laboratories (SZSZBMK, RCH, RCIH)</p> <p>SO2 Improving efficiency of infectious diseases treatment in infectious hospitals (SZSZBMK, RCH, RCIH)</p> <p>SO3 Disinfection of sewage systems in the infectious units (RCH, RCIH)</p>	<p>Availability of laboratory equipment</p> <p>Availability of local disinfection facilities</p> <p>Refurbishment of infection department of RCH</p> <p>Availability of renovated premises and equipment for the intensive care ward</p> <p>Conducting survey among both personnel and patients about the quality of treatment and organization of anti-epidemic measures to prevent intra-hospital and external dissemination of infectious pathogens</p> <p>Practical training for medical and other professional personnel</p>	<p>Project reports</p> <p>Operating Acceptable Certificate</p> <p>Commissioning certificate</p> <p>Act of performed work</p> <p>List of participants of seminars, conferences, trainings, as well as questionnaires</p> <p>Reports on duty journey</p>	<p>Absence of force majeure circumstances hindering supply of goods and services</p> <p>Financial stability in the partnering hospitals' countries</p> <p>Positive attitude of local communities towards the project</p>

<b>Expected results</b>	Provision for hospitals Prevention infectious pathogens from getting into sewage and rivers Developed competencies of medical and other professional personnel in terms of anti-epidemic measures	Decrease of time necessary for the diagnose of infectious pathogens Degree of drinking water pollution in the hospital Degree of sewage pollution in the hospital Number of cases related to intra-hospital and external dissemination of infectious pathogens	Medical and statistic information Medical and statistic information of governmental agencies Own institutional statistical analysis	Ensuring reliable project management; involvement of partners Compliance with the timeline of tender procedure Compliance with the timeline of construction work Compliance with the timeline of works and supplies by subcontractors including assembly and training of staff Compliance with project financial schedule
<b>Activity Group 1 Activity 1,2,3,4,5</b>	A1.1: Defining relevant cross-border thematic needs, necessity and target group assessment A1.2: Development of the educational (training) material and of the training service infrastructure A1.3: Conducting the trainings with a certain number of persons involved with a certain number of groups with certain schedule	A1.1: elaboration of a strategic documentation including detailed necessity analysis A1.2: elaboration of training material documentation A1.3: scheduled implementation of training events between cross-border partners	A1.1: finishing of the strategic documentation A1.2: finishing of the training material documentation A1.3: training progress reports, attendance sheets etc.	Availability of qualitative and quantitative data and information for the strategic planning and necessity analysis Adequate level of quality of the informal training materials Motivated attendees at training events Stable institutional relations for an analysing activity
<b>Activity Group 2 Activity 1,2,3,4,5</b>	n.r.	n.r.	n.r.	n.r.
<b>Activity Group 3 Activity 1,2,3,4,5</b>	n.r.	n.r.	n.r.	n.r.
<b>Activity Group 4 Activity 1,2,3,4,5</b>	A4.1 Development of the material and technical needs of the bacteriological laboratories of the hospitals - purchase of equipments suitable for disinfection and for the identification of bacteria A4.2 Evolving the disinfection system of the sewage drain A4.3 Development of intensive infectological equipments	A4.1: purchase of equipment for the modernization of the laboratories A4.2: purchase of equipment for sewage drain system modernization A4.3: purchase of equipment for infectological professional departments	certificates of completions, data registry in the equipment register of the hospitals	Adequate supply and qualitative market circumstances regarding the equipments to be purchased; enough expertise contribution for the specification of technical needs in relation to the tendering procedures;

Activity Group 5 Activity 1,2,3,4,5	A5.1 Capital renovation of the premises and equipping of intensive care ward of infectious department in RCH A5.2 Reconstruction of the part of the building into centralized bacteriological laboratory in RCIH	A5.1: construction works A5.2: construction works	technical documentation, certificate of completions, contractual documentations	Financially stable implementer ready for carrying out the project component's construction activities; Adequate supply and qualitative market circumstances Lack of economic instability or crisis negatively affecting the tendering procedures Stable legal framework for the procurement procedures
Activity Group 6 Activity 1,2,3,4,5	Project management (PM): PM A6.1 Internal project management activities PM A6.2 Interim and closing Progress Report, financial accounts PM A6.3 Accountancy  Communication (C) C A6.4 Communication and visibility events C A6.5 Communication and visibility materials C A6.6 Online and media appearances and communication activities in accordance with visibility	Project management (PM): PM A6.1: internal staff activities PM A6.2: internal staff activities PM A6.3: service provider's expert activities  Communication (C): C A6.4: internal and service provider's activities C A6.5: service provider's activities C A6.6: service provider's activities	Project management regular and ad hoc reports, memos of the pm-meetings, certificates of completions of the service providers, fully functional and developed webpage, progress reports, financial accounts, final report	Open and motivated attitude of the population as target audience; economic stability to avoid all the risks and barriers to the project management and communication activities

## 2.4. Indicators

	Source of verification	Base value	Target value	Activities Group
Which is/are the Programme result indicator(s) to which the project will contribute? Consult section 4.8 of the JOP for the Programme output indicators.				
Medical equipment density	Certificates of completions, equipment register (aggregate data from projects level medical equipment)	2,44	3,23	

Which are the Programme output indicator(s) to which your project contributes? Consult the list of programme result indicators in section 4.7. of the JOP.				
Population covered by improved health services as a direct consequence of the support (COI30)	Statistical data, national registry information	0,00	2 061 357,00	
Which are the expected <b>results of your project</b> (e.g. number of regional policy changes, number of members of target group given additional training, percentage reduction of certain pollutants in a river system, number of new business start-ups). Please mention all project expected results as well as the corresponding Activities Group where they are achieved				
Competency-development-focused training material with the aim of dissemination that is publicly available and based on relevant necessity assessment	statistical data information	0,00	1,00	Cross border training program
The human resources target group increases that is conscious about the common cross-border health risks and the prevention of them	statistical data information	0,00	1,00	Cross border training program
Putting into operation the microbiological analyzer and water treatment equipments in SZSZBMK	certificate of completion, data registry in the equipment register of the hospital etc.	0,00	3,00	Health infrastructure - equipment development
Putting into operation the Polymer Chain Reaction Laboratory in RCH	certificate of completion, data registry in the equipment register in the hospital	0,00	1,00	Health infrastructure - equipment development
Putting into operation the equipment for bacteriological laboratory in RCH	certificate of completion, data registry in the equipment register in the hospital	0,00	1,00	Health infrastructure - equipment development
Putting into operation of disinfection plant in RCH	certificate of completion, data registry in the equipment register in the hospital	0,00	1,00	Health infrastructure - equipment development
Putting into operation of disinfection plant in RCIH	certificate of completion, data registry in the equipment register in the hospital	0,00	1,00	Health infrastructure - equipment development

Capital renovation of infectious building in RCH	technical documentation of the approval of the completion and application	0,00	1,00	Development of built infrastructure
Organization of work in ICW of infectious department	technical documentation of the implementation	0,00	1,00	Development of built infrastructure
Which are the <b>outputs</b> that define your project and would measure its progress (e.g. number of reports written, number of seminars held, kilometres of riverbed cleaned, number of innovation centres opened)? Please mention all project expected outputs as well as the				
Necessity assessment and analysis of healthcare service providing professionals' competency-development	certificate of completion, documentation	0,00	1,00	Cross border training program
Educational (training) material implementing theoretical and practical training themes based on necessity assessment	documentation	0,00	2,00	Cross border training program
Employees of healthcare service providers finishing trainings successfully	training documentation, attendance sheets etc.	0,00	4,00	Cross border training program

## 2.5. Preconditions, transferability and sustainability

### 2.5.1. Preconditions and assumptions

The necessary preconditions to implement the project activities and to successfully sustain the results are

- 1) the wakening the interest of administrations and professional staff in medical institutions to participate in the activities of the project;
- 2) availability of funds (during the implementation the ENI and state contribution, during the sustainability period the adequate financial sources of the maintenance of the newly modernized infrastructure systems)

The main assumptions of the project are:

At the level of project activities:

1. The desire of medical institutions' workers to participate in activities;
2. Compliance with the timeline of tender procedure and project cycle schedules in general
3. Compliance with the timeline of works and supplies by subcontractors including assembly and informal training of staff to work on purchased equipment.

At the level of project results:

1. Difficulty with identifying separate infectious pathogens in bacteriological laboratories;
2. Desire and possibility of personnel to upgrade their skills and to improve the work according to specialty.
3. The quality of construction works and supplied equipments
4. Improvement of personnel's knowledge at infectious departments on the quality of diagnosis and appropriate treatment for patients with this profile.

In order to mitigate the listed risks, there is a need for constant work with the administrations of target hospitals in terms of the need for project implementation.

## **2.5.2. Dissemination, capitalisation and possibilities for replication and extension**

Based on the common challenges in healthcare services industries and the spreading of infectious pathogens in the targeted geographical areas the project results can be reproductive and developed mainly on the territory of Carpathian Euroregion.

Extension and multiplier effects:

- The established partnership will be the basis for developing connections and sharing experience of healthcare specialists from the affected regions of Zakarpattia and Hungary;
- The project will give experience of cross-border cooperation of institutions in the field of infectious safety taking into account legal and illegal migrations in the region
- Adaptable technologies: modern European methods of bacteriological examination and observation of infectious patients and their appropriate treatment in health care system
- Project results can be further developed in other programs of international organizations and regional programs, the EU Health Programme in particular.

Synergies:

Supporting the know-how transfer activities of the project and beyond that the future cooperating partners' competency development SZSZBMK suits the project activities into its portfolio of patient-safety-development-related projects and by that provides the advantageous results of the synergies at the partnership level (i.e. newly equipped departments will serve as venues for the on the site training of Ukrainian partners' personnel and in the future for professionals of other nationalities as well).

## **2.5.3. Financial and institutional sustainability of the project**

Institutional and professional sustainability aspects:

1. Partnership: a network of three infectious medical institutions in the border regions involved in the project.
2. Best available technologies: after implementation the latest methods of bacteriological diagnosis will be introduced and implemented, newly built or modernized premises of bacteriological laboratory.
3. Treatment of children with infectious diseases in RCH will be held in renovated premises and modern equipped ward of intensive care.
4. Sewage water disinfection facilities of infectious unit of Ukrainian partners will be further fully functioning.

Financial sustainability aspects:

1. Financial self-sufficiency, i.e. constant budget financing which is necessary for medical institutions functioning that are involved into project implementation;
2. Spreading the project results among regional authorities will create the basis for the development of new programs by them in the sphere of health care and redistribution of financial resources;
3. The identified priority directions will be the basis for the elaboration and submission of new projects to international donors by local / regional authorities and organizations;
4. After ENI financial contribution the bacteriological laboratories and infectious department will continue their functioning on the basis of the partner institutions (i.e. they will be financed from the state budget with a higher level of cost-efficiency in maintenance).

### 3. Relevance of the Project

#### 3.1. Relevance of the project to the Programme's thematic objective/priority.

Project theme conforms to thematic objective (TO) 8 Common challenges in the area of security and safety, namely, priority 2: Support for health development.

The improvement of infrastructure for health care institutions will be carried out through construction of bacteriological laboratories in RCIH, equipping hospitals through the purchasing of modern equipment for bacteriological laboratories of all three hospitals, preventing the spread of infectious diseases on both sides of the border by setting up disinfection facilities. Thus, joint development of the potential of the healthcare sector in the field of infectious safety on the target territories of Hungary and Ukraine will take place.

Due to the repair of premises of an infectious unit in Regional Children's Hospital the conditions of treatment will be improved as well as care after the patient during his/her stay in hospital.

An exchange of modern medical technologies for the examination and treatment of patients as well as joint programs for the training of infectionists and bacteriologists will be conducted through the practical training of specialists from Ukraine in Hungarian hospital.

Thus, a clear cooperation between Hungarian and Ukrainian medical institutions will be organized in the issues of epidemiological situation and target territories on both sides.

#### 3.2. Territorial needs, problems and challenge of the target countries, regions and/or

Infectious diseases are directly connected with the negative social and economic changes, military conflicts, internal and external migration, ecological catadysms etc. Although this indicator is one of the lowest in Ukraine but it has been increasing during the last three years. Especially negative is the situation with leptospirosis, viral hepatitis A (The incidence of which in Zakarpattya is almost 9 times higher than the state indicator.) There is also a clear tendency to increase the incidence of intestinal infections: in 70% of cases this infection is transmitted by water. Besides, in 2015 to children from different settlements (the distance between them is 27 km) on the Tisza River (Zakarpattya) had vaccine-associated strains of the poliomyelitis virus. They were the only cases in Europe and they prompted the state to hold extraordinary immunization of all Ukrainian children from poliomyelitis. Unfortunately nowadays there is a low level of children's vaccination from different children's diseases in the region caused by disruptions with vaccines supply (Vaccinated about 22% with the required norm of 90%). There is also an acute danger of spreading infection through the border because of the great amount of migrant workers (about 200 – 250 thousand of Trans Carpathians work in Hungary and other European countries every year). Because of the geographical position of Zakarpattya Oblast most migrant workers, immigrants and tourists go to Europe through its territory.

#### 3.3. Analysis of the problems and needs the project's addresses.

Nowadays all hospitals situated in the target area have the problem of insufficient level of microbiological examination of materials of infectious patients. It causes the delay of identification of disease pathogen and as a result the delay of the treatment of the patient at given profile. Due to the lack or lower levels of financial contributions the modernization of the given equipments are truly a barrier to the patients to receive proper and adequate healthcare services.

The absence of disinfecting sewage in Ukrainian hospitals will lead to the possibility of infection spreading through sewage system of cities into rivers affecting indirectly cross-border common issues of partners.

Inappropriate material and technical conditions of infectious department of Regional Children's Hospital leads to negative conditions of stay and treatment of the infants.

All the upper mentioned barriers to the supply of modern and innovative healthcare system services are on hand on both sides of the border. In addition to that - as mentioned also in the JOP - there is a great need for the development of health infrastructure and services. The health status of the inhabitants in the targeted region is not very favourable. The background of the poor health status of the population could be associated with low level of health services and health awareness as well. The social status, poverty, diseases and living in a rural area also affects the quality of health of the inhabitants.

Therefore the project aims to underpin the importance of the JOP's suggestions for regional capacity building and partnership potentials in relation to TO8 priority 2 like "setting up co-operation in the field of preventive medicine, diagnosis of infections and chronic diseases and creating a cross-border strategy for handling these challenges".

#### 3.4. Project's approach in addressing the identified common problems and needs

IDHB aims to develop target-area-based integrated physical and HR-infrastructure for mitigating the risks caused by the infectious pathogens and by their late diagnostic recognition. Since the infrastructure development (both construction and reconstruction works and purchase of equipment as well) gives basis for better diagnostic opportunities and hygienic safety situation of patients a commonly recognized risk shall be mitigated on a basic level. Improvement of material and technical basis of bacteriological laboratories in three hospitals on both sides of the border will be achieved through the construction of premises of bacteriological laboratory in RCIH and equipping SZSZBMK and RCH with modern facilities. In addition to that – supporting the sustainability of the

activities as well – innovative informal training-like competency development activities will be implemented by exploiting the mutually recognized Hungarian know-how surplus.

### **3.5. Cross-border cooperation approach in achieving the project's objectives and results**

The project is connected by the territory because of the geographical position of Western Carpathians, namely currents of the rivers Uzh and Latorytsia and their flow into the Tisza River. It is the territory which should be prevented from the spread of infections from Ukrainian settlements to Hungary through water. Implementation of the project will eliminate regional differences between Zakarpattia Oblast (Ukraine) and Szabolcs-Szatmár-Bereg County (Hungary) through the symmetrical introduction of modern methods of diagnosis, observation and treatment of infectious patients. In its turn it will help both regions come closer to European and world standards of quality of medical care provision to the given group of patients. The institutionalised cooperation between the partners shall be regular and even stricter, which shall lead to further cooperation in other medical professions within future projects as well. Patients can get relevant treatment in place from the personnel that received new competencies from the partners. Due to the higher professional level of the diagnosis and treatment the patient migration process shall be mitigated and so the level of the border crossing migration of infectious diseases can be reduced as well. The technical development of infectious diseases diagnosis and treatment shall result in a faster therapy and recovery, thus the active population shall generate a smaller financing demand for health insurance in both countries.

### **3.6. Target groups and final beneficiaries**

1) Population of the main service areas of the hospitals: ... Strongly heterogeneous and fragmented group of individuals, with deepening socio-economic disadvantages on both sides of the border. 2) Professional and administrative personnel of the partner institutions as implementers of the project activities: 18 persons. Fully engaged and motivated towards the implementation process, sceptic about reaching real medical and clinical professional results and have some fear about the administrative barriers of the implementation. Their employee status is socio-economically under-evaluated. Involvement of the operative executive level personnel of the partner hospitals is crucial. By the investment medical professionals reach a higher level of professional competence, the 3 hospitals shall be more luring for labour decreasing at the same time the migration of medical workers to e.g. Western Europe; their social reputation shall increase. By informal trainings further HR can be involved in the medical and diagnostic program established by the project. The project's multiplicator effects thus shall realise in several social and economic fields parallel. 3) Family members and friends of the patients involved in the diagnosis and treatment of the infectious diseases. By expecting higher standards of treatment for their family members as patients so they serve as the frontline demand for the modern and innovative approaches of infectious diseases care.

### **3.7. Analysis of the effects of the project on the cross-cutting issues**

#### **3.7.1. HIV / AIDS**

Work of infectious departments and hospitals is directed on early diagnoses and correction of treatment during different somatic diseases of patients with AIDS\ HIV, representatives of marginalized communities socio-economically depressed segments of the society.

#### **3.7.2. Gender equality**

Democracy and human rights and Gender equality are both provided through public availability of infectious aid to the population of the target regions of both countries. Mostly individuals living at socially unprotected levels of the society with special socio-economical disadvantages are in the need of this kind of treatment. Besides, nowadays Europe takes the first place for the amount of migrants (about 56 million of people). One of the most intensive migration traffics from Asian countries into Europe (Hungary and Slovakia) lies through Zakarpattia. Any of the legal and the illegal migrants can be a carrier of infection. But each migrant without any further examination regarding his/her inequalities gets necessary medical help including help with infectious diseases.

#### **3.7.3. Democracy and human rights**

Democracy and human rights and Gender equality are both provided through public availability of infectious aid to the population of the target regions of both countries. Mostly individuals living at socially unprotected levels of the society with special socio-economical disadvantages are in the need of this kind of treatment. Besides, nowadays Europe takes the first place for the amount of migrants (about 56 million of people). One of the most intensive migration traffics from Asian countries into Europe (Hungary and Slovakia) lies through Zakarpattia. Any of the legal and the illegal migrants can be a carrier of infection. But each migrant without any further examination regarding his/her inequalities gets necessary medical help including help with infectious diseases.



### **3.7.4. Environmental sustainability**

Sustainability of the environment: IDHB is aimed at preserving the environment of the Euroregion countries involved in the project implementation by improving the bacterial diagnosis of infections transmitted by water, as well as the establishment of disinfection facilities for sewage of infectious units of Ukrainian hospitals. Basic infrastructural interventions are well designed technically and analysis of the environmental impact of the works are on hand to avoid real harm to the sustainability of the environment.

### **3.8. Relevance of infrastructure component within the cross-border context**

Infectious department of RCH is functioning in conditions of old adapted building. Water supply, sewage, electrical wiring of wards, manipulative rooms and other premises require urgent renovation. Besides, there is no ward of intensive care for seriously ill children in infectious department.

RCIH had been functioning since 2004. But till now this hospital doesn't have its own bacteriological laboratories. The examination of ambulatory and inpatient patients is performed on the basis of another hospital. Every year the amount of examinations is 15 – 16 thousand. If the project is implemented, this work will be carried out on the basis of RCIH.

