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TENDER SPECIFICATIONS ATTACHED TO THE INVITATION TO TENDER

Call for Tenders Chafea/2017/Health/32

concerning the support for Member States in mainstreaming health promotion and disease prevention including lifestyle medicine in health and educational settings (mapping of health professionals' education in the EU, organisation of an EU workshop and an international conference)

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1. INFORMATION ON TENDERING

1.1. Purpose and context of the contract

Background

This action aims to communicate the potential of health promotion and disease prevention - including lifestyle medicine - and health determinants in the Member States and to increase awareness and the commitment of public health and other relevant authorities to this topic.

Lifestyle determinants are behind most non-communicable diseases. They have a major impact on the health of European citizens – from before birth to old age –, on the burden on health systems, and on the productivity of our societies.

For most people, reliable information about their health will be provided on a regular basis by health professionals. Ensuring that health professionals, most importantly doctors (especially General Practitioners) and nurses, but also professionals from other related fields (e.g. social workers) have the adequate knowledge on healthy lifestyles, and the skills and experience to promote them, is thus essential to support citizens when taking decisions and making adjustments in their daily life.

Such changes can have major positive effects on health over the entire lifespan of each person. They can avoid that healthy citizens become (chronic) patients. Health professionals should have access to the best evidence base and to the training opportunities necessary to support the prevention and treatment of lifestyle-related non-communicable diseases.

This is made more relevant by the fact that health professionals generally have very limited time with their patients, and the patients are usually and naturally most interested in a pressing health problem. This creates a constant pressure to focus the contact or consultation on symptoms and treatment. In parallel, proposing lifestyle changes is in many cases not fully accepted by patient and doctor alike as a complete treatment option.

By encouraging universities, education regulators and professional associations to include the knowledge about (promotion of) healthy lifestyles throughout the lifespan as part of the curriculum of doctors, nurses and other relevant professionals, these subjects can be better mainstreamed in basic (medical) training, reaching all health professionals and becoming (more) practiced and accepted. This can be achieved during the studies to obtain a (medical) diploma or through courses, workshops or additional postgraduate training.

To address these questions, it will be important to map how EU health professionals are being trained in health promotion and to create a EU network of medical faculties, education regulators and professional associations to promote interest, capacity building and engagement in this area; to organise an EU workshop to develop concrete action; and to further promote the topic and publicise the developed initiatives in an international conference inviting experts also from outside the EU.

Therefore the preparation of a report providing an overview of the current situation in the EU will be the first step towards the objective to raise awareness about the potential of health promotion and disease prevention including lifestyle medicine and health

determinants in the Member States and to increase the commitment of public health and other relevant authorities to this topic.

An expert workshop will be held, as a second step, in cooperation with the Commission to raise awareness, gather and discuss ideas on EU level on the best way forward. Based on the report and the workshop, the potential of setting up a network of professionals will be analysed and a list of potential experts will be prepared.

The expert workshop will be followed by an international conference, to exchange ideas beyond EU level. The objectives of the workshop and the conference are to update knowledge and good practice. They will be organised, with the participation of the main medical faculties and the public health and relevant other (e.g. education) authorities of all Member States.

This Call for tenders relates to point 2.1.1.1 Supporting Member States in mainstreaming health promotion and disease prevention in health and educational settings (Thematic priority 1.3 of Annex I to the Programme Regulation) of the 2017 Annual work plan of the Health programme, as adopted by Commission Implementing Decision C(2017) 316 final.

Purpose

The purpose of the contract is to provide services related to capacity building, promoting the benefits of health promotion and disease prevention in Member States.

A report will be prepared to map how EU health professionals are being trained in health promotion in the EU. The specific objectives of the report are to provide an overview of the current situation about this training in the EU.

A workshop and a conference will be organised with the Commission and with the participation of the main medical faculties and the representatives of public health and other relevant authorities of all Member States.

The objectives of the workshop and the conference will be to:

- to update knowledge and good practice,
- to create a EU network of medical faculties, education regulators and professional associations,
- to promote interest, capacity building and engagement in the area of health promotion and disease prevention,
- to develop concrete actions, and
- to further promote the topic and publicise the developed initiatives in an international conference.

The first implementation tasks of the preparation of the report should start early 2019 with the first documents available for the main actors' end of first semester of 2019.

The workshop should be organised in autumn/winter 2019 and be followed with a conference in the beginning of 2020.

The Consumers, Health, Agriculture and Food Executive Agency (henceforth "CHAFEA" or "the Contracting Authority"), acting under the powers delegated by the

European Commission (henceforth "the Commission"), is launching the present invitation to tender for the conclusion of a service contract (henceforth "the contract").

CHAFEA was created on 1 January 2005 (formerly named PHEA between 2005 to 2008 and EAHC¹ between 2008 to 2014). In 2013², CHAFEA replaced and succeeded the executive agency EAHC, which was established by Decision 2004/858/EC. Chafea's mandate was prolonged until 2024 and extended in order to cover management of new actions and programmes (in the field of health, consumer protection and food safety). In 2016, the mandate was extended to manage the reformed EU agricultural products information and promotion.