Taking into account the economic situation in Ukraine it's hard to manage to finance renovation, construction and setting up of disinfecting facilities now. Funding should be provided at European expense due to the fact that timely diagnosis and treatment of infectious diseases, as well as disinfection of sewage water will reduce the possibility of spreading infections in the European Union through the river basins that flow through Zakarpattya Oblast.

### **3.9. Cross-border effect of the infrastructure component**

Zakarpattya Oblast in Ukraine is a border-line that borders with four European countries. As a result, there are cross-border routes and they are used by official migration population and illegal immigrants. Thus they live in Zakarpattya for a long time and are the potential carriers of different infectious diseases. These infections can get through water into the countries of Central Europe, namely and first of all into Hungary. Modernization of basic built infrastructure in Ukraine is for the prevention of such migration of diseases to do at the border of the European Union.

#### **3.10.1 Avoiding double financing**

Not relevant.

This offer had never been applied to other projects before Romania – Ukraine ENPI Cross-border Cooperation Program.2014 – 2020.

#### **3.10.2 Avoiding double financing**

Not relevant.

This offer has never been applied to Poland - Belarus – Ukraine ENPI Cross-border Cooperation Program 2014 – 2020, Cooperation Program ENPI INTERREGVA, Cross- border Cooperation Slovakia – Hungary, Hungary – Romania, Ukraine – Romania INTERREGVA .

## 4. Work Plan

### 4.1. Activities groups (AG) and project level outputs and results

#### AG 1 - Soft Project Component

Activity Group (AG) 1	Title of the AG	Total AG indicative budget in euro
1	Cross border training program	56 412,36
Responsible Applicant(s)	Szabolcs-Szatmár-Bereg County Hospitals and University Hospital Szabolcs-Szatmár-Bereg Megyei Kórházak és Egyetemi Oktatókórház	
Applicants' involved	Szabolcs-Szatmár-Bereg County Hospitals and University Hospital Szabolcs-Szatmár-Bereg Megyei Kórházak és Egyetemi Oktatókórház Regional Children's Hospital Oblasna dytiacha likarnia Regional Clinical Infectious Hospital Oblasna klinichna infekcijna likarnia	
Activity #	Activity title	Brief description
Activity 1.1.	Defining relevant cross-border thematic needs, necessity and target group assessment	During the necessity assessment based on the modernization activities in the frameworks of other project elements (the purchasing of equipment and the development of built infrastructure) and on the situation of the activities aiming to avoid the general health and infectious risks certain educational needs will be defined and the selection of the training groups will be selected.
Activity 1.2.	Development of the educational (training) material and of the training service infrastructure	Based on the defined needs and the unique necessities of the training target groups the systemization of the themes and the training educational materials and the development of their best forms for informal, training-like knowledge transfer take place. Knowledge transfer packages to be learnt in the frameworks of the theoretical, e-learning sessions and of the on the spot practical trainings in the frameworks of study trips will be evolved.
Activity 1.3.	Conducting the trainings with a certain number of persons involved with a certain number of groups with certain schedule	Conducting theoretical e-learning and practical on the spot training modules
<b>Outputs of activities</b>		

	Title of the output	Brief description of the output	Corresponding activity(ies)	Target value
Output 1.1.	Necessity assessment and analysis of healthcare service providing professionals' competency-development	<p>A comprehensive, online-survey-based, documented assessment will take place with the purpose of expanding the knowledge in the fields of the followings:</p> <ul style="list-style-type: none"> <li>- professional competencies and related general technical (medical technological) knowledge;</li> <li>- professional competencies for minimalizing the infectious risks occurring in each affected partners' healthcare service provision area.</li> </ul>	Activity 1.1	1,00
Output 1.2.	Educational (training) material implementing theoretical and practical training themes based on necessity assessment	<p>Generated following</p> <ul style="list-style-type: none"> <li>- the definition of the common cross-border risks and the definition of the target groups;</li> <li>- the allocation of the needs to individuals during the project-cycle.</li> </ul>	Activity 1.2	2,00
Output 1.3.	Employees of healthcare service providers finishing trainings successfully	Professionals attending trainings aiming to minimize the common risks and led by the lead partner and in the frameworks of the infrastructure provided by the lead partner (theoretical, online and practical related to study trips)	Activity 1.3	4,00
<b>Results</b>				

Result #	Results title	Please provide a brief description of the results emerging from this AG	Programme output indicator or other indicators to which the result will contribute	Target value
Result 1.1.	Competency-development-focused training material with the aim of dissemination that is publicly available and based on relevant necessity assessment	Training material is available that is suitable for the involvement of wider target group segments too and based on relevant situation analysis. This can function as a tool for further dissemination and the prevention of risks in the future (supporting necessity assessment for the emerging needs of the human resources competency development in the certain fields of profession).	Population covered by improved health services as a direct consequence of the support (COI30)	1,00
Result 1.2.	The human resources target group increases that is conscious about the common cross-border health risks and the prevention of them	4 persons attend the trainings in the frameworks of the project. During the trainings theoretical (in the form of e-learning activities) and practical experiences (in the frameworks of study trips) will be learnt in the field of avoiding cross-border infectious risks.	Population covered by improved health services as a direct consequence of the support (COI30)	1,00

#### Detailed risk analysis and contingency plan

##### Physical risk:

- Insufficient infrastructure of the trainings conducted in an online e-learning environment and in the frameworks of practical study trips (occurrence: low, impact: high). Mitigation: ordering development services provided by a third party service provider accompanied by necessity assessment in the same package and related to the training materials development.

- Failing of the purchase of equipment and/or built infrastructure development planned in the frameworks of the project (occurrence: low, impact: high). Mitigation: strong project and financial management, providing monitoring activities, strong timing criteria, structured and scheduled management of the relations with the implementers, suppliers and service providers.

##### Environmental risk:

- The emerging of negative environmental impacts in connection with the training developments, among others in accordance with the training target groups' infrastructural needs (i.e. travel) (occurrence: medium, impact: medium). Mitigation: development and exploitation of modern, environmentally friendly tools (i.e. e-learning platform, the availability of online consultation etc.).

##### Social risk:

- The points of view of the social sustainability do not prevail during the processes of the development of the training themes and the training materials (occurrence: medium, impact: high). Mitigation: comprehensive and according to the certain target groups detailed necessity assessment and analysis and the articulation of th

## AG 4 - Infrastructure

Activity Group (AG) 4	Title	Total AG indicative budget
4	Health infrastructure - equipment development	414 029,08
Responsible Applicant(s)	Szabolcs-Szatmár-Bereg County Hospitals and University Hospital Szabolcs-Szatmár-Bereg Megyei Kórházak és Egyetemi Oktatókórház	
Applicants' involved	Regional Children's Hospital Oblasna dytiacha likarnia Regional Clinical Infectious Hospital Oblasna klinichna infekcijna likarnia	

Other information.

Not relevant.

### Readiness for implementation and information on preliminary activities

In SZSZBMK and RCH there are functioning infectious departments at the hospitals. They treat patients with diseases that are caused by microorganisms, i.e. pathogens. For the right choice of the way of treatment it's necessary to correctly and quickly identify and determine the type of virus or microbe as the core causative. It is held with the help of microbiological examination of different environments of patients. That is why the functioning of bacteriological laboratories is an important department of technological unit of partners- hospitals. Each of the partnering institutions' laboratories needs additional and modernized equipments and supplies. Laboratories have to be additionally equipped to make both hospitals to be able to function at a modern level with best available technologies.

For the bacteriological laboratory of SZSZBMK a Microbiological Identifying Mass Spectrograph System will be purchased which allows faster diagnosis and by that more direct access for the adequate treatment of patient.

The bacteriological laboratories of RCH have done 70 thousand medical examinations 20 thousand out of which were made from infectious department.

### Description of the infrastructure(s)

The ultramodern microbiological analyzer will be purchased to the bacteriological laboratory of SZSZBMK. It allows analysing experts and microbiologists to have results of the researches even sooner than ever before and so get back to the patient with the proper treatment suggestions and therapy elements sooner too.

The laboratory of Polymer Chain Reaction will be purchased to the bacteriological laboratory of Regional children's Hospital.

The PCR method is based on multiple selective duplication of a specific DNA region using in vitro enzymes (in artificial conditions). In this case, only the area that satisfies the given conditions is copied, and only if it is present in the sample under study. The method is used to diagnose viral and bacterial infections. With the help of this laboratory, a qualitative PCR-analysis (identification of pathogens of a wide range of infectious diseases, simultaneous determination of several pathogens in clinical material, genotyping of microorganisms) is carried out. Doctors can also use DNA quantitative methods to determine the amount of virus in the patient ("viral load" for infections caused by HIV, hepatitis C, hepatitis B, cytomegalovirus, determination of the concentration of genetically modified ingredients, evaluation of the level of gene expression, etc.).

Because PCR is very sensitive, such an analysis is often possible shortly after the onset of the infection, which can occur from a few days to several months or even years before the actual symptoms. Such an early detection provides doctors with essential help in the treatment ..

Moreover, the equipment for bacteriological and serological researches (such as Immune-enzyme analyzer, trinocular microscope, microplate washer, fluorescence kit etc) will be purchased for the laboratory of Regional children's hospital.

#### **Sustainability of the infrastructure component**

After the project's implementation all equipment, purchased during the project implementation will belong to the laboratorial units of SZSZBMK (Nyíregyháza, Fehérgyarmat, Vásárosnamény Hungary) and Regional Children's Hospital (Mukachevo, Ukraine). Material and technical basis of laboratories will be used for many years by institutions for the effective diagnosis and, consequently, quality health care to infectious patients. Medical staff of bacteriological laboratories of both hospitals in border territories will further work using the equipment and acquired skills and knowledge during the project. During the five-year-long sustainability period following project closure partners will not make decisions that would harm the original nature, objectives or implementation conditions or would result in undermining the project's original objectives, in accordance with article 39.3 of ENI CBC IR.

#### **Location of the infrastructure**

SZSZBMK installs the new laboratory equipment in the already existing built infrastructure environment of the hospital. The maintenance and future further development of the system is secured by the overall operative management of the premises and professional medical departures.

The disinfection unit will be located in the existed premise in RCIH or in projected unit of RCH. It will be done taking into account convenient and safe service while putting into operation and repairing. In the premises where the installations will be operated and the solvent-consuming capacities will be located, the following requirements must be met: ambient temperature from +50 ° to +250 ° and relative humidity up to 80%.

In RCH this installation will be set up for the first time. RCIH has an experience of its usage but because of its runout it will be replaced during the project implementation.

#### **Detailed risk analysis and contingency plan**

Physical and ecological risks lie in technological disasters of the facility, nature disaster. The probability is low and the possible influence is high. Mitigation plan: regular staff training on safety, on behavior during extraordinary situations; control of the quality of equipment exploitation.

The application of electrolysis disinfection facility allows completely refuse from the usage of extremely dangerous gaseous chlorine thus excluding the possibility of contaminating the area with chlorine in case of an accident. Electrolysis gases are inert due to their toxic qualities and the nature of action on human body.

Political risk : The change of regional or local authority or political instability can lead to personnel changes that can influence the health policy, change the priority of branch development in the border regions of Ukraine and Hungary. The probability is low and the possible influence is medium. Response plan: constant work with authorities in places on the issues of the necessity of project implementation on the target territories.

Economic risk: The adoption of incorrect or unjustified decisions. Incorrectly defined activity for the purchase of equipment. The probability is low and the possible influence is high. Response plan: Preliminary study of the financial possibilities of the project implementation, correct planning of the hospital budget for compliance with all public procurement procedures and the exploitation of new equipment.



Activity 4.1.	Development of the material and technical needs of the bacteriological laboratories of the hospitals - purchase of equipments suitable for disinfection and for the identification of bacteria	<p>Besides, in the case of hospitalization of especially dangerous infections or mass admission to hospital because of food poisoning, for the choice of proper treatment, there is a need for rapid verification of these infections</p> <p>The laboratory of Polymer Chain Reaction will be purchased to the bacteriological laboratory of Regional children's Hospital.</p> <p>The PCR method is based on multiple selective duplication of a specific DNA region using in vitro enzymes (in artificial conditions). In this case, only the area that satisfies the given conditions is copied, and only if it is present in the sample under study. The method is used to diagnose viral and bacterial infections.</p>
Activity 4.2.	Evolving the disinfection system of the sewage drain	<p>Electrolytic (chlorinator) plant is designed to produce a mixture of oxidants (sodium hypochlorite NaClO) by electrolysis of solutions of the kitchen salt. Sodium hypochlorite (NaClO), obtained by electrochemical method, is used to disinfect natural, sewage, reversible water and water of swimming pools. Technological properties of sodium hypochlorite (NaClO) are similar to chlorine.</p> <p>The principle of the electrolysis installation: the passage of electric current through the treated water is accompanied by a series of electrochemical reactions, which result in the formation of new substances and changes the entire structure of intermolecular interactions. In the electrolysis plant the electrochemical synthesis of hydroperoxide oxidants is realized.</p> <p>A chlorination plant is used as a central point for obtaining bactericidal solution for the purpose of sanitary treatment of water supply networks of premises and equipment of medical institutions.</p>
Activity 4.3.	Development of intensive infectological equipments	<p>Regional Children's Hospital (RCH): According to the schedule of equipment in the WIT of the infectious department, it is necessary to set up: a portable respiratory apparatus, a laryngoscope, an electro pumps, a portable oxygen concentrator, an infusomat, a portable ECG-device, a monitor, a pulse oximeter, an ultrasound inhaler.</p>
Project results		

Result #	Programme output indicator or other indicators to which the result will contribute	Baseline	Target
Result 4.1.	Putting into operation the microbiological analyzer and water treatment equipments in SZSZBMK	0	3
Result 4.2.	Putting into operation the Polymer Chain Reaction Laboratory in RCH	0	1
Result 4.3.	Putting into operation the equipment for bacteriological laboratory in RCH	0	1
Result 4.4.	Putting into operation of disinfection plant in RCH	0	1
Result 4.5.	Putting into operation of disinfection plant in RCIH	0	1

## AG 5 - Infrastructure

Activity Group (AG) 5	Title	Total AG indicative budget
5	Development of built infrastructure	395 209,00
Responsible Applicant(s)	Regional Clinical Infectious Hospital Oblasna kliniczna infekcyjna likarnia	
Applicants' involved	Regional Children's Hospital Oblasna dytiacha likarnia Regional Clinical Infectious Hospital Oblasna kliniczna infekcyjna likarnia	
Other information.		
Not relevant.		
Description of the infrastructure(s)		
<p>RCH: During reconstruction on the territory of infectious department it is planned to do waterproof injection of walls in infectious building, complete replacement of water supply and sewage, wiring, heating system, replacement of doors (232 sq.km.).</p> <p>According to the schedule of equipment in the WIT of the infectious department, it is necessary to set up: a portable respiratory apparatus, a laryngoscope, an electro pumps, a portable oxygen concentrator, an infusomat, a portable ECG-device, a monitor, a pulse oximeter, an ultrasound inhaler.</p> <p>RCIH: project decisions foreseen the additional 2-storied extension of rectangular block. The lock on the ground floor is provided through the passage width of 6.0 m, and the second through an anti seismic expansion joint. Premises of extensions and superstructures are functionally joint together. Working project foreseen the creation of the following premises:</p> <p>On the ground floor there will be : Head's study, staff room, sanitary inspection room with the necessary sanitary premises, reception rooms, garage which includes parking for 2 cars, ventilation chamber. On the first floor there will be: premises for biochemical and microbiological groups.</p> <p>Constructive decisions. The structural scheme of the building is made up of external bearing walls of the brickwork and a monolithic reinforced concrete frame.</p> <p>Foundations – prefabricated reinforced concrete blocks for frame racks, strip rubble concrete foundation for brick</p>		



walls.

External and internal walls, partitions from ordinary clay brick M75 made on solution.M50 with insulation of the facade by a non-combustible heater of the thickness of 60 mm;

Frames jumper, cors; anti-seismic belts from monolithic reinforced concrete (concrete B15,class A-II, A-I fitting, renting);

Overlappings are from prefabricated reinforced concrete slabs for seismic regions that are joint with anti-seismic expansion joints; The roof is hip with wooden rafter system.

#### **Detailed risk analysis and contingency plan**

Physical and ecological risks lie in technological disasters of the facility, nature disaster. The probability is law and the possible influence is high. Mitigation plan: regular staff training on safety, on behavior during extraordinary situations; control of the technical implementation process of infrastructure works.

Political risk : The change of regional or local authority or political instability can lead to personnel changes that can influence the health policy, change the priority of branch development in the border regions of Ukraine and Hungary. The probability is law and the possible influence is medium. Response plan: constant work with authorities in places on the issues of the necessity of project implementation on the target territories.

Economic risk: The adoption of incorrect or unjustified decisions. Incorrectly defined activity for the purchase of equipment. The probability is law and the possible influence is high. Response plan: Preliminary study of the financial possibilities of the project implementation, correct planning of the hospital budget for compliance with all public procurement procedures and the exploitation of new infrastructure.

#### **Sustainability of the infrastructure component**

After the project's implementation all built infrastructure components finished during the project implementation will belong to the laboratorial units of RCH (Mukachevo, Ukraine) and RCIH (Uzhhorod, Ukraine). Material and technical basis of modernized premises will be used for many years by institutions for the effective diagnosis and, consequently, quality health care to infectious patients. Medical staff of bacteriological laboratories of both hospitals in border territories will further work attending the built infrastructure and acquired skills and knowledge during the project. During the five-year-long sustainability period following project closure partners will not make decisions that would harm the original nature, objectives or implementation conditions or would result in undermining the project's original objectives, in accordance with article 39.3 of ENI CBC IR.

#### **Location of the infrastructure**

Regional clinical Infectious Hospital : Engineering provision of reconstruction:

Heat supply is provided from the existing boiler-house.

Ventilation is a common exchange-inflow with a mechanical and, partly, natural ventilation.

Water supply of projected premises is provided from existing water supply networks.

The runoffs of household sewage system are averted into existing sewage system.

Power supply is designed from an existing Transformer Substation by underground cable. The project provides earthing.

Gasification and fire alarm in accordance with the design task is provided by a separate project.

An indoor area lighting network is available. Access roads, platforms are executed with asphalt and concrete cover.

Part of the territory is being greened and landscaped. The platform os equipped with lightening protection.

#### **Readiness for implementation and information on preliminary activities**

57 beds are functioning in infectious department in Regional Children's Hospital. It is situated in the adapted premises of the two-storied building that was built in 1906. According to this, there is an acute issue of repairing both wards for sick children and premises for staff and utility rooms.

Renovation includes the following: capital renovation of the ground and the first floors, capital repair of water supply and sewage, heating system, door replacement (232 sq.km), injection waterproofing of walls in the building of an

infectious unit.

It should be noticed that reanimation unit in Regional Children's Hospital is in another building that is remote distantly from infectious one for 1 km. That's why after the capital renovation the work of Intensive Care Ward (hereafter ICW) with 24-hour duty infectious disease doctor will be organized in the infectious department for the purpose of the improvement of work and possibility to give an emergency care for seriously sick children to maintain vital functions of the body. Necessary equipment will be set up in the ward.

Regional Clinical Infectious Hospital doesn't have its own bacteriological laboratory. Examination of outpatients and inpatients is maintained on the basis of the city hospital. That's why there is an urgent problem of reconstruction of building in hospital into bacteriological unit.

The one-storied administrative building should be reconstructed through the adding of two-storied rectangular building extension with the total area 508 sq.m. without any function change of the ground floor.