Currently, CHAFEA implements the [Promotion of Agriculture Products](#), the [EU Health Programme](#), the [Consumer Programme](#), and the [Better Training for Safer Food initiative \(BTSEF\)](#).

The Agency provides professional services in performing the tasks and activities entrusted to it by the Commission and works closely with the DG Health and Food Safety, DG Justice and Consumers and DG Agriculture and Rural Development.

1.2. Participation in the tendering procedure, access to market

Participation in this procurement procedure is open on equal terms to all natural and legal persons coming within the scope of the Treaties, as well as to international organisations.

This procurement procedure is also open to all natural and legal persons established in the EEA countries and countries under the Stabilisation and Association Agreements.

For British candidates or tenderers:

Please be aware that after the UK's withdrawal from the EU, the rules of access to EU procurement procedures of economic operators established in third countries will apply to candidates or tenderers from the UK depending on the outcome of the negotiations. In case such access is not provided by legal provisions in force candidates or tenderers from the UK could be rejected from the procurement procedure.

The rules of access to the market apply to all joint tenderers but do not apply to subcontractors.

1.3. Contractual Conditions

The tenderer should bear in mind the provisions of the draft contract which specifies the rights and obligations of the contractor, particularly those on payments, performance of the contract, confidentiality, and checks and audits.

¹ Commission Decision of 15 December 2004 setting up an executive agency, the 'Executive Agency for the Public Health Programme', for the management of Community action in the field of public health - pursuant to Council Regulation (EC) No 58/2003.

² Commission Implementing Decision of 17 December 2013 establishing the Consumers, Health and Food Executive Agency and repealing Decision 2004/858/EC.

1.4. Compliance with Applicable Law

The tender must comply with applicable environmental, social and labour law obligations established by Union law, national legislation, collective agreements or the international environmental, social and labour conventions listed in Annex X to Directive 2014/24/EU³.

1.5. Joint Tenders

A joint tender is a situation where a tender is submitted by a group of economic operators (natural or legal persons). Joint tenders may include subcontractors in addition to the members of the group.

In case of joint tender, all members of the group assume joint and several liability towards the Contracting Authority for the performance of the contract as a whole, i.e. both financial and operational liability. Nevertheless, tenderers must designate one of the economic operators as a single point of contact for the Contracting Authority (the leader). The leader shall be authorised to submit the tender on behalf of the group and act on behalf of its members in connection with the tender.

After the award, the Contracting Authority will sign the contract either with all members of the group, or with the leader on behalf of all members of the group, authorised by the other members via powers of attorney.

In this case, each participating economic operator shall accept and comply with the terms and conditions set out in the tender specifications and in the contract.

The tender must identify the participating operators (members) by filling in the relevant points of Annex Ia (tender submission form). The tender shall clearly specify the role and tasks of each member within the tender.

The contracting authority may not demand that group of economic operators have a given legal form in order to be allowed to submit a tender. However, the selected group awarded to sign a contract may be required to adopt a given legal form before the contract is signed, if this change is necessary to the proper performance of the contract.

For information on how the exclusion, selection and award criteria are applied to joint tenders (with or without subcontracting) please refer to section 4 of the tender specifications.

1.6. Subcontracting

Subcontracting is permitted but the contractor will retain full liability towards the Contracting Authority for performance of the contract as a whole. The Contracting Authority will not have any direct legal commitment with the subcontractor(s).

Tenderers are required to identify all subcontractors whose capacity is necessary to fulfil the selection criteria (hereinafter referred to as "identified subcontractors").

The tender must provide all the necessary information related to the above mentioned subcontractor(s) by filling in the Annex Ia data (identity, role, specific tasks, and

³ Directive 2014/24/EU of the European Parliament and of the Council of 26 February 2014 on public procurement and repealing Directive 2004/18/EC (OJ L 94, 28.3.2014, p. 65).

proportion of the contract the tenderer intends to subcontract in total and by each subcontractor). All identified subcontractors should provide a written statement declaring their undertaking to collaborate with the tenderer (s) in case of award of the contract and the resources that the subcontractor will put at the tenderer (s) disposal (see Annex Ic - letter of intent for subcontractors).

Where the economic operator(s) who submit(s) the offer rely on the capacity of other entities with regard to the criteria relating to economic and financial capacity, the contracting authority may require that the economic operator(s) and those entities are jointly liable for the performance of the contract.

During the execution of the contract, the change of any subcontractor identified in the tender or any additional subcontracting will be subject to prior written approval of the Contracting Authority.

For information on how the exclusion, selection and award criteria are applied to subcontractors please refer to section 4 of the tender specifications.

2. REQUIREMENTS AS TO THE TENDER (ER)

2.1. Identification of the tenderer - legal status

The tender must include a **cover letter** signed by an authorised representative together with the administrative offer (envelope A) of the tender presenting the name of the tenderer (including all entities in case of joint tender) and identified subcontractors, if applicable, as well as the name of the single contact point (leader) in relation to this procedure.

In case of joint tender, the cover letter must be signed either by an authorised representative for each member, or by the leader authorised by the other members with the power of attorney (see Annex Ib).

As evidence, **all tenderers** (including all members of the group in case of joint tender and identified subcontractors if any) shall fill in the data requested in the appropriate PDF Tender submission form (Main form for the tenderer or the Leader, and Sub-form for all the others) and provide all the supporting documents requested for each specific annex. In order to generate the appropriate Sub-forms and Annexes, the tenderer (or the leader in case of joint tender) should follow the technical instructions detailed in the guides (see http://ec.europa.eu/chafea/common/cft-guides_en.html).

Please note that there are particularities for some of the annexes contained in the PDF Tender submission form:

- Annex Ia (Tender submission form):

All tenderers (including all members of the group in case of joint tender and identified subcontractors if any) should fill in the Tenderer's composition and Member detailed information.

Additionally, the tenderer (or the leader in case of joint tender) should fill in and sign the Statement page.

The tenderer (and each member of the group in case of joint tender) must declare whether it is a Small or Medium Size Enterprise in accordance with [Commission Recommendation 2003/361/EC by selecting the relevant option in the Member detailed information part of Annex Ia](#). This information will be used by the contracting authority for statistical purposes only.

- Annex Ib (Power of attorney):

In case of Joint Tender, all members of the group should provide the Power of attorney document counter-signed by the leader of the Joint Tender (see point 1.5 of the present tender specifications).

- Annex Ic (Letter of intent):

Subcontractors that are identified in the tender must provide the letter of intent signed by an authorised representative (see point 1.6 of the present tender specifications).

- Annex IIa / IIb / IIc (Legal entity form) - the link to access the forms is included in the PDF Tender Submission Form

The tenderer (and each member of the group in case of joint tender) must provide a signed Legal Entity Form with its supporting evidence. No form is required for subcontractors.

Tenderers that are already registered in the Contracting Authority's accounting system (i.e. they have already been direct contractors) must provide the form but are not obliged to provide the supporting evidence.

- Annex III: Financial identification form - the link to access the form is included in the PDF Tender Submission Form

The tenderer (or the leader in case of joint tender) must provide a Financial Identification Form with its supporting documents. Only one form per tender must be submitted. No form is required for subcontractors and other members of the group in case of joint tender.

2.2. Structure and Content of the Tender

The tenders must be presented as follows:

Envelope A: Administrative offer

The administrative offer must include documents issued by the tenderers /members of the joint tender/identified subcontractors and provide information in relation to the identification of the tender, its access to the market and exclusion and selection criteria.

The Administrative offer must include the following documents:

Document to be provided	Form to use (if applicable)	Reference to the Tender specifications' chapter
Cover letter	n.a.	2.1.

Tender submission form	Annex Ia – included in the published PDF form	2.1.
Power of attorney (for members of the Joint Tender)	Annex Ib – included in the published PDF form	1.5. and 2.1
Letters of intent (for subcontractors)	Annex Ib – included in the published PDF form	1.6. and 2.1
Legal entity forms (and its supporting documents)	Annex II – The form is available via a link within the Tender Submission Form that is included in the published PDF form	2.1.
Financial identification form (and its supporting documents)	Annex III – The form is available via a link within the Tender Submission Form that is included in the published PDF form	2.1.
Declaration of Honour on exclusion and selection	Annex IV – included in the published PDF form	4.1 and 4.2
Check-list	Annex VI	

Additional administrative documents should be provided upon request by the successful evaluated tenders. If necessary for the assessment of the tenders, Chafea is reserving the right to request further administrative documents in duly justified cases.

Envelope B: Technical offer

The technical offer must include a detailed description on how the tenderer(s) are planning to provide the requested service, as defined in the technical specifications covering all aspects and tasks described therein (see section 3 below). The tender should provide all the information needed to appraise the award criteria presented in point 4.3 of the present tender specifications. Information related to the ‘team’ of the tender should not be included in this part as it is part of the assessment of the selection criteria; nevertheless, the tenderer may include information on the type of tasks that each member (in case of joint tender) or subcontractor will be engaged with.

Offers that are irrelevant to the subject of the contract, deviate from the (minimum) requirements or do not fulfil all the requirements set out in the Tender Specifications may be rejected on the basis of non-compliance with the tender specifications.

Envelope C: Financial offer

The price for the tender must be quoted in euro. Tenderers from countries outside the euro zone have to quote their prices in euro. The price quoted may not be revised in line with exchange rate movements. It is for the tenderer to bear the risks or the benefits deriving from any variation.

Prices must be quoted free of all duties, taxes and other charges, including VAT, as the European Union is exempt from such charges under Articles 3 and 4 of the Protocol on the privileges and immunities of the European Union. The amount of VAT may be shown separately.

The quoted price must be a fixed amount which includes all charges (including travel and subsistence).

Please refer to the technical specifications below where the maximum number of meetings/place of meeting with the contacting authority.