Activity 5.1.	Capital renovation of the premises and equipping of intensive care ward of infectious department in RCH	Capital renovation of the premises and equipping of intensive care ward of infectious department in RCH.  Major repair of the heating system in the infectious department in Regional Children's Hospital in I. Franka Str,43 Major repairs of the water supply and sewage systems in the infectious department of Regional Children's Hospital in I. Franka Str., 43 Major repairing of premises in the infectious department of Regional Children's Hospital on its first floor in I. Franka Str., 43 Replacement of doors in the building of the infectious department
Activity 5.2.	Reconstruction of the part of the building into centralized bacteriological laboratory in RCIH	Reconstruction of the part of the building into centralized bacteriological laboratory in RCIH. Reconstruction of a part of the administrative building of the RCIH into the bacteriological laboratory

## Project results

Result #	Programme output indicator or other indicators to which the result will contribute	Baseline	Target
Result 5.1.	Capital renovation of infectious building in RCH	0	1
Result 5.2.	Organization of work in ICW of infectious department	0	1

## AG 6 - Project Management And Communication

Activity Group (AG) 6	AG title:	Total AG indicative budget
6	Project management and communication	244 125,94
Responsible Applicant(s) for project management		Szabolcs-Szatmár-Bereg County Hospitals and University Hospital Szabolcs-Szatmár-Bereg Megyei Kórházak és Egyetemi Oktatókórház

Responsible Applicant(s) for communication		Szabolcs-Szatmár-Bereg County Hospitals and University Hospital Szabolcs-Szatmár-Bereg Megyei Kórházak és Egyetemi Oktatókórház
Applicants' involvement in AG 6		
Applicant 1	Szabolcs-Szatmár-Bereg County Hospitals and University Hospital Szabolcs-Szatmár-Bereg Megyei Kórházak és Egyetemi Oktatókórház Lead Applicant SzSzBMK	
Applicant 2	Regional Children's Hospital Oblasna dytiacha likarnia 1. Applicant RCH	
Applicant 3	Regional Clinical Infectious Hospital Oblasna klinichna infekcijna likarnia 2. Applicant RCIH	
Project management activities		

Activity 6.1.	Internal project management activities	<p>Project preparation and implementation is completed by a joint project management team made up of partnering hospitals' staff. Project Manager, (1 person project level): responsible for directing and controlling of the management and contractor/supplier activities on behalf of the partners' legal representatives, preparation of certificate of performance for approval and validation, implementation within deadline and budget, preparation of Progress Reports. Project Manager (1 person per partner on project component level, in total 2 persons): responsible for the same issues listed up above (relevant to project component level activities), obliged to report to the project level Project Manager. Medical professional implementers (in total 12 persons): plans, organises and controls the completion of medical and other professional activities at project component level during the project implementation process; ensures the preparation of the medical and other professional part of the Progress Reports. Directly reports to the project level Project Manager.</p> <p>Financial Manager, (1 person on project level and 1 per partner, in total 3 persons): responsible for the implementation of the financial plan of the project and the answering of any financial questions raised during the implementation of the development. Preparation of the financial part of the Progress Reports, directly reports to the project level Project Manager. Project communication manager activities are coordinated at project level as well.</p>
Activity 6.2.	Interim and closing Progress Report, financial accounts	Elaboration and submission of the interim and final progress reports of the project due to the contractual and other legal environment of the project.
Activity 6.3.	Accountancy	Final report of an independent accountant regarding the project implementation in general and particularly in relation to the financial planning and implementation.
Monitoring and evaluation arrangements		
<p>Internal control which lies in the meeting of WGs, the procedure of certain events implementations.</p> <p>Outer monitoring lies in analytical and financial reports that have to be made every 6 months, project audit .</p>		

<b>Equipment, materials and supplies for the implementation of the Project</b>
Only administrative costs will be reimbursed on a flat rate (2%) basis in each partner's own budgetary allocations.
<b>Description of the project management and implementation structure</b>
General coordination and management for partners by Lead Partner: the only WG, which will ensure the implementation of project activities on both sides of the border, agreed mutual plan of work, mutual preparation of financial and analytical reports, mutual agreed correction of events in case of appearing new problems etc, determination of terms and volume of reports, making mutual financial and analytical reports. The project will be funded by cross-border hospitals jointly, synchronously and in accordance with the activities.
<b>Organisational structure and the team proposed</b>
Project preparation and implementation is completed by a joint project management team. Project Manager (1 person, project level): responsible for directing and controlling of the management and contractor/supplier activities on behalf of the legal representatives of the partners, preparation of certificate of performance for approval and validation, implementation within deadline and budget, preparation of Progress Reports. Project Manager (1 at partner level): responsible for the same issues listed up above (at partner level), obliged to report to the LA Project Manager. Medical and other professional implementers (12 persons in total): plans, organises and controls the completion of medical professional activities at the partners during the project implementation process; ensures the preparation of the medical professional part of the Progress Reports. Directly reports to the partner level Project Manager. Financial Manager (1 project and 2 partner level): responsible for financial implementation.
<b>Detailed risk analysis and contingency plan</b>
Any delay in the preparation of Prog. Rep.s due to any modification of the Cooperation Program. The project team expertise provide basis for the management of these risks. Financial risk: inadequate sources of funding. Mitigation: cash-flow and mid-term planning for the actual financial needs of the implementation of the activities and the constant monitoring of them. Social risk: not enough motivation from the patients, population towards the implementation of the project. Mitigation: active project communication activities, innovative tools and interactive feeds for the target audiences. Delay in information towards the target groups due to the delay of advertisement publication and the organisation of the press conference. The project team shall ensure continuous contact with press representatives to avoid such delay.
<b>Communication Plan</b>
<b>Target audience.</b>
During the dissemination and obligatory visibility activities as well as the general project communication tasks main focus among members of the society of the service areas of the partner hospitals is given to as follows (structured in layers from the higher number of members to the even specific smaller target groups): 1) Population of the main service areas of the hospitals: Total: ... Strongly heterogeneous and fragmented group of individuals, creative, innovative and usual tools as well as mainstream media presence shall come into consideration. 2) Professional and administrative personnel of the partner institutions as implementers of the project activities: Total: 18 persons. Fully engaged and motivated towards the implementation process, but sceptic about reaching real medical and clinical professional results and have some fear about the administrative barriers of the implementation. Involvement of the operative executive level personnel is crucial. 3) Family, friends

#### Project specific objective.

SO1 Reduction of time and improvement the quality of infectious pathogen identification and determination of the adequate remedy in bacteriological laboratories (SZSZBMK, RCH, RCIH)  
Sonner receipt of the results of the researches and other laboratory processes have a clear and visible effect on the safety situation and the adequate and proper treatment of patients.

SO2 Improving efficiency of infectious diseases treatment in infectious hospitals (SZSZBMK, RCH, RCIH)  
Innovative approaches of the diagnostic systems and better equipped healthcare services infrastructure are core values for the target audiences that the communication and visibility measures shall tackle.

SO3 Disinfection of sewage systems in the infectious units (RCH, RCIH)  
Basic hygienic needs are met via the renovation and reconstruction, modernization of the sewage system that improves the on the other hand very fragile situation and the engagement of patients towards the medical institutions.

#### Outputs and results for communication activities.

Following outputs and results are to expected of the communication activities:

- 1 piece of a project opening event for 200 persons as attendees
- 1 piece of a website and its constant development for 24 months (for the purposes of project communication and visibility activities)
- 10 pcs of a 100 mm x 100 mm sticker for purchased items
- 1 piece of an A1 594 mm x 841 mm poster is prepared as described in the Documentation Guide.
- 1 piece of an A1 841 mm x 594 mm poster as per the Documentation Guide.
- 1 piece of a temporary billboard of 3000 mm x 1500 mm as described in the Documentation Guide.
- 1 piece of a permanent billboard of A4 297 mm x 210 mm as described in the Documentation Guide.
- 1 package of souvenirs / pen, notepad, pendrive etc. /
- 1 piece of a final conference in the hospital to present the results of the project.
- 1 package of media appearance (spreading information about the implementation of the project involving mass media, web-site of the hospital and news

#### Messages for each target audience.

1) Population of the main service areas of the hospitals

"Why is the project useful for the wider segments of the society?"

"Via the developments more safety, modern and effective healthcare services emerge."

"The developments are happening with the aim of optimizing the social level healthiness situation."

"The human and social development objectives are of common interest."

"Social usefulness is measurable with healthcare indicators."

2) Professional and administrative personnel of the partner institutions as implementers of the project activities:

"There is a sense of healthcare infrastructure and HR basis development (i.e. improvement of the working conditions in the institution)."

"Proactive and open treatments are the common interests of personnel and patients as well."

"Logistical barriers during the infrastructural works are negotiable."

3) Family, friends

"Healthcare services provide adequate and safe solutions for tackling infectious diseases. Relatives are in safe."



#### Financial and human resources (In house and subcontracting)

Project opening event for 200 persons, unit price: gross 26.9 Euro / person,  $200 * 26.9 \text{ Euro} = 5\,380 \text{ Euro}$   
Development of lead applicant's own website 24 months gross 152.4 Euro = 3 657.6 Euro  
100 mm x 100 mm sticker for purchased items, 10 pcs, unit price: gross 2.54 Euro / piece = 25.4 Euro  
A1 594 mm X 841 mm poster is prepared as described in the Documentation Guide (DG).  
Unit price: gross 63.5 Euro / 1 piece  
Preparation of A1 841 mm X 594 mm poster as per the DG.  
Unit price: gross 63.5 Euro / 1 piece  
Creating a temporary billboard of 3000 mm x 1500 mm as described in the DG.  
Unit price: gross 254.6 Euro / 1 piece  
Creating a permanent billboard of A4 297 mm X 210 mm as described in the DG. Unit price: gross 25.4 Euro / 1 piece  
souvenirs / pen, notepad, pendrive etc. / 1 list of gross 1 300 Euro  
Final conference 5 000 Euro  
Spreading information about the implementation of the project involving mass media, web-site of the hospital and newsletters. 500 Euro  
Final conference 4 000 Eur

#### Communication tools

Following communication tools are to be implemented:

- Project opening event for 200 persons.
- Development of lead applicant's own website (for the purposes of project communication and visibility activities) 24 months
- 100 mm x 100 mm sticker for purchased items, 10 pcs
- A1 594 mm x 841 mm poster is prepared as described in the Documentation Guide.
- A1 841 mm x 594 mm poster as per the Documentation Guide.
- Temporary billboard of 3000 mm x 1500 mm as described in the Documentation Guide.
- Permanent billboard of A4 297 mm x 210 mm as described in the Documentation Guide.
- souvenirs / pen, notepad, pendrive etc. /
- Final conference in the hospital to present the results of the project.
- Spreading information about the implementation of the project involving mass media, web-site of the hospital and newsletters.
- Publication of articles in mass media
- Final conference involving the representatives of Ukraine and Hungary.

#### Communication objectives.

SO1 Reduction of time and improvement the quality of infectious pathogen identification and determination of the adequate remedy in bacteriological laboratories (SZSZBMK, RCH, RCIH)

Objective: changing opinions among professionals about the relevance of the fastening of infectious diseases and pathogens diagnostics.

SO2 Improving efficiency of infectious diseases treatment in infectious hospitals (SZSZBMK, RCH, RCIH)

Objective: Sharing knowledge among professionals on both sides of the border regarding themes affecting cross-border issues.

SO3 Disinfection of sewage systems in the infectious units (RCH, RCIH)

Objective: Creating awareness about the importance of the preservation of the safety and healthy conditions of the border-crossing rivers.

## Calendar of communication activities.

- M1-3: 1 piece of a project opening event for 200 persons as attendees
- M1-24: 1 piece of a website and its constant development for 24 months (for the purposes of project communication and visibility activities)
- M1-3: 10 pcs of a 100 mm x 100 mm sticker for purchased items
- M1-3: 1 piece of an A1 594 mm x 841 mm poster is prepared as described in the Documentation Guide.
- M1-3: 1 piece of an A1 841 mm x 594 mm poster as per the Documentation Guide.
- M1-3: 1 piece of a temporary billboard of 3000 mm x 1500 mm as described in the Documentation Guide.
- M1-3: 1 piece of a permanent billboard of A4 297 mm x 210 mm as described in the Documentation Guide.
- M1-3: 1 package of souvenirs / pen, notepad, pendrive etc. /
- M24: 2 pieces of a final conference in the hospital to present the results of the project.
- M1-24: 1 package of media appearance (spreading information about the implementation of the project involving mass media, web-site of the hospital and news

## Communication Activities

Activity 6.1.	Communication and visibility events	<ul style="list-style-type: none"> <li>- 1 piece of a project opening event in Hungary for 200 persons as attendees</li> <li>- 2 pieces of closing conferences in Ukraine to present the results of the project for respectively 30 and 60 persons</li> </ul>
Activity 6.2.	Communication and visibility materials	<ul style="list-style-type: none"> <li>- 10 pcs of a 100 mm x 100 mm sticker for purchased items</li> <li>- 1 piece of an A1 594 mm x 841 mm poster is prepared as described in the Documentation Guide.</li> <li>- 1 piece of an A1 841 mm x 594 mm poster as per the Documentation Guide.</li> <li>- 1 piece of a temporary billboard of 3000 mm x 1500 mm as described in the Documentation Guide.</li> <li>- 1 piece of a permanent billboard of A4 297 mm x 210 mm as described in the Documentation Guide.</li> <li>- 1 package of souvenirs / pen, notepad, pendrive etc. /</li> </ul>
Activity 6.3.	Online and media appearances and communication activities in accordance with visibility	<ul style="list-style-type: none"> <li>- 1 piece of a website and its constant development for 24 months (for the purposes of project communication and visibility activities)</li> <li>- 1 package of media appearance (spreading information about the implementation of the project involving mass media, web-site of the hospital and news</li> </ul>





Activity	YEAR 1												YEAR 2											
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Cross border	X	X	X	X									X			X				X		X		
1.1.Defining	X	X	X																					
1.2.				X																				
1.3.Conducting													X			X				X				
Health			X	X	X	X	X	X	X							X	X	X	X	X	X	X	X	X
4.1.																X	X	X	X	X	X	X	X	X
4.2.Evolving																X	X	X	X	X				
4.3.			X	X	X	X	X	X	X	X														
Development			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
5.1.Capital			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
5.2.			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
Project	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
6.1.Internal	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
6.2.Interim and						X												X						
6.3.																								X

Communication	12 months project												Projects up to 24 months											
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
CA 1 Online	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
CA 2	X	X																				X	X	
CA 3	X	X	X																					

#### 4.3 Procurement plan

No	Applicant/ country	Type of contract (services, supplies, works). Description of items to be purchased (except for direct award procedures)	Month of planned announcement of the procurement	Estimated date of award	Duration of the implementation of the contract.	Budget line(s)	Value of the contract (EUR)	The title of the selected procurement procedure in English and if applicable, in the national language	Justification:	Corresponding Activities Group (AG)
Implementation year Implementation year 1										

1.	SzSzBMK/Hungary	Supplies	4	31/12/2019	3	3.1 Purchase or rent of equipment	282 329,00	Purchase of microbiological equipments in SZSzBMK	Since the estimated total amount of the purchase of the equipments exceeds the community limits an open community public procurement procedure will be conducted.	AG4
2.	RCH/Ukraine	Supplies	0	30/09/2018	12	3.1 Purchase or rent of equipment	115 010,00	Purchase of laboratory equipment	Due to the Articles 2, 20 of the Law of Ukraine 'On Public Procurement' from 22/12/2015 under No. 922-VIII: Order of the Ministry of Economic Development and Trade of Ukraine from 17/03/2016 under No.454	AG 4

3.	RCH/Ukraine	Works	0	31/08/2018	12	6.3 Reconstr uction, works	138 111,60	Major repairs	Due to the Articles 2, 20 of the Law of Ukraine 'On Public Procurement' from 22/12/2015 under No. 922-VIII; Order of the Ministry of Economic Development and Trade of Ukraine from 17/03/2016 under No.454 and due to the paragraph 22 of the first part of Article 1 of the Law 'On Objects of Construction' and taking into account DSTU 7.7. 1.1-1:2013 '22-VIII'; Rules for determining the construction cost' adopted by the Decree of the Ministry of the regional development, construction and housing and communal services of Ukraine from 05/07/2013	AG 5
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4.	RCIH/Ukraine	Supplies	0	31/10/2018	3	3.1 Purchase of equipment	7 000,00	Facility for disinfection of wastewater.	Due to the Articles 2, 20 of the Law of Ukraine 'On Public Procurement' from 22/12/2015 under No. 922-VIII: Order of the Ministry of Economic Development and Trade of Ukraine from 17/03/2016 under No.454	AG 4
5.	RCIH/Ukraine	Works	0	30/09/2018	18	6.3 Reconstruction, works	253 009,00	To complete the work on the project 'Reconstruction of the part of administrative building into bacteriological laboratory in Regional Clinical Infectious Hospital'	According to Articles. 2, 20 of the Law of Ukraine "On Public Procurement" from 25.12.2015. No. 922-VIII	AG 5

#### 4.4. Project team

Proposed position	Name of expert	Years of experience	Educational background	Specialist areas of knowledge	Experience in beneficiary country	Languages and degree of fluency (Very Good, Good, Weak)
Project manager - Coordinator of the Project (project component level)	ROMAN SHNITSER	32	Uzhgorod State University (date of graduation: 1986) 1990–1994 PhD, Uzhhorod National University, Uzhhorod (Ukraine) 1979–1985 Doctor, Uzhhorod National University, Uzhhorod (Ukraine)	medical doctor	31 years (from 1986) 04/07/2017– Present Chief of the Regional Children's Hospital, Regional Children's Hospital, Mukachevo (Ukraine) 2015–2016 Medical director, Private hospital "Diamed"., Uzhhorod...	Russian – C2 English – A2 Czech – B2

Financial Manager (project component level)	OLENA SHELEVER	23		<p>Lviv State Agrarium University (date of graduation: 2005 year)</p> <p>2001-2005 Auditor accountant, National University of I.Franco, Lviv (Ukraine)</p>	<p>economist</p>	<p>12 years (from 2005)</p> <p>04/07/2006- Present Chief Accountant, Regional Children's Hospital, Mukachevo (Ukraine)</p> <p>1994-2006 Accountant, Regional Children's Hospital, Mukachevo (Ukraine)</p>	<p>Russian – C2 English – A1</p>
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Executive Manager (professional staff, project component level)	OLEKSANDRA RAD	26	Uzhgorod State University (date of graduation: 1991)  1985-1991 Doctor, Uzhhorod national university, Uzhhorod (Ukraine) 26/10/1994- 30/12/1994 Children Neurology, National Medical Academy of Postgrad...	medical doctor	26 years (from 1991)  1999-Present Chief of the Center Rehabilitation, Mukachevo (Ukraine) 1995-1999 Doctor of Neurology department, Mukachevo (Ukraine) 1992-1994 Pediatr, Mukachevo (Ukraine) 1991-...	Russian - C1 Dutch - A2 Hungarian - A1
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Doctor (infectoinist) - Professional implementation personnel (project component level)	VIRA SOLOVIOVA	28	State Medical Institute, Iaroslavl (date of graduation: 1989)  01/03/1992- 30/06/1992 Children Infectology , Kyiv (Ukraine) 01/08/1988- 30/07/1989 Internship on pediatrics, Regional Children's Hospital...	medical doctor	28 years (from 1989)  05/05/1999- Present Chief of infections department, Regional Children's Hospital, Mukachevo (Ukraine) 30/07/1990- 30/09/1992 Doctor of infections department, Regional Children's...	Russian – B2 English – A1 Hungarian – A1
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Project administrator (project component level)	OKSANA DMYTRASH	26	Uzhgorod State University (date of graduation: 1991)  01/09/1992 – 30/12/1992 Laboratory, Kyiv (Ukraine) 01/09/1991 – 30/07/1992 Internship on pediatrics, Regional Children's Hospital, Mukachevo (Ukraine...	biologist	26 years (from 1991)  2007–Present Chief of klinik-diagnostic laboratory, Regional Children's Hospital, Mukachevo (Ukraine) 1993–2007 dr. Laborant, Regional Children's Hospital, Mukachevo (Ukraine) ...	Russian –B2 English – A1
Project manager - Coordinator of the Project (project component level)	MYKHAILO POLIAK	36	Uzhgorod State University (date of graduation: 1981)  01/09/1975– 30/06/1981 Medical doctor EQF level 7, Uzhgorod State University, Uzhgorod (Ukraine) 01/09/2009– 21/11/2013 Doctor of Philosophy in medi...	doctor	36 years (from 1981)  16/12/2003– Present Director and chief executive, Regional infectious diseases hospital, Uzhgorod (Ukraine)	Russian – C2 German – A1 Hungarian – A1 Slovak – A2