3. SPECIFIC TASKS, DELIVERABLES AND REPORTS

3.1. Description of the minimum requested service and deliverables

The service to be contracted following the present procedure will consist of the following tasks:

- *Task 1:* Preparation of a report mapping how EU health professionals are being trained in health promotion in the EU;
- *Task 2:* Organisation of an expert workshop with the Commission and with the participation of the main medical faculties and the public health and other relevant authorities of all EU Member States;
- *Task 3:* Organisation of an international conference;
- *Task 4:* Communication of the project and dissemination of the results..

In specific, the above tasks shall include:

Task 1: Preparation of a report mapping how EU health professionals are being trained in health promotion in the EU.

Lifestyle determinants are behind most non-communicable diseases and have a major impact on the health of European citizens, on national health and social systems, and on governmental budgets, and impact the productivity and growth of the economy.

For most people, reliable information about their health is provided by health professionals, such as doctors and nurses, especially by General Practitioners. It is therefore essential that they have the adequate knowledge and necessary skills on healthy lifestyles and that they promote this. Health professionals should have access to the best evidence base and to the training opportunities necessary to support the prevention and treatment of lifestyle-related non-communicable diseases.

By encouraging universities, education regulators and professional associations to include the knowledge about (promotion of) healthy lifestyles throughout the lifespan as part of the curriculum, these subjects can be better mainstreamed in basic medical training, reaching all health professionals and becoming (more) practiced and accepted. This can be achieved during the studies to obtain a medical diploma or through courses, workshops or additional postgraduate training.

To address this, it will be important to map how EU health professionals are currently being trained in health promotion and disease prevention including lifestyle medicine in each Member State. The preparation of such report will be the first step towards the objective to raise awareness about the potential of health promotion and disease

prevention and health determinants in the Member States and to increase the commitment of public authorities to this topic.

This task will encompass:

- (1) **Production of a draft report:** a general review of existing initiatives of professional training initiatives in each Member State, namely for health professionals, and reviews of related actions on promotion and communication.

A focus in the report will be on the impact on health inequalities: how are disadvantaged population groups, which are disproportionately affected by unhealthy lifestyles, involved in health promotion and disease prevention, and what would ways to improve communication.

The report will include a review of the impact of and efficiency of the current approach of trainings, and include a set of detailed draft conclusions and recommendations.

The contractor will review existing initiatives which address improving access, quality and delivery of the messages on healthy lifestyles, especially for people in a disadvantaged situation.

It will amongst others search for evaluated methods to:

- increase health professionals' awareness and sensitivity towards promoting health promotion and disease prevention including lifestyle medicine in their profession to people and patients with non-communicable diseases;
- develop competencies related to the specific needs of disadvantaged population groups and encourage professionals to communicate with increased sensitivity while conveying key messages;
- increase awareness of barriers to promoting health promotion, disease prevention and lifestyle medicine.

The contractor shall include in its offer a justified methodology/criteria on how to best review the existing initiatives including training programmes by search strategies, taking into account relevant initiatives in Member States (such as Science for Prevention Academic Network and the Master Degree in Lifestyle Medicine offered by the Kaunas University Medical School) and by international organisations, such as the WHO.

The review will cover materials developed at national and European levels, in all official EU languages during the last 5 years, and spot in particular success and failure and other factors that the contractor considers to be relevant to the scope of this contract.

The report will have 50-60 pages, be prepared in English along with a PowerPoint presentation summarising the main findings, conclusions and recommendations.

The contractor shall review the draft report and the draft conclusions and recommendations following the discussion at the workshop (D3). The final version (D5) will be presented at the conference (D8).

Deliverable (D1) - Draft report mapping how EU health professionals are being trained in health promotion in the EU.

- (2) **A draft good and best practice inventory:** good and best practices on the training in each Member State of EU health professionals in health promotion shall be identified, collected and shared.

An important part of the approach to preventing and managing non-communicable diseases is to identify and transfer good and best practices. This will support Member States in reaching their policy goals as they can study these practices and consider testing and implementing them in their own countries. This is as well important for stakeholders such as universities and professional associations which may not have the capacity to go through lengthy "trial and error" phases.

The Commission has developed a portal⁴ for consulting good and best practices collected in actions co-funded under the Health Programmes and for submitting practices for assessment. All practices in the areas of health promotion, disease prevention and the management of non-communicable diseases are welcome in this portal. Practices that are selected as "best" have been assessed against the criteria adopted by the Steering Group on Prevention and Promotion.

The good and best practice inventory will help to identify the best ways for training, to increase the awareness on health promotion and disease prevention, particularly on the potential of lifestyle medicine in preventing and reversing non-communicable diseases through knowledge training and capacity building of health professionals and communication on the potential of lifestyle medicine, especially towards disadvantaged population groups.

The contractor shall produce an inventory of good and best practices, assessing their quality. Initiatives will be described briefly following a common group of criteria such as the target group, national/regional nature, specific health issues addressed, evaluation of training results, and other factors that the contractor considers to be relevant to the scope of this contract.

Preparation of the inventory should be based on a standardised protocol, assessing also the transferability of the practices between Member States. The protocol should be developed by the contractor and validated by the Commission.