Financial Manager (project component level)	KOLESHCHUK ROMAN	20	Lviv State Agrarium University (date of graduation: 1997)  01/09/1992– 30/05/1997 Accountant EQF level 6, Lviv State Agrarium University, Lviv (Ukraine)	economist	20 years (from 1997)  03/02/2004– Present Finance department manager, Regional infectious diseases hospital, Uzhgorod (Ukraine)	Russian – C1 French – A1 Polish – A2
Executive Manager (professional staff, project component level)	SAVYCH ANDRIANNA	26	Ternopil State Medical University named after Gorbachevskiy (date of graduation: 2015)  01/09/2002– 30/06/2004 Nurse EQF level 6, Uzhgorod National University, Uzhgorod (Ukraine) 01/09/2013– 30/06/2015...	medical nurse	26 years (from 1991)  13/01/2004– Present Nurse, Regional infectious diseases hospital, Uzhgorod (Ukraine)	Russian – C1 English – A2 Slovak – C1 Hungarian – B1

Doctor (bacteriologist) - Professional implementation personnel (project component level)	KARNAFEL MARIANNA	6	Uzhgorod State University (date of graduation: 2005)  01/09/2000- 30/06/2005 Biologist EQF level 6, Uzhgorod National University, Uzhgorod (Ukraine)	biologist	6 years (from 2011)  03/02/2011- Present Biologist, Regional Infectious Diseases Hospital, Uzhgorod (Ukraine)	Russian - C1 Slovak - C1
Project administrator (project component level)	YESHCHENKO AHNESA	14	Uzhgorod State University (date of graduation: 2008)  01/09/2004- 27/06/2008 Accountant EQF level 6, Uzhgorod National University, Uzhgorod (Ukraine)	economist	9 years (from 2008)  02/01/2004- Present Accounting and bookkeeping clerk, Regional infectious diseases hospital, Uzhgorod (Ukraine)	Russian - C1 Hungarian - C1 English - A1

Project manager (project level)	ATTILA KOMÁN	19	engineering (technical) teacher, engineering economist	project management, infrastructure development related project components' expert	2016.05.01.- present manager, Department of Development (SZSZBMK) 2009-present project manager, mainly in projects including infrastructure component related activities (more than 4 times, SZSZBMK) 200...	Italian: A2
Financial manager (project level)	ISTVÁNNÉ GULYÁS	34	auditor, accountant management organizer	project financial administration (management), accountant, auditor, entrepreneur	2006-present numerous project implementation activities in the financial management field for 11 years (domestic Structural Funds projects 3 times, total managed grant amount: above 54 million EUR; ) ...	Not relevant

Communication manager	ÉVA VITKAI	22	<p>spokesman and communication consultant, social policy expert</p> <p>2017-present family therapist</p> <p>2011-2012 sexual therapist</p> <p>2009-2011 art therapist</p> <p>2004-2007 social policy expert</p> <p>1988-1990, 1983-1986 teach...</p>	art therapy, family therapy, social policy expert	TÁMOP-6.1.2 /LHH/11-A-2012-0011 project manager prizes and awards for professional activities in the field of study and practice of communication activities in healthcare industries	English: A1/2 Russian: A1/2
Doctor (microbiologist), trainer - Professional implementation personnel (project component level)	KATALIN JUDIT DR. PAPP	26	<p>2004 postgraduate studies in the field of microbiology and infectious diseases</p> <p>2003 medical doctor, specialist in microbiology</p> <p>1996 public health specialist, epidemiology specialist</p> <p>1991 medical doctor...</p>	<p>medical doctor, specialist in microbiology, public health specialist, epidemiology specialist, microbiology and infectious diseases specialist</p>	<p>2005-present, department director, SZSZBMK microbiological laboratory</p> <p>1991-2005 public health institution at county level (department for microbiological laboratory, department for epidemiology)</p>	English: B 1/2

Clinical microbiologist, trainer - Professional implementation personnel (project component level)	ZSUZSANNA SŐRÉSNÉ BESSENYEI	8	2009-2015 clinical microbiologist 2005-2009 public health specialist, epidemiology supervisor 2000-2006 biologist	performing clinical microbiological researches performing molecular genetic laboratory researches	2009-present clinical microbiologist, SZSZBMK central laboratory	German: A/1
Biologist, trainer - Professional implementation personnel (project component level)	DÓRA KOVÁCS	6	2013-2015 clinical microbiological researcher 2010-2013 biologist	clinical microbiological research, biological research	2016-present biologist 2011-2015 nurse	English: A/2
Infectologist, trainer - Professional implementation personnel (project component level)	UNDER RECRUITMENT	0	under recruitment	under recruitment	under recruitment	under recruitment



Microbiologist, trainer - Professional implementation personnel (project component level)	MARGIT CSAJBÓKNÉ BOLDIZSÁR	34	2010-2015 clinical biologist 1994 ENZIM- IMMUNOASSAY theory and practice 1989 Responsible for transfusion 1983 biologist	2005 Workshop meeting for Central/ East European experts on Bone Marrow Donor Registries and HLA typing laboratories 2003 ISO 9001:2000 internal supervisor 2002 quality assurance and accreditation of...	2009-present clinical biochemist 2004-2009 National Blood Supply Service Regional Department in Debrecen 2000-2004 National Public Health Service Szabolcs- Szatmár-Bereg County Department 1983-2000 Cou...	Not relevant
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PROJECT BUDGET PER APPLICANT						Lead Applicant:		Szabolcs-Szatmár-Bereg County Hospitals and University Hospital		Country: HU
No.	Costs	Unit	# of units	Unit rate (in EUR)	Costs (in EUR)	Description of budget line (max. 260 characters)				
Human Resources										
1.1	Salaries of internal project manager				52,520.00					
					13,761.60					
1.1.1	project manager	month	24.00	573.40	13,761.60	The Applicant wishes to provide project management with his / her own employees for 24 months. Working time: 20 hours a week with a total of 1 person * 24 months * 573.4 Euro / month = 13 761.6 Euro The amount includes the employer's contributions.				
1.1.2										
1.2	Salaries of internal project financial manager				11,712.00					
1.2.1	financial manager	month	24.00	488.00	11,712.00	The Applicant wishes to provide project management with its own employees for 24 months. Working time with 20 hours per week total 1 person * 24 months * 488.00 Euro / month = 11 712.00 Euro The amount includes the employer's contributions.				
1.2.2										
1.3	Salaries of internal project communication manager				11,712.00					
1.3.1	communication manager	month	24.00	488.00	11,712.00	The Applicant wishes to provide project management with its own employees for 24 months. Working time with 20 hours per week total 1 person * 24 months * 488.00 Euro / month = 11 712.00 Euro The amount includes the employer's contributions.				
1.3.2										
1.4	Salaries of internal professional staff				15,394.40					
1.4.1	microbiological training - professional instructor	hour	40.00	119.80	4,792.00	Practical training - for microbiologists 5 days * 8 hours / 1 day = 40 hours total assignment fee: 40 hours * 119.80 Euro = 4,792.00 Euro The amount includes the employer's contributions.				
1.4.2	infectiological training professional instructor	hour	40.00	119.80	4,792.00	Practical training for Infectologists 5 days * 8 hours / 1 day = 40 hours total assignment fee: 40 hours * 119.80 Euro = 4,792.00 Euro The amount includes the employer's contributions.				
1.4.3	doctor-professional expert activity	target task	1.00	1,916.80	1,916.80	Identification of relevant cross-border thematic needs, carrying out needs and target group surveys in the field of microbiology and infectious diseases, including the amount of the contributions: 1 target task * 1 916,8 Euro = 1 916,80 Euro. We would like to assign the current employee of the hospital to the additional tasks of the expert in the form of a salary supplement. The remuneration is as follows: 24 months x 66.83403 Euro / month = 1604,017 Euro, plus social contribution tax: 24 months x 66.83403 * 19.5% = 312,7633. The total amount is 1916.8 Euro.				
1.4.4	doctor-professional expert activity	target task	1.00	3,833.60	3,833.60	Development of training materials and training services infrastructure in the field of microbiology and infectious diseases, commission fee, including the amount of the contributions: commission fee: 1 target task * 3 833,6 Euro = 3 833,6 Euro. We would like to assign the current employee of the hospital to the additional tasks of the expert in the form of a salary supplement. The remuneration is as follows: 24 months x 133.67 Euro / month = 3208,08 Euro, plus social contribution tax: 24 months x 133.67 * 19.5% = 625,56. The total amount is 3833.6 Euro.				
Travel										
2.1	international travel cost for project staff (including travel and subsistence costs)									
2.1.1										
2.1.2										
2.2	inland travel cost for project staff (including travel and subsistence costs)									
2.2.1										
2.2.2										
2.3	Travel costs for other stakeholders									
2.3.1										
2.3.2										
Equipment and supplies										
3.1	Purchase or rent of equipment				282,329.08					
					240,567.00					
3.1.1	mass spectrograph		1.00	220,508.00	220,508.00	Purchase of a Microbiological Identifying Mass Spectrograph System for modern health care, delivering the most effective and cost-effective treatments while keeping patient safety				
3.1.2	water treatment equipment		1.00	11,255.00	11,255.00	Water treatment equipment for the production of unsalted water at the Fehérgyarmati site, modern health care, for the most efficient and cost-effective treatment, while keeping patient safety				

PROJECT BUDGET PER APPLICANT				Lead Applicant:		Szabolcs-Szatmár-Bereg County Hospitals and University Hospital		Country: HU
No.	Costs	Unit	# of units	Unit rate (in EUR)	Costs (in EUR)	Description of budget line (max. 250 characters)		
3.1.3	water treatment equipment		1.00	8 804.00	8 804.00	Water treatment equipment for the production of unsalted water at the Vásárosnamény site, for modern health care, for the most efficient and cost-effective execution of treatments while keeping patient safety		
3.2	Others				41 782.08			
3.2.1.	reagents, auxiliary materials-target slide	box	34.00	434.62	14 777.08	sample inlet plate for 52 200 measurements		
3.2.2	reagents, auxiliary materials-matrix	box	25.00	58.64	1 466.00	matrix: for 50 000 measurements		
3.2.3	reagents, auxiliary materials- reagent identification	box	1.00	41.00	41.00	reagent identification: for 4 000 measurements gross value: 41 Euro		
3.2.4	reagents, auxiliary materials- reagent identification	box	1.00	1 249.00	1 249.00	reagent filamentous fungi: for 100 measurements gross value: 1 249 Euro		
3.2.5	reagents, auxiliary materials-reagent Mycobacterium	box	1.00	150.00	150.00	reagent for Mycobacterium: for 100 measurements total value is: 150 Euro		
3.2.6	reagents, auxiliary materials- reagent Nocordia	box	1.00	1 322.00	1 322.00	reagent for Nocordia: for 100 measurements total value is: 1 322 Euro		
3.2.7	reagents, auxiliary materials- reagent Escherichia	box	1.00	120.00	120.00	Escherichia coli strain ATCC 8739 : gross value 120 Euro		
3.2.8	auxiliary materials	box	1.00	177.00	177.00	Laboratory pipettes with a range of 0.1 to 10 um Pipettes of 0.1 to 10 um range : 50 000 pieces total value is 177 Euro		
3.2.9	1 year maintenance cost of mass spectrometry	year	1.00	22 460.00	22 460.00	1 year maintenance cost of mass spectrometry according to the given indicative bid relevant for the whole purchasing package		
4	Services				28 237.96			
4.1	Publications							
4.1.1								
4.1.2								
4.2	Studies, research							
4.2.1								
4.2.2								
4.3	Costs of Expenditure Verification				3 000.00			
4.3.1	auditing activity	activity	1.00	3 000.00	3 000.00	Expert fees for statutory auditing activities. In addition to continuously examining the achievement of the objectives set out in the application, the auditor monitors compliance with relevant domestic and international rules, compliance with registration and other obligations, and also contributes to the process. The auditor is the expert who can ask questions from the beneficiaries primarily in accounting and tax matters during implementation. At the end of the implementation, an audit report will be prepared on the financial processes to the Beneficiary, which will provide some sort of security for the legality of the implementation. The price of this activity was given based on an indicative quotation (bid).		
4.3.2								
4.4	Translation, interpreters				3 420.00			
4.4.1	translation	characters	171 000.00	0.02	3 420.00	Expert fees for the translation of the documentation to be produced during the implementation, documentation of reimbursement claims and reporting documents		
4.4.2								
4.5	Financial services (bank costs etc.)							
4.5.1								
4.5.2								
4.6	Costs of events (conferences, seminars)				1 357.96			
4.6.1	meal costs	day	17.00	79.88	1 357.96	The practical training sessions planned during implementation and the cost of catering for professional and project meetings total 17 days * 79.88 Euro = 1 357.96 Euro		
4.6.2								
4.7	Visibility and communication actions							
4.7.1	Opening event	persons	200.00	26.90	5 380.00	Project opening event for 200 persons, unit price: gross 26.9 Euro / person, 200 * 26.9 Euro = 5 380 Euro		
4.7.2	Develop my own website	month	24.00	152.40	3 657.60	Development of lead applicant's own website (for the purposes of project communication and visibility activities) 24 months gross 152.4 Euro = 3 657.6 Euro. The current website of the institution is obsolete and needs to be upgraded in several ways. Accessing the information on the current website is slow, takes a long time, is difficult to use via a smartphone (not a mobile friend). We want to develop the technology so that new technical elements can be seen from the IT point of view. We want to renew the website with a more modern design and user-friendly concept, with the involvement of an external expert. The price of this activity was given based on an indicative quotation (bid).		
4.7.3	sticker	piece	10.00	2.54	25.40	"100 mm x 100 mm" sticker for purchased items, 10 pcs, unit price: gross 2.54 Euro / piece = 25.4 Euro		
4.7.4	A1 "594 mm X 841 mm" poster	piece	1.00	63.50	63.50	A1 "594 mm X 841 mm" poster is prepared as described in the Documentation Guide. Unit price: gross 63.5 Euro / 1 piece		
4.7.5	A1 "841 mm X 594 mm" poster	piece	1.00	63.50	63.50	Preparation of A1 "841 mm X 594 mm" poster as per the Documentation Guide. Unit price: gross 63.5 Euro / 1 piece		

PROJECT BUDGET PER APPLICANT					Lead Applicant:		Szabolcs-Szatmár-Bereg County Hospitals and University Hospital		Country: HU
No.	Goals	Unit	# of units	Unit rate (in EUR)	Costs (in EUR)	Description of budget line (max. 260 characters)			
4.7.6	"Temporary billboard" of 3000 mm x 1500 mm	piece	1.00	254.80	254.80	Creating a "temporary billboard" of 3000 mm x 1500 mm as described in the Documentation Guide. Unit price: gross 254.8 Euro / 1 piece			
4.7.7	A4 "297 mm X 210 mm" permanent billboard	piece	1.00	25.40	25.40	Creating a permanent billboard of A4 "297 mm X 210 mm" as described in the Documentation Guide. Unit price: gross 25.4 Euro / 1 piece			
4.7.8	souvenirs / pen, notepad, pendrive etc. /	list	1.00	1,300.00	1,300.00	souvenirs / pen, notepad, pendrive etc. / 1 list of gross 1 300 Euro			
4.8	Others				9,690.00	Expert fees for public procurement professional (service provider) in the community (EU) open procedure, including public procurement procedure official fees. During the implementation, the beneficiary wishes to carry out a public procurement procedure for the microbiological equipment and supplies. The public procurement expert's planned fee includes the additional costs incurred during the procedure, such as: registration for the Electronic Public Procurement System (EKR), the publication of the announcement, the changes to the announcement and the announcement of the outcome of the outcome of the procedure. They amount to approximately 1580 Euros from the 6460 Euros. The price of this activity was given based on an indicative quotation (bid).			
4.8.1	Public procurement expert	activity	1.00	6,460.00	6,460.00	medical technology specialist for public procurement documentation preparation and specification for the purchase of equipments			
4.8.2	medical technological expert	activity	1.00	3,230.00	3,230.00				
5	Project Preparation Office								
5.1	Office rent								
5.1.1									
5.1.2									
5.2	Consumables (Preparation of project documentation)								
5.2.1									
5.2.2									
5.3	Others								
5.3.1									
5.3.2									
6	Investment Works								
6.1	Studies, technical documentations, permissions								
6.1.1									
6.1.2									
6.2	Construction, works								
6.2.1									
6.2.2									
6.3	Reconstruction, works								
6.3.1									
6.3.2									
7	Administrative costs				7,261.74				
	Administrative costs (max. 2% of direct cost without infrastructure component (1+2+3+4+) but less than 60000 EUR)	FLAT RATE			7,261.74				
7.1									
8	Total eligible costs (1+2+3+4+6+7)				370,349.78				

PROJECT BUDGET PER APPLICANT					1. Applicant:		Regional Children's Hospital		Country: UA
No.	Costs	Unit	# of units	Unit rate (in EUR)	Costs (in EUR)	Description of budget line (max. 250 characters)			
<b>1 Human Resources</b>									
1.1	Salaries of internal project manager				91,200.00				
1.1.1	Coordinator of the Project	per month	24	850.00	56,400.00				
1.1.2	Executive Manager	per month	24	800.00	20,400.00	Leads the work of the created Working Group for project implementation .			
1.1.3	Administrator	per month	24	700.00	19,200.00	Provides the preparation and implementation of each of the events as well as preparation of analytical reports.			
1.2	Salaries of internal project financial manager				18,000.00	Carrying out organizational support			
1.2.1	Financial Manager	per month	24	750.00	18,000.00	Maintaining financial and accounting records for the project and preparing financial reports			
1.2.2					-				
1.3	Salaries of internal project communication manager				-				
1.3.1					-				
1.3.2					-				
1.4	Salaries of internal professional staff				18,800.00				
1.4.1	Doctor	per month	24	700.00	16,800.00	Doctor is an expert activity during the project implementation			
1.4.2					-				
<b>2 Travel</b>									
2.1	International travel cost for project staff (including travel and subsistence costs)				3,360.00				
2.1.1	Study Trip To Hungary	event	1	500.00	500.00	Study tour for the Working Group and other stakeholders to the start-up conference in Hungary. Study Trip to Hungary involves one study trip for the Working Group and other stakeholders to the start-up conference in Hungary for acquaintance of 5 Ukrainian doctors of RCH employees to the hospital of the city of Nyiregyháza with: structure hospitals, principles of work organization and financial provision, interaction with others hospitals in Hungary, functioning of the infectious department, bacteriological laboratory, etc. After an excursion to the hospital, take part in the start-up conference of this project, which will cover the issues of its goals and methodology of implementation. For this meeting, 5 RCH employees will be sent. Payment for a business trip is foreseen for personnel, motor vehicle insurance and car fuelling to the city of Nyiregyháza (Hungary). A total of 1 trip is planned for 5 people 500 €.			
2.1.2	Working trips to Hungary	event	4	150.00	600.00	Working trips of the Working group to Hungary . Providing 4 meetings of the working group in Hungary for the joint planning of this project, the procurement, financing negotiations, organization of training of Ukrainian doctors in Hungary, formation the current financial reports, etc. Members of the project team will be sent to the meetings. Travel expenses, car insurance and car refuelling to Nyiregyháza (Hungary) will be provided. It is planned to carry out 4 meetings 150 € each, 600 € in total. Coordinating meetings of partners in Hungary . Providing the carrying out of 2 meetings of the members of the working group in Hungary for the joint strategic planning of the project activities, the distribution of the grant funds and the coordination of the funding calendar, the formation of analytical and financial reporting of the project implementation, organization of joint conferences: the approval of the date, place, topic, speakers, translation, etc. Members of the project teams and hospital medical staff will be sent to these meetings. Travel expenses, car insurance and car refuelling to Nyiregyháza (Hungary) will be provided. It is planned to carry out 4 meetings 150 € each, 300 € in total.			
2.1.3	Coordinating partners meetings in Hungary	event	2	150.00	300.00				
2.2	Inland travel cost for project staff (including travel and subsistence costs)				-				
2.2.1					-				
2.2.2					-				
2.3	Travel costs for other stakeholders				1,960.00				
2.3.1	Per diem for the staff to Hungary	per diem	28	70.00	1,960.00	Trainings of doctors in Hungary ( 2 doctors for 14 days per diem in the amount of 70 EUR, accomodation and food.			
2.3.2					-				
<b>3 Equipment and supplies</b>									
3.1	Purchase or rent of equipment				115,010.00				
3.1.1	Laboratory equipments	list			84,180.00	Detailed laboratory equipment for laboratories is presented as an attachment			