The inventory will be prepared in English along with a PowerPoint presentation summarising the main findings, conclusions and recommendations.

The draft inventory will be presented and further discussed at the workshop (D3) and further completed, finetuned and finalised after the input received at the workshop. The final version (D6) will be presented at the conference (D8).

Deliverable (D2) – A draft good and best practice inventory on the knowledge training, capacity building and communication of health professionals on health promotion and disease prevention including the potential of lifestyle medicine.

Task 2: Organisation of an expert workshop with the Commission and with the participation of the main medical faculties and the public health and other relevant authorities of all EU Member States

⁴ <https://webgate.ec.europa.eu/dyna/bp-portal/>

The report providing an overview of the current situation in the EU and the inventory of good and best practices lay the basis towards raising awareness among health professionals about the potential of health promotion and disease prevention including lifestyle medicine and health determinants and to increase the commitment of public authorities in the Member States to this topic.

In order to promote health promotion and disease prevention particularly the potential role and the importance of lifestyle medicine and to present and discuss the findings of task 1, an EU level workshop will be organised where key representatives of the health and other relevant sectors can discuss and provide feedback on both draft deliverables and develop concrete actions.

This task will encompass:

(3) Organisation of an expert workshop: to present and discuss the draft report and the draft inventory.

The contractor will organise a workshop of one day (a total of 8 hours of working time (without coffee and lunch breaks), 75 participants) and draft a workshop curriculum (learning objectives, agenda, type of sessions, aims per session, other aspects relevant to the scope of the contract) and the workshop materials (hand-outs) and presentations.

Participants will be distributed as follows: 28 representatives of the main medical faculties, 28 representatives of the Member States' authorities, 10 representatives of health associations, 5 representatives of the Commission and 4 outside speakers.

The workshop aims to put the acquired knowledge (D1 and D2) in action and to raise awareness. The aim is to have a brainstorm session with key stakeholders on how to best promote interest, capacity building and engagement in the area of health promotion and disease prevention. It is an occasion to identify the barriers to lifestyle medicine promotion in the Member States and to find the best ways to increase the commitment of public authorities on this topic. Finally it should facilitate an increase in commitment to promote and support health promotion disease prevention including lifestyle medicine by medical faculties and professional associations.

The workshop will be organised with the participation of the main medical faculties and the representatives of the public health and other relevant authorities of all Member States.

The agenda of the one-day workshop will feature the following items, leaving sufficient time for discussion:

- Presentation of and feedback on the draft report and draft inventory.
- Presentation of a selected number of good and best practices from the draft inventory.
- Speeches by key stakeholders and target groups on how health professionals can better support health promotion and disease prevention and how Member States can better facilitate this.
- The intention to set up a sustainable network of professionals.
- Discussion on actions needed to improve the promotion and support of lifestyle medicine by all stakeholders involved.
- Conclusions of the discussion and next steps.

The workshop will be organised in English and will take place in **Luxembourg**.

The contractor will cover and include in the offer all costs for the logistics (invitation/registration of participants, recruitment of speakers coming from EU Member States, arrangements and costs for hotels, travel and daily allowances of a **maximum of 70 participants**, venue, catering, etc.). The contractor will advise the participants and speakers in advance on the reimbursement rates and procedures for their travels.

Covered participants will be distributed as follows: 28 representatives of the main medical faculties, 28 representatives of the Member States' authorities, 10 representatives of health associations and 4 outside speakers.

The contractor must identify an appropriate, fully equipped venue where the workshop will be held, preferably in a place where all participants and speakers can be accommodated in an appropriate single room in the standard of a four star hotel or equivalent and access to WI-FI internet.

It must be ensured that at the venue a copy machine, PC, beamers, flip charts, WI-FI internet connection, telephone and fax facilities, audio and video equipment, translation equipment and refreshments during the breaks, are provided and available during the workshop.

The accommodation offered to the participants and the speakers will be full board, including breakfast, lunch and dinner, for the entire period of their stay preferably in a hotel which will offer in addition all the practical facilities required to organise the workshop, including the meeting room of a size in line with the number of participants, one or more additional rooms to facilitate the breakdown in working groups, and possible conference interpreting facilities.

If the meeting room and other training rooms are not located in the hotel, the equipment of the chosen hotel should correspond to the criteria required under a "First Class" or "Four Star" or other equivalent⁵ rating as mentioned in a standard international hotel classification (for example, the European Hotel stars Union).

At the workshop, all persons present will be offered refreshments (coffee, tea, juices, biscuits, fruits, etc.) during the coffee-breaks.

The contractor will prepare a workshop report (D4), consisting of a short evaluation, summary of the discussions, conclusions and recommendations, results achieved, lessons learnt, needs assessment, relevant findings, obstacles, and other input. The workshop report will be delivered to the contracting authority within four weeks after the workshop.

Based on the workshop and the workshop report, the contractor will update, finetune and finalise the draft report (D1) and the draft inventory (D2). The final versions (D5 for the final report and D6 for the final inventory) will be delivered to the Contracting authority one month after the workshop.

⁵ With a bed in size of min. 0,90 m x 2,00 m or double beds of min. 1,80 m x 2,00 m; change of bed linen at least twice a week; additional power socket next to the table, desk or desk top with the chair for writing and light for reading, shower and toilet.

The workshop results together with D5 and D6 will feed into the international conference (D8).

Deliverable (D3) – Workshop (organisation, delivery and follow-up) in autumn/winter 2019.

Deliverable (D4) – Report of the workshop (20 pages).

Deliverable (D5) – Final report mapping how EU health professionals are being trained in health promotion in the EU.

Deliverable (D6) – Final good and best practice inventory on the knowledge training, capacity building and communication of health professionals on health promotion and disease prevention including the potential of lifestyle medicine.

(4) Establish a coordinated network of professionals

The workshop is also designed to generate inter-sectorial actions as one of its practical outcomes. It is envisaged to create a EU network of medical faculties, education regulators, professional associations and any other relevant actors including researchers and scientists to promote interest, capacity building and engagement in the area of health promotion and disease prevention including lifestyle medicine. The aim is to develop a sustainable cooperation between these stakeholders in order to exchange information on the promotion of healthy lifestyles and to put the acquired knowledge on lifestyle medicine into action.

The contractor shall map all potential members of such network (e.g. medical faculties, education regulators, professional associations, multipliers, etc.) on a national and European level. The contractor shall support the Commission in creating such network by analysing and reporting on the potential of such a network and by contacting and engaging with the relevant stakeholders detailed above.

Deliverable (D7) – Report on establishing a coordinated network of professionals with an analysis of the potential of this network and with the list of the potential members.

Task 3: Organisation of an international conference

The contractor will organise an international conference – including experts/speakers also from outside the EU - to put the acquired knowledge and information gained in tasks 1 and 2 into action and to raise awareness among a wide audience. The conference will build on the outcomes of the workshop and will aim at continuing to communicate the importance of health promotion and disease prevention including the potential of lifestyle medicine to a wide European audience.

The overall aim is (1) to promote interest and engagement in the area of health promotion and disease prevention including lifestyle medicine among public health and other relevant authorities in all EU Member States, and (2) to promote knowledge improvement and capacity building among health professionals.

This will be achieved by presenting the results obtained so far on how to best promote interest, capacity building and engagement in the area of health promotion and disease prevention. It is an occasion to share the conclusions and recommendations and identify

the commitments of the stakeholders and target audience on this topic.

The contractor will organise a conference of one day (a total of 8 hours of working time (without coffee and lunch breaks), **120** participants) and draft a conference curriculum (learning objectives, agenda, type of sessions, aims per session, other aspects relevant to the scope of the contract) and the conference materials (hand-outs) and presentations.

Participants will be distributed as follows: 28 representatives of the main medical faculties, 28 representatives of Member States' authorities, 55 representatives of health associations, 5 representatives of the Commission and 4 representatives of the press. Invitation of international experts if relevant based on their expertise from outside the EU shall be considered and discussed with the Contracting Authority.

The conference will be organised with the participation of the main medical faculties and the representatives of the public health and other relevant authorities of all EU Member States.

The agenda of the one-day conference will feature the following items, leaving enough time for discussion:

- Presentation of and feedback on the deliverables of task 1 and 2.
- Speeches by key stakeholders and target groups on how health professionals can better support health promotion and disease prevention and how Member States can better facilitate this.
- The announcement of the new network of professionals.
- Adoption of actions needed to improve the promotion and support of lifestyle medicine by all stakeholders involved.
- Conclusions of the discussion and next steps.

The contractor ensures high level participation of public authorities, medical faculties, education regulators and professional associations from inside and outside the EU.

One of the purposes of the conference is to officially launch the EU network of medical faculties, education regulators and professional associations on health promotion, disease prevention and lifestyle medicine.

The conference will be organised in English and will take place in **Brussels**.

The contractor will cover and include in the offer all costs for the logistics (invitation/registration of participants, recruitment of speakers coming from EU Member States, arrangements and costs for hotels and travel of a maximum of **66** participants plus the contractor's personnel on the spot, venue, catering, etc.). The contractor will advise the participants and speakers in advance on the reimbursement rates and procedures for travel expenses/daily allowances.

Covered participants will be distributed as follows: 28 representatives of the main medical faculties, 28 representatives of the Member States' authorities and 10 representatives of health associations.

The contractor must identify an appropriate, fully equipped venue where the workshop will be held, preferably in a place where all participants and speakers can be accommodated in an appropriate single room in the standard of a four star hotel or equivalent and access to WI-FI internet.

It must be ensured that at the venue a copy machine, PC, beamers, flip charts, WI-FI internet connection, telephone and fax facilities, audio and video equipment, translation equipment and refreshments during the breaks, are provided and available during the workshop.

The accommodation offered to the participants and the speakers will be full board, including breakfast, lunch and dinner, for the entire period of their stay preferably in a hotel which will offer in addition all the practical facilities required to organise the workshop, including the meeting room of a size in line with the number of participants, one or more additional rooms to facilitate the breakdown in working groups, and possible conference interpreting facilities.