PROJECT BUDGET PER APPLICANT					Regional Children's Hospital		Country: UA
No.	Costs	Unit	# of units	Unit rate (in EUR)	Costs (in EUR)	Description of budget line (max. 260 characters)	
3.1.1.1.	Class II Laminar Flow Biological Safety Cabinets	piece	1	3,400.00	3,400.00	Is aimed for the physical isolation of pathogenic biological agents and microorganisms to exclude the possibility of airborne droplet infection of personnel, as well as contamination of the air of the working premises and the environment.	
3.1.1.2.	High-speed microcentrifuge with cooling to 14,000 rpm for 1.5 ml test-tubes	piece	1	1,291.00	1,291.00	is used in the allocation of RNA / DNA, precipitation of biological components in sorption, precipitation and other techniques at speeds up to 14000 rpm.	
3.1.1.3.	Mini-centrifuge	piece	1	633.00	633.00	is aimed for "resetting" of microvolumes of reagents to the bottom of the test tube (first centrifugation-spin), further mixing (mixing), and re-collecting reagents (re-spin) from the walls and cork of micro test tubes.	
3.1.1.4.	Dry block thermostat + block	piece	2	775.00	1,550.00	Thermostat TDB-120 is designed to maintain the constant temperature of samples in test tubes placed in the nests of the aluminum block for ultra-high accuracy and uniformity of the temperature of the block in the setting of the PCR analysis. Two thermostats are needed for the simultaneous extraction of 64 samples in volume of 1.5 ml or 42 samples in volume of 0.5 ml.	
3.1.1.5.	Aspirator with trap flask	piece	1	516.00	516.00	Designed for aspiration (removal) of a supernatant (or buffer) from the walls of the Eppendorf test-tubes for cleansing of DNA (RNA)	
3.1.1.6.	Flow bactericidal air recirculator	piece	1	888.00	888.00	To ensure maximum effective disinfection and to ensure the correct placement of PCR with constant, active circulation of air through the chamber in the immediate proximity from UV lamps	
3.1.1.7.	A set of single-channel dosing devices of variable volume	piece	6	216.00	1,296.00	for precise dosage on small volumes of reagents for the extraction of nucleic acids and primary samples	
3.1.1.8.	UV box for PCR work	piece	1	1,420.00	1,420.00	Boxing for sterile work is used for clean work with DNA samples and preparation of a PCR mixture. Provides protection against contamination. UV radiation disinfects the working surface, inactivating DNA / RNA fragments for 15-30 minutes.	
3.1.1.9.	Thermocycler PCR rotary type amplifier	piece	1	48,065.00	48,065.00	Designed for thermocycling of PCR blend with fluorescence detection in Real Time mode.	
3.1.1.10.	Uninterruptible Power Supply	piece	1	2,304.00	2,304.00	Protects against low-quality power supply, from interruptions during overload of the network, and also provides an opportunity to complete the amplification during power outage.	
3.1.1.11.	Mini-centrifuge	piece	1	633.00	633.00	Aimed for "resetting" of microvolumes of reagents to the bottom of the test tube (first centrifugation-spin), further mixing (mixing) and re-collecting reagents (re-spin) from the walls and cork of micro test tubes.	
3.1.1.12.	A set of single-channel dosing devices of variable volume	piece	6	216.00	1,296.00	Used for precise dosage on small volumes of reagents for the extraction of nucleic acids and primary samples	
3.1.1.13.	Flow bactericidal air recirculator	piece	1	888.00	888.00	To ensure maximum effective disinfection and to ensure the correct placement of PCR with constant, active circulation of air through the chamber in the immediate proximity from UV lamps	
3.1.2.	Laboratory	list			12,140.00	The detailed budget of the laboratory is presented as an annex	
3.1.2.1.	Immuno-enzyme analyzer	piece	1	2,830.00	2,830.00	An analyzer for conducting immunological studies of infectious diseases, including: hepatitis, HIV infection.	
3.1.2.2.	Microplate Washer	piece	1	2,600.00	2,600.00	The device is an auto-washer for enzyme immunoassay analysis	
3.1.2.3.	Clinical centrifuge	piece	1	650.00	650.00	It is intended for preparation of clinical material for clinical, bacteriological and PCR-researches.	
3.1.2.4.	Dry-air thermostat	piece	1	860.00	860.00	It is intended for reception and maintenance of a highly stable temperature for carrying out of bacteriological and serological researches.	

PROJECT BUDGET PER APPLICANT					1. Applicant:		Regional Children's Hospital	Country: UA
No.	Costs	Unit	# of units	Unit rate (in EUR)	Costs (in EUR)	Description of budget (line max. 250 characters)		
1. Applicant:								
3.1.2.5	Device for determining the density of a bacterial suspension	piece	1	800.00	800.00	It is intended for determination of density of a bacterial suspension at carrying out of an identification of microorganisms and their sensitivity to antibacterial preparations.		
3.1.2.6	Trinocular microscope	piece	1	2,030.00	2,030.00	Trinocular microscope R6053 - for microscopy of microorganisms. Binocular microscope with trinocular head serves for photo and video documentation.		
3.1.2.7	Digital color camcorder	piece	1	520.00	520.00	Designed to work in a dark field and luminescence		
3.1.2.8	Fluorescent Kit	piece	1	1,850.00	1,850.00	Fluorescent kit to microscope R6053 for various techniques of fluorescence analysis in microscopy.		
3.1.3	Equipment for an intensive care room	list			30,690.00	Detailed budget for equipment for intensive therapy is provided		
3.1.3.1.	Respiratory apparatus for mechanical ventilation	piece	1	11,200.00	11,200.00	The system is designed to maintain vital body functions during emergency treatment.		
3.1.3.2.	Pulse oximeter	piece	1	1,200.00	1,200.00	The pulse oximeter is used for long-term automatic measurement and monitoring of blood oxygen saturation, pulse rate, to evaluate the function of the respiratory system.		
3.1.3.3.	Monitor	piece	1	3,700.00	3,700.00	Used to monitor the patient's state and for the measurement of physiological parameters.		
3.1.3.4.	Laryngoscope with a set of blades	piece	1	1,200.00	1,200.00	Intended for examination of the cavity of the pharynx and larynx. It simplifies the manipulation of intubation and eliminates the risk of injury during routine intubation.		
3.1.3.5.	Electric suction machine	piece	1	370.00	370.00	Intended to provide emergency treatment of patients with blocked respiratory tract, able to remove secretion products, blood, vomit that blocks the airways, in order to restore unobstructed breathing.		
3.1.3.6.	Ultrasound Inhaler	piece	1	370.00	370.00	Apparatus for entering the body through the respiratory system drugs (antibiotics solution, heated alkaline aqueous solutions, some oils, etc.) in the form of steam, gas, aerosol.		
3.1.3.7.	Portable oxygen concentrator	piece	1	7,500.00	7,500.00	Provides separation of oxygen in the room, supply of high concentration oxygen, used to connect the ventilation system of the ward system to supply oxygen, allows partially refuse or replace oxygen cylinders and a centralized system of supply of oxygen.		
3.1.3.8.	Infusomat syringe dispenser	piece	3	1,250.00	3,750.00	The choice for long-term controlled administration of drugs dosed by the elasticity of cylinders.		
3.1.3.9.	Portable breathing apparatus with masks	piece	1	200.00	200.00	Designed for the mechanical ventilation of lungs that is conducted manually. Indicators for use: respiratory failure of any cause.		
3.1.3.10.	Single-channel ECG unit for infants	piece	1	1,200.00	1,200.00	A single-channel electrocardiogram is used to check the cardiovascular system in intensive care units and wards.		
3.1.4.	Installation for disinfection of sewage system	piece	1	8,000.00	8,000.00	Electrolytic chlorination facility for the production of sodium hypochlorite by means of electrolysis of a salt solution is intended for decontamination as an oxidant reagent for the destruction of organic substances from waste water.		
3.2	Others							
3.2.1.								
3.2.2.								
4	Services							
4.1	Publications				14,500.00			
4.1.1								
4.1.2								



PROJECT BUDGET PER APPLICANT							1. Applicant:		Regional Children's Hospital		Country/ UA
No.	Costs	Unit	# of units	Unit rate (in EUR)	Costs (in EUR)	Description of budget line (max. 250 characters)					
4.2	Studies, research										
4.2.1											
4.2.2											
4.3	Costs of Expenditure Verification										
4.3.1											
4.3.2											
4.4	Translation, interpreters				2,000.00						
4.4.1	Translation of the project documentary Ukraine	per unit	8	200.00	1,600.00	Translation of documentation made during the period of the project					
4.4.2	Conference interpreting	per event	2	200.00	400.00	Conference interpreting in Ukraine					
4.5	Financial services (bank costs etc.)				600.00						
4.5.1	Financial services Ukraine	per month	24	25.00	600.00	Bank costs for the service of the currency account of the institution.					
4.5.2											
4.6	Costs of events (conferences, seminars)										
4.6.1											
4.6.2											
4.7	Visibility and communication actions				5,500.00						
4.7.1	Conducting the final conference (60 people) Ukraine	per event	1	5,000.00	5,000.00	Carrying out the final conference in the hospital to present the results of the project.					
4.7.2	The cost for advertisement	per event	1	500.00	500.00	Costs on spreading information about the implementation of the project involving mass media, web-site of the hospital and					
4.8	Others				6,400.00						
4.8.1	Audit Costs	per event	2	2,700.00	5,400.00	Audit Costs					
4.8.2	Ukrainian Experts	Per man-day	10	100.00	1,000.00	Costs for the consulting services of Ukrainian experts. Providing consultation of experts like economists, builders for the proper organization and holding of tender procedures for the procurement of medical and laboratory equipment, repair and construction works of the infectious building, putting into operation of the plant for disinfection of sewage, etc. It is planned to carry out 10 consultations 100 € each, 1,000 € in total.					
5	Project Dedicated Office										
5.1	Office rent										
5.1.1											
5.1.2											
5.2	Consumables (Preparation of project documentation)										
5.2.1											
5.2.2											
5.3	Others										
5.3.1											
5.3.2											
6	Investment Works				140,200.00						
6.1	Studies, technical documentations, permissions										
6.1.1											
6.1.2											
6.2	Construction, works										
6.2.1											
6.2.2											
6.3	Reconstruction, works				140,200.00						
6.3.1	Major repair of the heating system in the infectious department in Regional Children's Hospital in I. Franka Str.43	work	1	42,500.00	42,500.00	Major repair of the heating system in the infectious department in Regional Children's Hospital in I. Franka Str.43 (replacement of cast-iron radiators with more effective and energy-efficient radiators)					
6.3.2	Major repairs of the water supply and sewage systems in the infectious department of Regional Children's Hospital in I. Franka Str., 43	work	1	28,900.00	28,900.00	Major repairs of the water supply and sewage systems in the infectious department of Regional Children's Hospital in I. Franka Str., 43 (replacement of amortized water pipes and sewer pipes to new plastics for energy saving utilities.)					

PROJECT BUDGET PER APPLICANT				1. Applicant:		Regional Children's Hospital		Country UA
Costs				Unit	# of units	Unit rate (in EUR)	Costs (in EUR)	Description of budget line (max. 250 characters)
6.3.3	Major repairing of premises in the infectious department of Regional Children's Hospital on its first floor in I. Franka Str., 43			work	1	43,000.00	43,000.00	Major repairing of premises in the infectious department of Regional Children's Hospital on its first floor in I. Franka Str., 43 (decoration of walls, ceilings and floors; replacement of engineering and electric networks)
6.3.4	Replacement of doors in the building of the infectious department			work	1	25,800.00	25,800.00	Replacement of old wooden doors in the building with more energy efficient doors.
7	Administrative costs						4,481.40	
7.1	Administrative costs (max. 2% of direct cost without infrastructure component (1+2+3+4+) but less than 60000 EUR)			FLAT RATE			4,481.40	
8	Total eligible costs (1+2+3+4+5+6+7)						388,761.40	

PROJECT BUDGET PER APPLICANT						Regional Clinical Infectious Hospital		Country: UA
No.	Costs	Unit	# of units	Unit rate (in EUR)	Costs (in EUR)	Description of budget line (max. 260 characters)		
<b>1 Human Resources</b>								
1.1	Salaries of internal project manager				90,000.00			
1.1.1	Coordinator of the Project	per month	24.00	850.00	55,200.00			
1.1.2	Executive Manager	per month	24.00	750.00	20,400.00	Remuneration for carrying out, provision and implementation of the work of working group of the project.		
1.1.3	Administrator	per month	24.00	700.00	18,000.00	Salary for the administrative support for the project events.		
1.2	Salaries of internal project financial manager				16,800.00			
1.2.1	Financial Manager	per month	24.00	700.00	16,800.00	Salary for the administrative support for the project.		
1.2.2					18,000.00	Salary for accounting, making up the financial documentation of the project, preparation of tender documentation.		
1.3	Salaries of internal project communication manager							
1.3.1								
1.3.2								
1.4	Salaries of internal professional staff							
1.4.1	Doctor (Bacteriologist)	per month	24.00	700.00	16,800.00	Salary for the doctor for the coordination of doctors' work (bacteriologists), laboratory assistants of the project.		
1.4.2								
<b>2 Travel</b>								
2.1	International travel cost for project staff (including travel and subsistence costs)				3,350.00			
2.1.1	Study Trip To Hungary	event	1.00	500.00	500.00	Study tour of the WG and other stakeholders to the start-up conference in Hungary. Study Trip to Hungary involves one study tour trip for the Working Group and other stakeholders to the start-up conference in Hungary for acquaintance of 5 Ukrainian doctors of RCIH employees to the hospital of the city of Nyiregyhaza with: structure hospitals, principles of work organization and financial provision, interaction with others hospitals in Hungary, functioning of the infectious department, bacteriological laboratory, etc. After an excursion to the hospital, take part in the start-up conference of this project, which will cover the issues of its goals and methodology of implementation. For this meeting, 5 RCIH employees will be sent. Payment for a business trip is foreseen for personnel, motor vehicle insurance and car fueling to the city of Nyiregyhaza (Hungary). A total of 1 trip is planned for 5 people 500 €.		
2.1.2	Working trips to Hungary	event	4.00	150.00	600.00	Working trips of the Working group to Hungary. Working trips to Hungary ensured for holding 4 meetings of the members of the working group in Hungary for joint planning of the project activities, procurement procedures, coordination of the funding calendar, the organization of the training of Ukrainian doctors in Hungary, the formation of current financial reporting, etc. The team members will be seconded to the meeting. Provision is made for the payment of a business trip, vehicle insurance and fueling to the city of Nyiregyhaza (Hungary). It is planned to hold 4 meetings at 150 € = 600 €.		
2.1.3	Coordinating partners meetings in Hungary	event	2.00	150.00	300.00	Coordinating meetings of partners in Hungary. Coordinating partner meetings in Hungary foresees 2 meetings of the working group members in Hungary for joint strategic planning of the project activities, principled distribution of grant funds and coordination of the funding calendar, formation of analytical and financial reporting of the project implementation, organization of joint conferences: approval of the date, place, topics, speakers, translations, and more. The team members and the hospital medical staff will be seconded to the meeting. Provision is made for the travel of staff, motor vehicle insurance and fueling to the city of Nyiregyhaza (Hungary). It is planned to hold 2 meetings at 150 € = 300 €.		
2.2	Inland travel cost for project staff (including travel and subsistence costs)							
2.2.1								
2.2.2								
2.3	Travel costs for other stakeholders							
2.3.1	Per diem for the staff to Hungary	per diem	28.00	70.00	1,960.00	Trainings of doctors in Hungary (2 doctors for 14 days per diem in the amount of 70 EUR, accomodation and food.		
2.3.2								
<b>3 Equipment and supplies</b>								
3.1	Purchase or rent of equipment				7,000.00			
					7,000.00			

PROJECT BUDGET PER APPLICANT						2. Applicant:		Regional Clinical Infectious Hospital		Country: UA
No.	Costs	Unit	# of units	Unit rate (in EUR)	Costs (in EUR)	Description of budget line (max. 260 characters)				
3.1.1	Installation for disinfection of sewage system	set	1.00	7,000.00	7,000.00	Cost of electrolytic chlorinator facility for disinfection sewage system of Regional Clinical Infectious Hospital				
3.1.2					-					
3.2	Others				-					
3.2.1					-					
3.2.2					-					
4	Services				15,000.00					
4.1	Publications				400.00					
4.1.1	Publications in mass media	per unit	2.00	200.00	400.00	Publication of articles in mass media				
4.1.2					-					
4.2	Studies, research				-					
4.2.1					-					
4.2.2					-					
4.3	Costs of Expenditure Verification				-					
4.3.1					-					
4.3.2					-					
4.4	Translation, interpreters				2,000.00					
4.4.1	Translation of the project documentary Ukraine	per unit	8.00	200.00	1,600.00	Translation of documentary by the certified translator				
4.4.2	Conference Interpreting	per event	2.00	200.00	400.00	Conference Interpreting into English or Hungarian				
4.5	Financial services (bank costs etc.)				600.00					
4.5.1	Financial services Ukraine	per month	24.00	25.00	600.00	Bank services for the account maintenance.				
4.5.2					-					
4.6	Costs of events (conferences, seminars)				4,000.00					
4.6.1	Carrying out the final conference (30 people) Ukraine	per event	1.00	4,000.00	4,000.00	Carrying out the final conference involving the representatives of Ukraine and Hungary. Organization of training of personnel at the 3-day trainings on the issues of anti-epidemic measures				
4.6.2					-					
4.7	Visibility and communication actions				-					
4.7.1					-					
4.7.2					-					
4.8	Others				8,000.00					
4.8.1	Audit Costs	per event	2.00	3,500.00	7,000.00	Carrying out an audit for the financial year. Providing consulting services to specialists. Ukrainian Experts provides consulting services by experts in construction, economists, experts for organizing and conducting tendering procedures for the purchase of the electrolytic chlorinator for disinfection of sewage, construction work on the reconstruction of a part of the administrative building into a bacteriological laboratory, putting into operation, etc. A total of 10 consultations are planned for 100 € = 1000 €				
4.8.2	Ukrainian Experts	per man-day	10.00	100.00	1,000.00					
5	Project Dedicated Office									
5.1	Office rent									
5.1.1					-					
5.1.2					-					
5.2	Consumables (Preparation of project documentation)				-					
5.2.1					-					
5.2.2					-					
5.3	Others				-					
5.3.1					-					
5.3.2					-					
6	Investment/Works									
6.1	Studies, technical documentations, permissions				259,000.00					

PROJECT BUDGET PER APPLICANT					2. Applicant:		Regional Clinical Infectious Hospital	Country UA
No.	Costs	Unit	# of units	Unit rate (in EUR)	Costs (in EUR)	Description of budget line (max. 250 characters)		
6.1.1								
6.1.2								
6.2	Construction, works							
6.2.1								
6.2.2								
6.3	Reconstruction, works				253,009.00			
6.3.1	Reconstruction of a part of the administrative building of the RCIH into the bacteriological laboratory	event	1.00	246,554.00	246,554.00	Estimated cost of construction work on the reconstruction of a part of the administrative building into the bacteriological laboratory		
6.3.2	Costs for maintenance of customer service, incl. technical maintenance costs	per event	1.00	6,285.00	6,285.00	Technical supervision of the execution of works on the reconstruction of a part of the administrative building into the bacteriological laboratory		
6.3.3	Author's supervision	per event	1.00	170.00	170.00	Funds for the implementation of author's supervision over the execution of works on reconstruction in accordance with the project		
7	Administrative costs				2,307.20			
7.1	Administrative costs (max. 2% of direct cost without infrastructure component (1+2+3+4+5) but less than 60000 EUR)	FLAT RATE			2,307.20			
8	Total eligible costs (1+2+3+4+5+6+7)				370,976.20			