If the meeting room and other training rooms are not located in the hotel, the equipment of the chosen hotel should correspond to the criteria required under a “First Class” or “Four Star” or other equivalent⁶ rating as mentioned in a standard international hotel classification (for example, the European Hotel stars Union).

At the workshop, all persons present will be offered refreshments (coffee, tea, juices, biscuits, fruits, etc.) during the coffee-breaks.

The contractor will prepare a conference report (D9), consisting of a short evaluation, summary of the discussions, conclusions and recommendations, results achieved, lessons learnt, needs assessment, relevant findings, obstacles, and other input. The conference report will be delivered to the contracting authority within four weeks after the conference.

Deliverable (D8) - Conference (organisation, delivery and follow-up) in beginning of 2020.

Deliverable (D9) – Report of the conference (20 pages).

Task 4: Communication of the project and dissemination of the results

An effective communication and dissemination plan (D10) will be developed and regularly updated to support the key moments during the project. The contractor will develop and design communication and education material tailored to the target groups. It will also propose ways to effectively communicate the developed messages, as well as how to frame them and which channels are best to deliver them. The dissemination of project deliverables and other outcomes will be included in the plan.

The contractor will provide in English a basic text (approx. one A4 page) on the project and regular news-updates on the developments during the implementation of the project at least once per month (approximately half an A4 page; deviation from this volume needs to be properly justified) for a new project section of the health website hosted, created, and maintained by the Commission.

⁶ With a bed in size of min. 0,90 m x 2,00 m or double beds of min. 1,80 m x 2,00 m; change of bed linen at least twice a week; additional power socket next to the table, desk or desk top with the chair for writing and light for reading, shower and toilet.

This section will serve as an online information hub for all relevant news, developed resources, and results obtained within the project to make them available to interested parties.

The contractor needs to make sure all deliverables are compatible with and work on <http://ec.europa.eu/>.

The contractor shall sign up to the EU Health Policy Platform (<https://webgate.ec.europa.eu/hpf/>) and use its dissemination potential to the fullest.

Deliverable (D10) - Input to the project website hosted by the European Commission and social media, presentation to and dissemination of results via Member States' expert groups, national policy makers and interest groups.

The contractor shall engage with the relevant professional medical and other associations (of health, social and educational professionals) for this purpose. Developing and disseminating knowledge on good and best practices for effective action as well as supporting the involvement of Member States, regional authorities and other stakeholders are also important aspects of this project.

The activities must be identified as emanating from the European Union. The visual identity of the European Commission⁷ is to be applied to all deliverables whilst still making it clear to the general public and to the target audience that this is a pilot project of an experimental nature (see also Task 3.2).

3.2. Reporting

The contractor will be requested to submit the following reports:

- **Inception report:** An Inception report shall be provided by **30 days from the start of the contract (M1)**, after the inception meeting held in Luxembourg, in the Commission premises, in the presence of the Contractor, Chafea (the Contracting Authority) and DG SANTE.

The inception meeting will give the opportunity to discuss in detail the technical offer and the implementation of the contract. Based on this meeting, a **draft Inception report (R0)** shall be produced and submitted to the Contracting Authority.

The Inception report (R0) shall include: a detailed work plan and time schedule for all the activities; a clear description of the tasks to be performed and of the deliverables, milestones and reports to be achieved; and the reporting timeframe.

The Inception report (R0) will be subject to acceptance and technical approval by the Contracting Authority, it must be submitted in electronic format (Word document and readable PDF), and in English.

- **Interim progress report:** The Interim progress report will describe progress and outcomes of the specific tasks related to the deliverables from the first **9** months of the contract.

⁷ http://ec.europa.eu/dgs/communication/services/visual_identity/index_en.htm

The **draft Interim progress report** will include in particular a state of play of the activities and services provided, covering the first reporting period of the contract. It should contain at least the following:

- A description of the work carried out in comparison with the initial work plan;
- A description of the difficulties encountered;
- An evaluation of the activities;
- Source data/files and all other relevant documents as annexes.

The **draft Interim progress report** must be submitted **by month 9 (M9)** to the Contracting Authority in electronic format (Word document and readable PDF), and in English.

The **draft Interim progress report** will include as annexes the deliverables D1 and D2.

The report will be presented to the Contracting Authority and DG SANTE during an interim meeting to be held in **month 9 (M9)** in Brussels.

The **draft Interim progress report** will be subject to acceptance and technical approval by the Contracting Authority. The **final Interim progress report** approval will result in the Interim payment after the submission of the invoices. It is to be submitted to the Contracting Authority in two hard copies and in electronic format (Word document and readable PDF), in English. The **final Interim progress report** will be submitted **by month 10 (M10)**.

- **Final implementation report:** The Final implementation report will describe the activities and services provided covering the whole duration of the specific contract.

The **draft Final implementation report** will include in particular a state of play of the activities and services provided, covering the second reporting period of the contract, and include in addition conclusions obtained from the whole implementation of the tasks and activities and recommendations for future similar actions.