BUDGET OF THE PROJECT			Lead Applicant:		Szabolcs-Szatmár-Bereg County Hospitals and University Hospital						
No.	Costs	LA	1. A.	2. A.	3. A.	4. A.	5. A.	Costs (in EUR) (in EUR)	Share %		
<b>1 Human Resources</b>											
1.1	Salaries of internal project manager	13,761.60	56,400.00	55,200.00	0.00	0.00	0.00	233,720.00	21.06%		
1.2	Salaries of internal project financial manager	11,712.00	18,000.00	18,000.00	0.00	0.00	0.00	125,361.60			
1.3	Salaries of internal project communication manager	11,712.00	0.00	0.00	0.00	0.00	0.00	47,712.00			
1.4	Salaries of internal professional staff	15,334.40	16,800.00	16,800.00	0.00	0.00	0.00	11,712.00			
			16,800.00	0.00	0.00	0.00	0.00	48,934.40			
<b>2 Travel</b>											
	International travel cost for project staff (including travel and subsistence costs)	0.00	3,360.00	3,360.00	0.00	0.00	0.00	6,720.00	0.61%		
2.1	Inland travel cost for project staff	0.00	1,400.00	1,400.00	0.00	0.00	0.00	2,800.00			
2.2	(including travel and subsistence costs)	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
2.3	Travel costs for other stakeholders	0.00	1,960.00	1,960.00	0.00	0.00	0.00	3,920.00			
<b>3 Equipment and supplies</b>											
3.1	Purchase or rent of equipment	240,567.00	115,010.00	7,000.00	0.00	0.00	0.00	404,339.08	35.43%		
3.2	Others	41,762.08	0.00	0.00	0.00	0.00	0.00	362,577.00			
								41,762.08			
<b>4 Services</b>											
4.1	Publications	0.00	14,500.00	15,000.00	0.00	0.00	0.00	57,737.96	6.20%		
4.2	Studies, research	0.00	0.00	400.00	0.00	0.00	0.00	400.00			
4.3	Expenditure verification	3,000.00	0.00	0.00	0.00	0.00	0.00	0.00			
4.4	Translation, interpreters	3,420.00	2,000.00	2,000.00	0.00	0.00	0.00	3,000.00			
4.5	Financial services (bank guarantee costs etc.)	0.00	600.00	600.00	0.00	0.00	0.00	7,420.00			
4.6	Costs of events (conferences, seminars etc.)	1,357.96	0.00	4,000.00	0.00	0.00	0.00	1,200.00			
4.7	Visibility and communication actions	10,770.00	5,500.00	0.00	0.00	0.00	0.00	5,357.96			
4.8	Others	9,690.00	6,400.00	8,000.00	0.00	0.00	0.00	16,270.00			
								24,090.00			
<b>5 Project dedicated office</b>											
5.1	Office rent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%		
5.2	Consumables (Preparation of project documentation)	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
5.3	Others	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
<b>6 Investment/Works</b>											
		0.00	140,200.00	253,009.00	0.00	0.00	0.00	393,209.00	35.43%		
6.1	Studies, technical documentations, permissions	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
6.2	Construction, works	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
6.3	Reconstruction, works	0.00	140,200.00	253,009.00	0.00	0.00	0.00	393,209.00			
<b>7 Administrative costs</b>											
	Administrative costs (FLAT RATE - max. 2% of direct cost without infrastructure component (1+2+3+4+5) but less than 60000 EUR/project)	7,261.74	4,481.40	2,307.20	0.00	0.00	0.00	14,050.34	1.37%		
7.1		7,261.74	4,481.40	2,307.20	0.00	0.00	0.00	14,050.34			
<b>8 Total eligible costs (1+2+3+4+5+6+7)</b>											
		370,348.78	368,761.40	370,676.20	0.00	0.00	0.00	7,109,776.38	100.00%		
Share by Applicants		33.37%	33.43%	33.40%	0.00%	0.00%	0.00%	100.00%			

1109776.38  
0.00



Project Title:		Infectious diseases have no borders									
Costs		Lead Applicant			1. Applicant			2. Applicant			Total amount of the project
Official Name of the Organisation (In English)		Szabolcs-Szatmár-Bereg County Hospitals and University Hospital			Regional Children's Hospital			Regional Clinical Infectious Hospital			
Country		HU			UA			UA			
SOURCES		Amount (EUR)	Share %	Amount (EUR)	Share %	Amount (EUR)	Share %	Amount (EUR)	Share %	Amount (EUR)	Share %
EU contribution		333,313.90	90.00%	331,876.26	90.00%	333,608.58	90.00%	998,798.74	90.00%		90.00%
State contribution		37,034.88	10.00%	0.00	0.00%	0.00	0.00%	37,034.88	3.34%		
Own contribution			0.00%	36,875.14	10.00%	37,067.62	10.00%	73,942.76	6.66%		
Total costs		370,348.78	100.00%	368,751.40	100.00%	370,676.20	100.00%	1,109,776.38	100.00%		
Planned revenue											
Total eligible costs expected		370,348.78		368,751.40		370,676.20		1,109,776.38			100.00%







## FINANCIAL IDENTIFICATION

PRIVACY STATEMENT

[http://ec.europa.eu/budget/contracts\\_grants/info\\_contracts/financial\\_id/financial\\_id\\_en.cfm#en](http://ec.europa.eu/budget/contracts_grants/info_contracts/financial_id/financial_id_en.cfm#en)

Please use CAPITAL LETTERS and LATIN CHARACTERS when filling in the form.

### BANKING DETAILS ①

ACCOUNT NAME ②	SZABOLCS-SZATMÁR-BEREG COUNTY HOSPITALS AND UNIVERSITY HOSPITAL		
IBAN/ACCOUNT NUMBER ③	HU23 1004 4001 0033 3135 0000 0000		
CURRENCY	HUF		
BIC/SWIFT CODE	HUSTHUB	BRANCH CODE ④	
BANK NAME	HUNGARIAN STATE TREASURY		
<b>ADDRESS OF BANK BRANCH</b>			
STREET & NUMBER	SZÉCHENYI 3.		
TOWN/CITY	NYÍREGYHÁZA	POSTCODE	4400
COUNTRY	HUNGARY		

### ACCOUNT HOLDER'S DATA

AS DECLARED TO THE BANK

ACCOUNT HOLDER	SZABOLCS-SZATMÁR-BEREG COUNTY HOSPITALS AND UNIVERSITY HOSPITAL		
STREET & NUMBER	SZENT ISTVÁN 68.		
TOWN/CITY	NYÍREGYHÁZA	POSTCODE	4400
COUNTRY	HUNGARY		

REMARK

--

**BANK STAMP + SIGNATURE OF BANK REPRESENTATIVE ⑤**



**DATE (Obligatory)**  
2017-11-23

Szabolcs-Szatmár-Bereg Megyei  
Kórházak és Egyetemi Oktatókórház  
4400 Nyíregyháza, Szent István út 68.  
Adószám: 15813743-2-15  
Szélszám: 10044001-00333135

**SIGNATURE OF ACCOUNT HOLDER (Obligatory)**

*[Handwritten signature]*

*[Handwritten signature]*

- ① Enter the final bank data and not the data of the intermediary bank.
- ② This does not refer to the type of account. The account name is usually the one of the account holder. However, the account holder may have chosen to give a different name to its bank account.
- ③ Fill in the IBAN Code (International Bank Account Number) if it exists in the country where your bank is established
- ④ Only applicable for US (ABA code), for AU/NZ (BSB code) and for CA (Transit code). Does not apply for other countries.
- ⑤ It is preferable to attach a copy of RECENT bank statement. Please note that the bank statement has to confirm all the information listed above under 'ACCOUNT NAME', 'ACCOUNT NUMBER/IBAN' and 'BANK NAME'. With an attached statement, the stamp of the bank and the signature of the bank's representative are not required. The signature of the account-holder and the date are ALWAYS mandatory.





## LEGAL ENTITY

PRIVACY STATEMENT

[http://ec.europa.eu/budget/library/contracts\\_grants/info\\_contracts/privacy\\_statement\\_en.pdf](http://ec.europa.eu/budget/library/contracts_grants/info_contracts/privacy_statement_en.pdf)

Please use CAPITAL LETTERS and LATIN CHARACTERS when filling in the form.

### PUBLIC LAW BODY ①

OFFICIAL NAME ②	SZABOLCS-SZATMÁR-BEREG MEGYEI KÓRHÁZAK ÉS EGYETEMI OKTATÓKÓRHÁZ				
	SZABOLCS-SZATMÁR-BEREG COUNTY HOSPITALS AND UNIVERSITY HOSPITAL				
ABBREVIATION	SZSZBMK				
MAIN REGISTRATION NUMBER ③	813749				
SECONDARY REGISTRATION NUMBER (if applicable)	15813743-8610-312-15				
PLACE OF MAIN REGISTRATION	CITY	NYÍREGYHÁZA	COUNTRY	HUNGARY	
DATE OF MAIN REGISTRATION	29 DD	03 MM	2013 YYYY		
VAT NUMBER	15813743-2-15				
OFFICIAL ADDRESS	SZENT ISTVÁN				
	STREET 68.				
POSTCODE	4400	P.O. BOX	46.	CITY	NYÍREGYHÁZA
COUNTRY	HUNGARY		PHONE	+36 42 599 700	
E-MAIL	DR.SZONDI.ZITA@SZSZBMK.HU				

DATE 23/11/2017

SIGNATURE OF AUTHORISED REPRESENTATIVE

*[Handwritten signature]*

STAMP

Szabolcs-Szatmár-Bereg Megyei  
Kórházak és Egyetemi Oktatókórház  
Főigazgató-helyettes  
4400 Nyíregyháza, Szent István u. 68.  
Postacím: 4403 Nyíregyháza Pf. 46.

PLEASE COMPLETE AND SIGN THIS FORM AND ATTACH COPIES OF OFFICIAL SUPPORTING DOCUMENTS (RESOLUTION, LAW, REGISTER(S) OF COMPANIES, OFFICIAL GAZETTE, VAT REGISTRATION, ETC.)

- ① Public law body WITH LEGAL PERSONALITY, meaning a public entity being able to represent itself and act in its own name, i.e. being capable of suing or being sued, acquiring and disposing of property, entering into contracts. This legal status is confirmed by the official legal act establishing the entity (a law, a decree, etc.).
- ② National denomination and its translation in EN or FR if existing.
- ③ Registration number in the national register of the entity.



# **Partnership Agreement**

(ref: HUSKROUA/1702/8.2/0080)

Project title: Infectious diseases have no borders

Application ID: IDHB

HUSKROUA ENI CBC Programme 2014-2020



## **Preamble**

Having regard to

- Commission Implementing Decision of 8 October 2014 adopting a programming document for European Union support to ENI Cross-Border Cooperation for the period 2014-2020 (Programming Document);
- Regulation (EU) No 232/2014 of the European Parliament and of the Council of 11 March 2014 establishing a European Neighbourhood Instrument (ENI Regulation);
- Regulation (EU) No 236/2014 of the European Parliament and of the Council of 11 March 2014 laying down common rules and procedures for the implementation of the Union's instruments for financing external action (ENI CIR);
- Commission Implementing Regulation (EU) No 897/2014 of 18 August 2014 laying down specific provisions for the implementation of cross-border cooperation programmes financed under Regulation (EU) No 232/2014 of the European Parliament and the Council establishing a European Neighbourhood Instrument (hereinafter referred to as ENI CBC Implementing Rules);
- Regulation (EU, Euratom) 2018/1046 of the European Parliament and of the Council of 18 July 2018 on the financial rules applicable to the general budget of the Union, amending Regulations (EU) No 1296/2013, (EU) No 1301/2013, (EU) No 1303/2013, (EU) No 1304/2013, (EU) No 1309/2013, (EU) No 1316/2013, (EU) No 223/2014, (EU) No 283/2014, and Decision No 541/2014/EU and repealing Regulation (EU, Euratom) No 966/2012
- Joint Operational Programme 2014-2020 of Hungary-Slovakia-Romania-Ukraine for the ENI Cross-Border Cooperation;
- National rules applicable to the Lead Beneficiary and Beneficiaries;
- State Aid applicable rules;
- Guidelines for Applicants;
- Grant contract;
- Project Implementation Manual of the Programme;
- Project Communication Guidelines.





the following agreement has been concluded between:

**Szabolcs-Szatmár-Bereg County Hospitals and University Hospital**  
(Szabolcs-Szatmár-Bereg Megyei Kórházak és Egyetemi Oktatókórház) 4400  
Nyíregyháza, str. Szent István no. 68, Szabolcs-Szatmár-Bereg county, Hungary,  
15813743-2-15 (Lead Beneficiary)

and

**Regional Children's Hospital** (Oblasna dytiacha likarnia) 86000 Mukachevo,  
str. Franko no. 39, Zakarpattia, Ukraine, O1992268 (Beneficiary 1),

and

**Regional Clinical Infectious Hospital** (Oblasna klinichna infekcijna likarnia)  
88017 Uzhgorod, str. Griboyedova no. 20A, Zakarpattia, Ukraine, 26464978,  
(Beneficiary 2),

(Hereinafter jointly referred to as Parties)

have agreed as follows:

## **1. Subject of the Agreement**

The purpose of this Partnership Agreement (hereinafter "the Agreement") is to define the rules of procedure for the joint implementation of the project: HUSKROUA/1702/8.2/0080 IDHB – Infectious diseases have no borders ("the Project") approved by the Joint Monitoring Committee (hereinafter referred to as JMC) of the Joint Operational Programme Hungary-Slovakia-Romania-Ukraine European Neighbourhood Instrument Cross-border Cooperation Programme on 12<sup>th</sup> of July 2018 and the relations among the Lead Beneficiary and Beneficiaries.

The Parties, through the present Partnership Agreement, lay down the rules of procedures for the work to be carried out and the relations that shall govern the partnership set up in order to successfully, effectively and efficiently implement the above-mentioned cross-border cooperation Project. This Agreement shall also define their mutual responsibilities concerning the administrative and financial management of the Project.

The Grant Application Form as approved by the Joint Monitoring Committee and the Grant Contract (with all its provisions) signed by all signatories are to be regarded as integral parts of this Agreement, therefore their content and the obligations set by the above-mentioned documents have to be fully respected by the Parties and the provisions related to the Lead Beneficiary apply *mutatis*



*mutandis* to the partners, with the exceptions of the ones linked to the application of Lead Partner principle.

## **2. Definitions**

Where in this Agreement the "MA" is mentioned this refers to the Ministry of Foreign Affairs and Trade of Hungary, which shall sign the Grant Contract with the Lead Beneficiary and shall provide the grant funding. The MA is not a party to this Agreement.

Where in this Agreement the "JTS" is mentioned it refers to the Joint Technical Secretariat of the Hungary-Slovakia-Romania-Ukraine European Neighbourhood Instrument Cross-border Cooperation Programme. The JTS is not a party to this Agreement.

**Lead Beneficiary:** the Lead Beneficiary is designated by the Project Participants and assumes full legal and financial responsibility for ensuring implementation of the entire project. The Lead Beneficiary is also responsible for the proper reporting of progress during project implementation to the Joint Technical Secretariat as stipulated in the Grant Contract.

**Beneficiary:** an actor that commits itself to functionally and financially implement a project part of the Project according to the Grant Application Form as approved by the Joint Monitoring Committee.

**Project Participants:** means Lead Beneficiary and other Beneficiary/Beneficiaries together.

**Project part:** covers a set of activities within the Project as a whole, undertaken by the Lead Beneficiary or another Beneficiary in a defined timeframe and presented as a Lead Beneficiary / Beneficiary budget sheet in the budget of the Grant Application Form.

## **3. Obligations of the Parties**

The Project Participants commit themselves in doing everything in their power to foster the implementation of the Project and shall ensure their performance in time and in compliance with obligations to the JMA. Furthermore, they shall implement the Project with the requisite care, transparency and diligence, in line with the principles of sound financial management and with the best practices in the field.

Project Participants shall actively cooperate in the development and implementation of the Project. In addition, they shall cooperate in the staffing and



financing of the Project. The Lead Beneficiary and each Beneficiary shall be legally and financially responsible for the activities that it is implementing and for the share of the Union funds and, if relevant, the related State contribution it has received for its project part. The Lead Beneficiary shall assume the sole responsibility for the entire Projects towards the MA and fulfil all obligations arising from the Grant Contract of the approved project and is entitled to represent all Project Participants involved in the project towards MA/JTS/programme management bodies.

*In addition to the obligations set out in the Grant Contract the Lead Beneficiary is obliged, in particular:*

- a. to be responsible for the overall coordination, management and implementation of the entire Project
- b. to inform all Beneficiaries on the signature of the Grant Contract and provide all Beneficiaries with a copy thereof
- c. to implement the Project in compliance with requirements set in the Grant Contract
- d. to appoint a project manager for the overall project coordination
- e. to appoint a financial manager in charge of the overall project financial implementation ensuring a proper book keeping system, filing the original supporting documents.
- f. to appoint a communication manager in charge of the assurance of the visibility requirements, and the communication and capitalisation activities
- g. to set up a reliable internal control system, coordination system and audit trail, including mechanisms to avoid double financing
- h. to guarantee the legality and regularity of the funds allocated to the Project, in compliance with all the eligibility criteria
- i. to arrange the recovery of amounts unduly paid
- j. to ensure that the Beneficiaries receive the total amount of the Union contribution as quickly as possible and in full in accordance with the present Agreement
- k. to provide the co-financing to the ENI grant according with Article 3 of the Grant Contract
- l. to ensure that the expenditure presented by the Project Participants has been paid for the purpose of implementing the Project and corresponds to the activities agreed between the Project Participants
- m. to communicate with the JTS and report to it in time about any Project complications, changes of the activity or Beneficiaries and to notify the JTS/MA immediately of any event that could lead to a temporary or final termination or delay of the project activity as well as endanger/jeopardise the implementation of the Project
- n. to consult Beneficiaries regularly, keep them fully informed of the progress of the Project and about all essential issues connected to project implementation (e.g. about any variation of the conditions at



the basis of the present Agreement or about any modification that could influence the implementation of the Project, the information activity or the payment of financing) and notify them immediately of any event that could lead to a temporary or final termination or delay of the project activity as well as endanger/jeopardise the implementation of the Project

- o. to make any effort to contact the Beneficiaries in resolving the difficulties including seeking the assistance of the JTS/MA
- p. to ensure that all Beneficiaries are involved in the decision making regarding the Project, and especially agree with the Beneficiaries before submitting any request for reallocation between budget lines and for any amendment of the Grant Contract/Partnership Agreement to the JTS/MA
- q. to support the Beneficiaries in implementing their obligations by giving them the correct information, indications and clarifications on the procedures
- r. to have its expenditures incurred in the given reporting period, verified by the designated national controller (for Lead Beneficiary from one of the Member States) or accepted auditor (for Lead Beneficiary from Ukraine)
- s. to collect expenditure verification reports and submit those to the JTS in due time
- t. to provide help and support for the national controllers or the auditor in the preparation of the expenditure verification reports
- u. to be responsible for the submission of requests for payment to the JTS
- v. to draw up and present the consolidated interim and the consolidated final reports (hereinafter referred to as Project Interim Reports and Project Final Report) to the JTS as set in the Article 6 of the Grant Contract
- w. to report in accordance with the existing legislation and national guidelines if the project activities are State Aid relevant in accordance with EU legislation for beneficiaries located in the Member States and in accordance with Chapter 10 of the Association Agreement between the European Union and Ukraine for the Ukrainian beneficiaries
- x. to properly archive project documents for the period of five years from the date of payment of the balance of the Programme, as per Art. 70 of ENI CBC Implementing Rules
- y. to implement its individual part of the Project accordingly
- z. to enable the responsible bodies indicated in the grant contract to carry out their audit, control and monitoring / evaluation activities
- aa. to guarantee the systematic collection and the safe storage of all the documentation regarding project expenditure and activities
- bb. to keep a copy of all project documents prepared by the Project Participants or other bodies.





Each Beneficiary is directly and exclusively responsible to the Lead Beneficiary for the due implementation of its respective project part and for the proper fulfilment of its obligations as set out in the Partnership Agreement and in the Grant Application Form.

*In addition to the obligations set out in the Grant Contract each Beneficiary is obliged, in particular:*

- a) to implement its Project part in compliance with requirements set in the Grant Contract
- b) to provide the co-financing to the grant contribution
- c) to appoint a project manager who is responsible for its part of the project implementation
- d) to appoint a financial manager in charge of ensuring a proper book keeping system, filing the original invoices, ensuring adequate measures to avoid double financing etc.
- e) to set up effective, efficient and reliable management and control system and audit trail at a project Beneficiary level
- f) to ensure that the expenditure has been incurred for the purpose of implementing the project and correspond to the activities agreed by the Project Participants and described in the Grant Application Form
- g) to have its expenditures incurred in the given reporting period, verified by the designated national controller or auditor and to submit the expenditure verification report issued by national controllers (for the Member States) or the auditor (for Ukraine) to the Lead Beneficiary in due time
- h) without any delay to inform the Lead Beneficiary about any changes concerning the bank account to which the Union contribution of the Beneficiary shall be transferred
- i) to provide the help and support for the national controllers or the auditors in order to prepare the expenditure verification reports
- j) to submit to the Lead Beneficiary the Beneficiary level interim and final reports
- k) without any delay to provide the Lead Beneficiary with any information needed to draw up Project interim and final reports
- l) to guarantee the systematic and safe collection of all the documentation regarding its part of project expenditure and its transmission to the Lead Beneficiary, as well as to guarantee the access to documents to all the representatives of the institutions in charge of verifications and to the bodies authorised to monitor or audit the Project;
- m) to report to the Lead Beneficiary in accordance with the existing legislation and national guidelines if the project activities are State Aid relevant in accordance with EU legislation for beneficiaries located in the Member States and in accordance with Chapter 10



- of the Association Agreement between the European Union and Ukraine for the Ukrainian beneficiaries
- n) to guarantee the legality and regularity of the funds allocated to the part of the Project implemented under its own responsibility, in compliance with all the eligibility criteria
  - o) to repay the amounts unduly paid to the Lead Beneficiary, if so requested by the MA/JTS
  - p) to react promptly to any request of the Lead Beneficiary or MA/JTS in particular for what concerns requests related to the coordination and implementation of the project
  - q) to notify the Lead Beneficiary immediately of any event that could lead to a termination or temporary delay of the project activity as well as endanger/jeopardise the implementation of the Project
  - r) to ensure that all information to be provided and requests made to the MA/JTS are sent via the Lead Beneficiary
  - s) to properly archive project documents for the period of five years from the date of payment of the balance of the Programme, as per Art. 70 of ENI CBC Implementing Rules

The breach of the obligations of the Agreement by one of the Beneficiaries may lead to an early termination of its participation in the Project. Should a Project Participant not fulfil its obligations under this Agreement in due time, the Lead Beneficiary shall admonish the Beneficiary to fulfil them within a reasonable period of time. The Project Participants undertake to find a rapid and efficient solution. Should the non-fulfilment continue, the Lead Beneficiary may decide to terminate the Beneficiary concerned from the Project. This termination has to be decided by consensus by all the other Beneficiaries in a documented manner. The Lead Beneficiary shall communicate to the MA/JTS the reasons for the proposed termination of one of the Beneficiary's participation and the date on which the termination shall take effect, as well as a proposal on the reallocation of the tasks of the Beneficiary whose participation is terminated provided that the eligibility rules of the Call for Proposal are kept with the remaining Beneficiaries, or on its possible replacement with the involvement of a new Beneficiary. Such proposal shall be endorsed by the Joint Monitoring Committee. If the JMC agrees with the termination and with the proposed changes in the partnership, the Grant Contract shall be amended accordingly.

#### **4. Duration of Agreement**

The Agreement is valid from the date of signature by all Parties and enters into force from the day the Grant Contract between the MA and the Lead Beneficiary enters into force. It shall remain in force until the Lead Beneficiary has discharged in full its obligations arising from the Grant Contract towards the MA, including the period of availability of documents for financial controls.



This Agreement shall also remain in force if there is any non-resolved dispute among the Parties at an out-of-court arbitration body.

In case the Grant Contract terminates, the present Agreement remains valid until the end of the availability of documents for financial controls.

## **5. Results**

All the Parties shall adhere to the set numbers of the activities and action plan, so that the planned results and related indicators are achieved, as detailed in the Grant Application Form.

## **6. Amendment of the activities, action plan, results and indicators**

If for some reasons one of the Project Participants cannot implement one of the defined activities or deviation from the approved action plan is unavoidable with the necessary changes in the set of indicators, the Lead Beneficiary has to inform the MA/JTS in writing about the difficulties raised and shall request the possible modification accordingly.

Where the amendment does not affect the basic purpose of the Project, the Lead Beneficiary may amend the Description of the Project and shall inform the JTS accordingly. Such amendments shall be collected during the concerned reporting period in form of a 'request for modification(s)' by the Lead Beneficiary and submitted for approval to the Joint Technical Secretariat favourably at the end of the reporting period but in the report at the latest.

Where the level of amendment requires prior approval, the Lead Beneficiary shall submit a duly justified request to the JTS thirty days before the date on which the amendment should enter into force, unless there are special circumstances duly substantiated and accepted by the JTS. Upon approval, such amendment will be embodied in form of an Addendum to the Grant Contract.

The Lead Beneficiary shall obtain the written prior agreement of all the Beneficiaries for any amendment before applying to the MA/JTS with the request. The amendment may not have the purpose or the effect of making changes to the Grant Contract and Grant Application Form that would call into question the grant award decision or be contrary to the equal treatment of applicants.

## **7. Management of the project**

Project preparation and implementation is completed by a joint project management team made up of partnering hospitals' staff.



**Project Manager**, (1 person project level): responsible for directing and controlling of the management and contractor/supplier activities on behalf of the partners' legal representatives, preparation of certificate of performance for approval and validation, implementation within deadline and budget, preparation of Progress Reports.

**Project Manager** (1 person per partner on project component level, in total 2 persons): responsible for the same issues listed up above (relevant to project component level activities), obliged to report to the project level Project Manager.

**Medical professional implementers** (in total 12 persons): plans, organises and controls the completion of medical and other professional activities at project component level during the project implementation process; ensures the preparation of the medical and other professional part of the Progress Reports.

Directly reports to the project level Project Manager.

**Financial Manager**, (1 person on project level and 1 per partner, in total 3 persons): responsible for the implementation of the financial plan of the project and the answering of any financial questions raised during the implementation of the development. Preparation of the financial part of the Progress Reports, directly reports to the project level Project Manager.

**Project communication manager** activities are coordinated at project level as well.

## **8. Changes in the project partnership**

Being aware of the fact that all changes in the project partnership need prior approval of the Joint Monitoring Committee and that the Grant Contract shall terminate if the number of Beneficiaries falls below the minimum number of participants, the Project Participants agree not to back out of the Project unless there are unavoidable reasons for it.

In case one of the Project Participants withdraws from the Project or its participation is terminated from it (the process is detailed under Article 3), the remaining Project Participants shall undertake to find a rapid and efficient solution to ensure further proper project implementation without any delay. Consequently, the Project Participants shall endeavour to cover the contribution of the withdrawing Project Participant, either by completing its tasks by one or more of the remaining Project Participants or by involving a new potential Beneficiary to join the project partnership, taking into account the relevant programme provisions.

In case of legal succession, e.g. when the Beneficiary changes its legal form, the Beneficiary is obliged to transfer all duties under this Agreement to the legal successor. The Beneficiary shall notify the Lead Beneficiary in written form within 5 days. The Lead Beneficiary shall notify the JTS according to the provisions set out in the Grant Contract.





The Lead Beneficiary shall inform the MA/JTS as soon as changes in the project partnership are foreseeable. The changes in the partnership enter into force only after approval by the Joint Monitoring Committee.

The Beneficiary whose participation in the Project was terminated or the one who backed out of the Project will be obliged by the present Agreement for its whole duration with regard to the activities carried out and expenditure incurred until the moment when the termination took effect or when the Beneficiary withdrew from the Project. The provisions set for document keeping, recoveries and financial controls and audits remain applicable to them.

## **9. Liability**

The Project Participants agree that one Party cannot under any circumstances or for any reason whatsoever be held liable for damage or injury sustained by the staff or property of the other Party while the Project is being carried out or as a consequence of the Project.

The Project Participants agree that they shall assume sole liability towards third parties, including liability for damage or injury of any kind sustained by them while the part of the Project implemented under their own responsibility is being carried out or as a consequence of that part of the Project.

## **10. Sub-contracting**

The Project Participants may subcontract a limited portion of the Project.

In the case in which one of the Beneficiaries sign agreements/contracts with subcontractors for a partial execution of their part of the Project, Beneficiary will continue to be responsible towards the Lead Beneficiary for all the obligations arising from the present Agreement.

If the implementation of a project requires procurement of goods, works or services by a Beneficiary, the following rules shall apply:

where the Beneficiary is a contracting authority or a contracting entity within the meaning of the Union legislation applicable to procurement procedures, it may apply national laws, regulations and administrative provisions adopted in connection with Union legislation.

In all other cases the applicable rules are set out in Art. 52 paragraph 2 and Articles 53 to 56 of ENI CBC Implementing Rules, as well as any specific instructions defined in the Guidelines for Applicants and the Project Implementation Manual.



## **11. Financing of the Projects**

The financing of the Project will be performed in accordance with the Article 3 of the Grant Contract.

The total eligible cost of the Project is estimated at **1 109 776,38** Euro, as set out in the Budget of the Project, annexed to the Grant Contract. The maximum ENI grant is estimated at **998 798,74** Euro, equivalent to 90% of the estimated total eligible cost of the Project.

Separate Beneficiary level budget for the part of the Project implemented under each Beneficiary's own responsibility should be filled in and annexed to the present Agreement. Beneficiary level budgets should be annexed in as many tables as the number of the Project Participants (including the Lead Beneficiary), conforming to Annex II of the Grant Contract (Budget of the project indicated per beneficiary including ENI share in amount and in percentage).

## **12. Co-financing of the Projects**

The Project Participants shall co-finance the ENI grant contribution according to the requirements of the Grant Contract.

The Lead Beneficiary undertakes to co-finance the implementation of the Project with **37 034,88** Euro (State contribution: 37 034,88 Euro, Own contribution: 0 Euro).

The Beneficiary <sup>1</sup> undertakes to co-finance the implementation of the Project with **36 875,14** Euro. (State contribution: 0 Euro, Own contribution: 36 875,14 Euro).

The Beneficiary <sup>2</sup> undertakes to co-finance the implementation of the Project with **37 067,62** Euro. (State contribution: 0 Euro, Own contribution: 37 067,62 Euro).

Failure to respect this clause may cause penalties correspondent to the caused damage or even a project termination and recovery.

Project Participants shall follow the applicable State Aid rules.

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<sup>1</sup> Put as many rows as needed

<sup>2</sup> Put as many rows as needed



### 13. Payment

All Union contributions for implementation of the Project will be transferred to the bank account of the Lead Beneficiary defined in the Financial Identification Form (Annex 2 to this Agreement). All the payments in the frame of Project will be made by the Lead Beneficiary from this bank account in Euro.

Any changes of the bank account data by the Beneficiary must be reported to the Lead Beneficiary as soon as possible.

The Lead Beneficiary shall be responsible for the administrative and financial management of the funds.

The Lead Beneficiary takes responsibility for distributing the Union funds between the Project Participants as the pre-financing payments and in accordance with their verified expenditures incurred for project actions and payment requests. The fund will be distributed by means of the transfer within 10 working days without delay as from the date of receipt of the instalment of Grant, proportionally to each Beneficiary's contribution to the Project unless justified, without making any deduction, retention or further specific charge, and shall submit the proof of transfer to MA/JTS within 10 working days.

Legal Entity Form per each Beneficiary (conforming to the model provided in the Application Package and Annex 1 to the present Agreement) contains details of the bank accounts to which the ENI share of the Beneficiaries shall be transferred by the Lead Beneficiary. If the total verified accepted eligible costs of the part of the Project implemented under the Beneficiary's responsibility at the end of the Project are less than the estimated cost, the Beneficiary shall be limited to the amount approved by the MA for the respective part of the Project.

Any interest accruing from pre-financing paid by the Lead Beneficiary to the Partners shall be mentioned in the final report. Any interest or equivalent benefits from the pre-financing paid by the MA to the Lead Beneficiary and transferred to the project Beneficiaries will not be due to the MA and shall be used by each Beneficiary for the project activities. However, for the purpose of monitoring, the interest obtained will need to be stated in the final reports.

Revenues generated by the project are monitored throughout the whole project life cycle in narrative and financial reports. The revenues to be potentially generated within the project implementation may constitute the Lead Beneficiary's or the Beneficiaries co-financing (at least 10% of the project) if they have been predicted in the project budget. Any revenues above the threshold of the Lead Beneficiary's and Beneficiaries' co-financing shall be deducted from the reported eligible expenditures in the final payment claim submitted by the Lead Beneficiary.



Other specific cases and definitions are set in the Article 10 "Financial provisions" of the Grant Contract and in the Project Implementation Manual.

#### **14. Budget and eligible expenditures**

The Lead Beneficiary is the sole responsible party to the MA/JTS for the budgetary and financial management of the Project.

The Project Participants commit themselves to respect the budget breakdown as set in the Annex II of the Grant Contract (Budget of the project) and the Beneficiary level budgets annexed to the present Agreement and shall implement the project according to the budget reported.

The Lead Beneficiary must ensure the correctness of the accounting, financial reports and documents drawn up by the Beneficiaries regarding the budget. The Lead Beneficiary may request further information, documentation and evidence from the Beneficiaries to that effect. Each Beneficiary shall be held responsible for financial implementation of its part of the budget assigned for the Project.

Any amendment of the project budget shall be performed by the Lead Beneficiary according to Article 16 of the Grant Contract and under the prior agreement of the Beneficiaries. Provisions set out in Article 6 "Amendment of the activities, action plan, results and indicators" of present Agreement applies for the amendment of the budget as well.

Each Beneficiary is committed to keep accounts solely used for the Project budget, following the requirements indicated in the grant contract.

The accounts shall provide total expenses related to the budget operation in national currency and translated into Euro for reporting following the method stipulated in the Grant Contract.

The Project Participants commit themselves to respect all the eligible criteria.

#### **15. Monitoring**

The Lead Beneficiary has overall responsibility for monitoring the actions undertaken by the Beneficiaries on an on-going basis, aiming at the achievement of the results and measured by the related indicators.

The Lead Beneficiary is obliged to promptly inform the MA/JTS and to provide it with all necessary details in case of any events that could jeopardize the implementation of the Project or the achievement of the planned results.





## 16. Reporting

The Lead Beneficiary can submit a Request for Payment to the JTS only by providing proof of progress of the Project. Therefore, in order to provide adequate information on the progress of the Project, each Beneficiary has to submit an Interim Report to the Lead Beneficiary consisting of a narrative part describing the activities carried out with their outputs and results during the reporting period and a financial part presenting the financial progress of the Project part implemented under his own responsibility, compared to the approved Grant Application Form.

The Beneficiary level interim report shall consist of a narrative part and a financial part shall conform to the template as published by the Programme and shall cover every 24 months of the implementation period of the Project.

The Beneficiary level final report consisting of a narrative part and a financial part shall conform to the template as published by the Programme.

The proofs of the transfers of ownership referred to Article 19 "Ownership/use of results" are to be annexed to the final report.

The Beneficiaries have to respect the reporting deadlines of the Grant Contract and have to submit their Interim/Final Reports and Expenditure Verification Reports for the part of the Project implemented under its own responsibility to the Lead Beneficiary in due time, until until 10 days before the reporting date].

The Expenditure Verification Report shall be issued by a national controller (in case of Beneficiary from a Member State) or by an approved independent auditor (in case of Beneficiary from Ukraine). For verification of expenditures Ukrainian Beneficiaries have to choose pre-select independent external auditor from the list of auditors approved by the Ministry of Finance of Ukraine from 14 March, 2019 No 111.

An Expenditure Verification Report shall be attached to:

- any interim report
- the final report.

Having collected all the Beneficiary level interim reports and Expenditure Verification Reports, the Lead Beneficiary prepares and then submit the Project Interim Report to the JTS accompanied by a request for further pre-financing payments and all the connected Beneficiary level interim reports and Expenditure verification Reports. The same procedure applies for the Final Report with exception to the request for further pre-financing payments.

The Reports shall be drafted in English language and should be drawn up in Euro. The Beneficiaries shall convert into Euro the amounts of expenditure in the



list of expenditure incurred in national currency before submission for verification to the responsible controller or auditor. The expenditures shall be converted as described in the Grant Contract. The exchange rate risk is borne by the Beneficiary concerned.

If a Beneficiary fail to supply the Lead Beneficiary with any of the Reports by the deadline set above, it has to represent sufficient written explanation of the reasons why it is unable to comply with this obligation.

Failure to respect this timing may cause penalties correspondent to the caused damage or the suspension of any further transfer of resources from the Lead Beneficiary to the Beneficiary(ies).

Each Beneficiary is obliged to supply the Lead Beneficiary with all information that is needed for the preparation of the Project Reports and for any other specific documentation that might be requested.

The Lead Beneficiary shall keep the Beneficiary(ies) informed on a regular basis about all relevant communication with the MA/JTS regarding the approval of the Reports and about all other essential issues connected to the Project implementation.

## **17. Financial control and audit requirements**

The Lead Beneficiary shall perform the verification of expenditure as laid down in Article 6.7 of the Grant Contract.

The requirement of the Article 6.7 of the Grant Contract will be extended to all Beneficiaries independently of the amount granted.

The Lead Beneficiary will receive Beneficiaries' expenditure verification coming from either an accredited and approved auditor in the case of Ukrainian Beneficiaries or from national controllers in the case of Beneficiaries coming from Member States. The received expenditure verification reports attached to the individual (Beneficiary level) reports will be submitted by the Lead Beneficiary to the JTS, together with the Project report accompanied by a request for further pre-financing payment in case of interim reports.

The information concerning the reality and validity of actions and expenses eligible for funding provided by each Beneficiary shall engage only his responsibility.

The Project Participants take all the necessary arrangements to assure that the foreseen verification will be carried out and provide the national controllers/auditors of any requested information on the project, giving them



access to the accounting books, supporting documents and other documentation related to the project, including site visits for the equipment, works and infrastructure.

The coverage rate for the expenditure to be verified shall be defined in the published Terms of Reference, in accordance with applicable national legislation and international standards.

### **18. Recovery**

The Lead Beneficiary shall be responsible for the recovery of any unjustified or ineligible expenditure and for the reimbursement to the MA of its share or amounts recovered according to the Article 14 of the Grant Contract.

Where ineligible expenditure already covered by a payment is identified on receipt of the final report for a contract or following a control or an audit, the Lead Beneficiary shall make out the recovery to the Beneficiaries (or the Subcontractors) concerned. The Beneficiaries (or Subcontractors) will reimburse such funds to the Lead Beneficiary on the base of the recovery orders.

The Beneficiary whose participation in the Project was terminated is obliged to refund to the Lead Beneficiary any ineligible funds and any damage to the remaining Project Participants.

Project Participants recognize the right of the MA to directly request from them the recovery of any amount claimable for which they are responsible. Likewise, and in case the MA is unable to recover the debt within one year of issuing the recovery order, all Project Participants further recognize the right of the national authorities of the country to which they belong to directly claim from them the recovery of any amount claimable for which they are responsible, including by offsetting of any Union contribution from any financial instrument. They also accept the right of the European Commission to directly claim the recovery by the same means.

### **19. Ownership/use of results**

The issues of the ownership are regulated by Article 12 "Ownership/use of results and assets" of the Grant Contract.

The Project Participants agree that owners of the investments are the following:  
- Szabolcs-Szatmár-Bereg County Hospitals and University Hospital is the owner of the equipment and supplies: mass spectrograph 1 pc, water treatment



equipment 1 pc, water treatment equipment 1 pc, reagents, auxiliary materials according to budget of Lead Beneficiary <sup>3</sup>

- Regional Children's Hospital is the owner of the Laboratory equipment, Laboratory, Equipment for an intensive care room according to budget of Beneficiary 1

- Regional Clinical Infectious Hospital is the owner of the Installation for disinfection of sewage system according to budget of Beneficiary 2

The Project Participants agree that owners of the Project outputs/deliverables are the following:

- Szabolcs-Szatmár-Bereg County Hospitals and University Hospital is the owner of the 3 pieces equipment and supplies

- Regional Children's Hospital is the owner of the 21 pieces Laboratory equipment and other supplies and reconstruction,

- Regional Clinical Infectious Hospital is the owner of the 1 piece equipment and reconstruction

The copies of the proofs of transfers (if any) will be attached to the Final Reports as set in the article "Reporting".

As to the sustainability of project results after the end of the implementation period, further as to the steps to be taken after project closure, the Project Participants agree on the following activities and designate the following rights and duties within the project partnership:

a) Szabolcs-Szatmár-Bereg County Hospitals and University Hospital (Lead Beneficiary)

After the project's implementation all equipment, purchased during the project implementation will belong to the laboratorial unit of SZSZBMK (Nyíregyháza, Fehérgyarmat, Vásárosnamény Hungary). Material and technical basis of laboratory will be used for many years by institution for the effective diagnosis and, consequently, quality health care to infectious patients. Medical staff of bacteriological laboratory of the hospital in border territories will further work using the equipment and acquired skills and knowledge during the project. During the five-year-long sustainability period following project closure partners will not make decisions that would harm the original nature, objectives or implementation conditions or would result in undermining the project's original objectives, in accordance with article 39.3 of ENI CBC IR;

b) Regional Children's Hospital (Project Beneficiary 1)

After the project's implementation all equipment, purchased during the project implementation will belong to the laboratorial unit of Regional Children's Hospital (Mukachevo, Ukraine). Material and technical basis of laboratory will be used for many years by institution for the effective diagnosis and, consequently, quality health care to infectious patients. During the five-year-long sustainability period

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<sup>3</sup> Put as many rows as needed





following project closure partners will not make decisions that would harm the original nature, objectives or implementation conditions or would result in undermining the project's original objectives, in accordance with article 39.3 of ENI CBC IR.

After the project's implementation all built infrastructure components finished during the project implementation will belong to the laboratorial unit of RCH (Mukachevo, Ukraine). Material and technical basis of modernized premises will be used for many years by institution for the effective diagnosis and, consequently, quality health care to infectious patients. Medical staff of bacteriological laboratory of the hospital in border territories will further work attending the built infrastructure and acquired skills and knowledge during the project;

c) Regional Clinical Infectious Hospital (Project Beneficiary 2)

After the project's implementation all built infrastructure components finished during the project implementation will belong to the laboratorial unit of RCIH (Uzhhorod, Ukraine). Material and technical basis of modernized premises will be used for many years by institution for the effective diagnosis and, consequently, quality health care to infectious patients. Medical staff of bacteriological laboratory of the hospital in border territories will further work attending the built infrastructure and acquired skills and knowledge during the project. During the five-year-long sustainability period following project closure partners will not make decisions that would harm the original nature, objectives or implementation conditions or would result in undermining the project's original objectives, in accordance with article 39.3 of ENI CBC IR.

Institutional and professional sustainability aspects:

1. Partnership: a network of three infectious medical institutions in the border regions involved in the project.
2. Best available technologies: after implementation the latest methods of bacteriological diagnosis will be introduced and implemented, newly built or modernized premises of bacteriological laboratory.
3. Treatment of children with infectious diseases in RCH will be held in renovated premises and modern equipped ward of intensive care.
4. Sewage water disinfection facilities of infectious unit of Ukrainian partners will be further fully functioning.

In connection to the revenues generated after project closure, the Project Participants agree on the following rules: after project closure there could not be revenues by the partners.

Taking into account the provisions of Article 39 point 3 of ENI CBC Implementing Rules, any project including an infrastructure component shall repay the Union contribution if, within five years of the project closure or within the period of time set out in state aid rules, where applicable, it is subject to a substantial change affecting its nature, objectives or implementation conditions which would result in



undermining its original objectives. Sums unduly paid in respect of the project shall be recovered by the MA in proportion to the period for which the requirement has not been fulfilled. Therefore, owners of an infrastructure component shall not substantially modify their respective project parts affecting its nature, objectives or its implementation conditions.

## **20. Communication, publicity and projects results**

1. Any publicity measure undertaken by any of the Project Participants shall be conducted in accordance with the Article 19 of the Grant Contract and with any other provisions of the Hungary-Slovakia-Romania-Ukraine ENI Cross-border Cooperation Programme 2014-2020.
2. Information and publicity measures shall be co-ordinated among the Project Participants. Each Project Participant is equally responsible for promoting the fact that financing for the Project is provided from Union contribution within the framework of the Hungary-Slovakia-Romania-Ukraine ENI Cross-border Cooperation Programme 2014-2020 and is responsible for ensuring the adequate promotion of the Project.
3. The Project Participants take note of the fact that the results of the Project as well as any study or analysis produced in the course of the Project can be made available to the public and they agree that the results of the Project shall be available for all Project Participants and for the public free of charge.
4. The Project Participants agree that the Lead Beneficiary may provide the MA/JTS or other programme management bodies to publish, in whatever form, unrestricted as far as data protection is concerned, and on or by whatever medium, with the following information:
  - title of the Project;
  - the name of the Lead Beneficiary and the other Beneficiaries;
  - the amount granted and the EU co-financing rate;
  - the purpose of the contribution (i.e. the overall objective of the Project);
  - the geographical location of the Project;
  - project results, evaluations, summaries;
  - any other information about the Project if considered relevant.

## **21. Amendments of the Agreement**

Any amendments to this Agreement shall be in writing and shall be signed by all Parties and only after prior approval of the MA/JTS.

No amendments should be done retroactively.



## **22. Dispute settlement**

The Parties shall do everything possible to settle amicably any dispute arising between them during implementation of the Project. To that end, they shall communicate their positions and any solution that they consider possible in writing and meet each other at either's request.

The Lead Beneficiary shall inform the MA/JTS of any unsolved disputes arising during the project implementation.

This Agreement is governed by the law of Hungary, being the law of the Lead Beneficiary. Disputes will be settled by the Hungarian Court of justice. If there is a discrepancy between the English and the Hungarian version of this Agreement, the Hungarian version shall prevail.

## **23. Compliance**

This Agreement is in compliance with ENI Grant Contract and other Call for proposals documents. In case of contradictions between the text of the Agreement and the Grant Contract, the provisions of the latter prevail. The Agreement has to be signed by the Lead Beneficiary and Beneficiaries before the signature of the Grant Contract. Present Agreement is integral part of the Grant Contract and its annexes.

## **24. Transparency**

The Lead Beneficiary has to secure the circulation of information received from the MA/JTS to all Beneficiaries and vice versa. The lead beneficiary is a transparent organization by law.

## **25. Confidentiality**

The principle of the confidentiality will be kept by the Project Participants according to Article 9 of the Grant Contract.

## **26. Working language**

The working language of the project partnership shall be English as defined in the Section 8 of the Joint Operational Programme Document. Present Agreement is concluded in English. In case of translation of this Agreement to another language the English version will be the binding one.



[number of Parties signing the Partnership Agreement + 3] 6 original copies will be made of this Agreement of which each Party keeps one original, while three originals are attached to the Grant Contracts.

Name of the Lead Beneficiary:	Szabolcs-Szatmár-Bereg County Hospitals and University Hospital
Name and title of legal representative:	Tamás Gusztáv dr. Adorján director-general Zita dr. Szondi deputy director-general
Place, date and stamp:	Szabolcs-Szatmár-Bereg Megyei Kórház és Egyetemi Oktatókórház helyettes igazgatója, Szent István u. 68. 4400 Nyíregyháza Pf. 46.
Signature	
Name of the Beneficiary 1:	Обласна дитяча лікарня Regional Children's Hospital
Name and title of legal representative:	Roman Shnitsar head of the hospital
Place, date and stamp:	Обласна дитяча лікарня, Сент Ісван út 68. 4400 Nyíregyháza, 2019.07.03
Signature	
Name of the Beneficiary 2:	Обласна клінічна інфекційна лікарня Regional Clinical Infectious Hospital
Name and title of legal representative:	Mykhailo Poliak head of the hospital
Place, date and stamp:	Обласна клінічна інфекційна лікарня, Сент Ісван út 68. 4400 Nyíregyháza, 2019.07.03
Signature	

#### ANNEXES:

Annex 1. Legal Entity Form of each Beneficiary <sup>4</sup>

Annex 2. Financial Identification Form

Annex 3. Budget of the Project (Annex II of the Grant Contract)

Szakmai ellenjegyző: 

2019 -07- 03

Pénzügyi ellenjegyző: 

2019 -07- 03

Jogi véleményező: 

<sup>4</sup> Attach as many Legal Entity Form as the number of Beneficiaries







## LEGAL ENTITY

PRIVACY STATEMENT

[http://ec.europa.eu/budget/library/contracts\\_grants/info\\_contracts/privacy\\_statement\\_en.pdf](http://ec.europa.eu/budget/library/contracts_grants/info_contracts/privacy_statement_en.pdf)

Please use CAPITAL LETTERS and LATIN CHARACTERS when filling in the form.

### PUBLIC LAW BODY ①

OFFICIAL NAME ②	SZABOLCS-SZATMÁR-BEREG MEGYEI KÓRHÁZAK ÉS EGYETEMI OKTATÓKÓRHÁZ				
	SZABOLCS-SZATMÁR-BEREG COUNTY HOSPITALS AND UNIVERSITY HOSPITAL				
ABBREVIATION	SZSZBMK				
MAIN REGISTRATION NUMBER ③	813749				
SECONDARY REGISTRATION NUMBER (if applicable)	15813743-8610-312-15				
PLACE OF MAIN REGISTRATION	CITY	NYÍREGYHÁZA	COUNTRY	HUNGARY	
DATE OF MAIN REGISTRATION	29	03	2013		
	DD	MM	YYYY		
VAT NUMBER	15813743-2-15				
OFFICIAL ADDRESS	SZENT ISTVÁN				
	STREET 68.				
POSTCODE	4400	P.O. BOX	46.	CITY	NYÍREGYHÁZA
COUNTRY	HUNGARY		PHONE	+36 42 599 700	
E-MAIL	dr.adorjan.gusztav@szszbmk.hu				

DATE 2/07/2019

SIGNATURE OF AUTHORISED REPRESENTATIVE

STAMP

Szabolcs-Szatmár-Bereg Megyei  
Kórházak és Egyetemi Oktatókórház  
4400 Nyíregyháza, Szent István út 68.  
Főigazgató  
Adószám: 15813743-2-15

PLEASE COMPLETE AND SIGN THIS FORM AND ATTACH COPIES OF OFFICIAL SUPPORTING DOCUMENTS (RESOLUTION, LAW, REGISTER(S) OF COMPANIES, OFFICIAL GAZETTE, VAT REGISTRATION, ETC.)

- ① Public law body WITH LEGAL PERSONALITY, meaning a public entity being able to represent itself and act in its own name, i.e. being capable of suing or being sued, acquiring and disposing of property, entering into contracts. This legal status is confirmed by the official legal act establishing the entity (a law, a decree, etc.).
- ② National denomination and its translation in EN or FR if existing.
- ③ Registration number in the national register of the entity.





## LEGAL ENTITY

PRIVACY STATEMENT

[http://ec.europa.eu/budget/library/contracts\\_grants/info\\_contracts/privacy\\_statement\\_en.pdf](http://ec.europa.eu/budget/library/contracts_grants/info_contracts/privacy_statement_en.pdf)

Please use CAPITAL LETTERS and LATIN CHARACTERS when filling in the form.

### PUBLIC LAW BODY ①

OFFICIAL NAME ②	OBLASNA DYTIACHA LIKARNIA				
	REGIONAL CHILDREN'S HOSPITAL				
ABBREVIATION	RCH				
MAIN REGISTRATION NUMBER ③	O1992268				
SECONDARY REGISTRATION NUMBER (if applicable)	86.10				
PLACE OF MAIN REGISTRATION	CITY	MUKACHEVO	COUNTRY	UKRAINE	
DATE OF MAIN REGISTRATION	25	02	1950		
	DD	MM	YYYY		
VAT NUMBER	O1992268				
OFFICIAL ADDRESS	39, FRANCO				
	STREET				
POSTCODE	86000	P.O. BOX		CITY	MUKACHEVO
COUNTRY	UKRAINE		PHONE	380313134179	
E-MAIL	info@zakodl.in.ua				

DATE

09.04.19

SIGNATURE OF AUTHORISED REPRESENTATIVE

STAMP



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- ② National denomination and its translation in EN or FR if existing.
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## LEGAL ENTITY

PRIVACY STATEMENT

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Please use CAPITAL LETTERS and LATIN CHARACTERS when filling in the form.

### PUBLIC LAW BODY ①

OFFICIAL NAME ②	OBLASNA KLINICHNA INFEKCIJNA LIKARNIA				
	REGIONAL CLINICAL INFECTIOUS HOSPITAL				
ABBREVIATION	RCIH				
MAIN REGISTRATION NUMBER ③	26464978				
SECONDARY REGISTRATION NUMBER (if applicable)	86.10				
PLACE OF MAIN REGISTRATION	CITY	UZHGOROD	COUNTRY	UKRAINE	
DATE OF MAIN REGISTRATION	DD	MM	YYYY		
	16	12	2003		
VAT NUMBER	26464978				
OFFICIAL ADDRESS	GRIBOYEDOVA				
	STREET				
POSTCODE	88017	P.O. BOX		CITY	UZHGOROD
COUNTRY	UKRAINE		PHONE		
E-MAIL	tesimokil@gmail.com				

DATE

SIGNATURE OF AUTHORISED REPRESENTATIVE

STAMP



PLEASE COMPLETE AND SIGN THIS FORM AND ATTACH COPIES OF OFFICIAL SUPPORTING DOCUMENTS (RESOLUTION, LAW, REGISTER(S) OF COMPANIES, OFFICIAL GAZETTE, VAT REGISTRATION, ETC.)

- ① Public law body WITH LEGAL PERSONALITY, meaning a public entity being able to represent itself and act in its own name, i.e. being capable of suing or being sued, acquiring and disposing of property, entering into contracts. This legal status is confirmed by the official legal act establishing the entity (a law, a decree, etc.).
- ② National denomination and its translation in EN or FR if existing.
- ③ Registration number in the national register of the entity.





## FINANCIAL IDENTIFICATION

PRIVACY STATEMENT

[http://ec.europa.eu/budget/contracts\\_grants/info\\_contracts/financial\\_id/financial\\_id\\_en.cfm#en](http://ec.europa.eu/budget/contracts_grants/info_contracts/financial_id/financial_id_en.cfm#en)

Please use CAPITAL LETTERS and LATIN CHARACTERS when filling in the form.

### BANKING DETAILS ①

ACCOUNT NAME ② REGIONAL CHILDREN OF THE HOSPITAL  
IBAN/ACCOUNT NUMBER ③ UA293003460000026006025442001  
CURRENCY 978  
BIC/SWIFT CODE ALFAUAUK BRANCH CODE ④  
BANK NAME JSC "ALFA-BANK"

### ADDRESS OF BANK BRANCH

STREET & NUMBER Vasylykivska  
100  
TOWN/CITY KYIV POSTCODE 03150  
COUNTRY UKRAINE

### ACCOUNT HOLDER'S DATA

AS DECLARED TO THE BANK

ACCOUNT HOLDER REGIONAL CHILDREN OF THE HOSPITAL  
STREET & NUMBER IVANA FRANKA  
39  
TOWN/CITY MUKACHEVO POSTCODE 89600  
COUNTRY UKRAINE

REMARK

BANK STAMP + SIGNATURE OF BANK REPRESENTATIVE ⑤



DATE (Obligatory)

2019-07-03

SIGNATURE OF ACCOUNT HOLDER (Obligatory)

- ① Enter the final bank data and not the data of the intermediary bank.
- ② This does not refer to the type of account. The account name is usually the one of the account holder. However, the account holder may have chosen to give a different name to its bank account.
- ③ Fill in the IBAN Code (International Bank Account Number) if it exists in the country where your bank is established
- ④ Only applicable for US (ABA code), for AU/NZ (BSB code) and for CA (Transit code). Does not apply for other countries.
- ⑤ It is preferable to attach a copy of RECENT bank statement. Please note that the bank statement has to confirm all the information listed above under 'ACCOUNT NAME', 'ACCOUNT NUMBER/IBAN' and 'BANK NAME'. With an attached statement, the stamp of the bank and the signature of the bank's representative are not required. The signature of the account-holder and the date are ALWAYS mandatory.







## FINANCIAL IDENTIFICATION

PRIVACY STATEMENT

[http://ec.europa.eu/budget/contracts\\_grants/info\\_contracts/financial\\_id/financial\\_id\\_en.cfm#en](http://ec.europa.eu/budget/contracts_grants/info_contracts/financial_id/financial_id_en.cfm#en)

Please use CAPITAL LETTERS and LATIN CHARACTERS when filling in the form.

### BANKING DETAILS ①

ACCOUNT NAME ②	REGIONAL CLINICAL INFECTIOUS HOSPITAL		
IBAN/ACCOUNT NUMBER ③	UA123223130000026002000037766		
CURRENCY	978 Euro		
BIC/SWIFT CODE	EXBSUAUX UZH	BRANCH CODE ④	
BANK NAME	THE STATE EXPORT-IMPORT BANK OF UKRAINE		
ADDRESS OF BANK BRANCH			
STREET & NUMBER	Zhupanatska sq., 1		
TOWN/CITY	Uzhgorod	POSTCODE	88000
COUNTRY	Ukraine		

### ACCOUNT HOLDER'S DATA

AS DECLARED TO THE BANK

ACCOUNT HOLDER	REGIONAL CLINICAL INFECTIOUS HOSPITAL		
STREET & NUMBER	Griboyedova str., 20A		
TOWN/CITY	Uzhgorod	POSTCODE	88017
COUNTRY	Ukraine		

REMARK

BANK STAMP - SIGNATURE OF BANK REPRESENTATIVE ⑤

DATE 09/07/2019



SIGNATURE OF ACCOUNT HOLDER (Obligatory)

Poliak Mykhailo



- ① Enter the final bank data and not the data of the intermediary bank.
- ② This does not refer to the type of account. The account name is usually the one of the account holder. However, the account holder may have chosen to give a different name to its bank account.
- ③ Fill in the IBAN Code (International Bank Account Number) if it exists in the country where your bank is established
- ④ Only applicable for US (ABA code), for AU/NZ (BSB code) and for CA (Transit code). Does not apply for other countries.
- ⑤ It is preferable to attach a copy of RECENT bank statement. Please note that the bank statement has to confirm all the information listed above under 'ACCOUNT NAME', 'ACCOUNT NUMBER/IBAN' and 'BANK NAME'. With an attached statement, the stamp of the bank and the signature of the bank's representative are not required. The signature of the account-holder and the date are ALWAYS mandatory.