It should contain at least the following:

- A description of the work carried out in comparison with the initial work plan;
- A description of the difficulties encountered;
- An evaluation of the activities (including an analysis of the feedback from participants);
- Conclusions obtained from the whole implementation of the tasks and activities;

- A list of recommendations for the improvement of future similar actions;
- Source data/files, list of participants, documents, list of experts as annexes.

The **draft Final implementation report** will describe progress and findings from all tasks and will include as annexes all the deliverables (D1 – D10). It shall also include a Publishable Executive Summary as a stand-alone document.

The draft Final implementation report must be submitted **by month 17 (M17)** to the Contracting Authority in electronic format (Word document and readable PDF), and in English.

The report will be presented to the Contracting Authority and DG SANTE during an interim meeting to be held in **month 17 (M17)** in Brussels.

The **draft Final implementation report** will be subject to acceptance and technical approval by the Contracting Authority. The final version of the **Final implementation report** approval will result in the Final payment after the submission of the invoices. It is to be submitted to the Contracting Authority in two hard copies and in electronic format (Word document and readable PDF), in English. The final version of the **Final implementation report** will be submitted **by month 18 (M18)**.

Input by the Contracting Authority

The contracting authority will give input to the project in meetings in person as well as by e-mails and phone calls.

Maximum number of meetings planned with the Contracting Authority

The tenderer shall foresee **three (3) meetings** with the Contracting Authority in Luxembourg. This includes an Inception meeting at the beginning of the contract, a Final report meeting at the end of the contract as well as one (1) interim progress meeting (interim report). The contractor shall attend these meetings with the relevant key staff members so to be able to discuss all relevant questions during the meeting.

The participation costs are borne by the contractor. Separate reimbursement of travel costs is not applicable.

Intellectual property rights

Parts of results pre-existing the contract

The tenderer shall provide in its offer all information about the scope of pre-existing materials, their source and when and how the rights to these materials have been or will be acquired/licensed.

Timeline (to be updated/adjusted)

Month	Activity/Deliverables
-------	-----------------------

M 01	Inception report
M 09	Deliverables D1 and D2
M 09	Draft Interim progress report
M 10	Interim progress report including all deliverables due for the reporting period
M 12	Deliverable D3 (workshop) and D7
M 13	Deliverables D4, D5 and D6
M 16	Deliverable D8 (conference)
M 17	Deliverable D9
M 7-17	Deliverable D10
M 17	Draft Final implementation report including all deliverables due for the reporting period
M 18	Final implementation report

3.3. Value of the contract

The estimated total value of the contract is EUR 250.000.

This is a maximum and tenders exceeding it will be rejected.

Reimbursable expenses are not applicable. The tenderer shall include in its offer all costs necessary for meetings and travels.

3.4. Duration of the tasks

Without prejudice to the time needed by the contracting authority to approve the final deliverables, the duration of the tasks to be performed by the contractor (contract performance) in execution of the requested service is **18 months from the signature of the contract**. This duration should be taken into account by the tenderer when preparing its offer.

The overall indicative time frame is the following:

Meetings/Reports	Comments	Timing
Inception meeting in Luxembourg (Kick off meeting: KO)	As soon as possible after the signing of the contract by both parties	maximum 2 weeks after signature
Inception report		maximum 4 weeks after inception

Meetings/Reports	Comments	Timing
		meeting
Task 1: preparation of a report mapping how EU health professionals are being trained in health promotion in the EU		Month 2-9
Draft Interim progress meeting	Interim meeting to be held in in Luxembourg.	Month 9
Interim progress report	Submission of the final version of report	Month 10
Task 2: Organisation of a workshop with the participation of the main medical faculties and the CMO		Month 9-12
Task 3: Organisation of an international conference		Month 13-16
Task 4: Communication and Dissemination Plan		Month 7-17
Draft Final implementation report	Submission of the draft final report	Within 30 days of the final day of the work undertaken
Final meeting	Final review meeting to be held in in Luxembourg.	Month 17
Final implementation Report	Submission of the final version of report	Month 18

3.5. Variants

Variants are not applicable.

3.6. Content, structure and graphic requirements of the deliverables

The contractor must deliver the deliverables and the reports as indicated above in section 3.1. In addition to the above requirements, all deliverables and reports shall comply with the following:.

3.6.1. Content

Final implementation report

The report must include:

- specific identifiers which must be incorporated on the cover page provided by the Contracting Authority;
- the following disclaimer (both in English and French as mentioned below):

“This report was produced under the EU Health Programme 2014-2020 under a service contract with the Consumers, Health, Agriculture and Food Executive Agency (Chafea) acting under the mandate from the European Commission. The information and views set out in this [report/study/article/publication...] are those of the author(s) and do not necessarily reflect the official opinion of the Commission/ Executive Agency. The Commission/Executive Agency do not guarantee the accuracy of the data included in this study. Neither the Commission /Executive Agency nor any person acting on the Commission’s / Executive Agency’s behalf may be held responsible for the use which may be made of the information contained therein.”

«Les informations et points de vue exposés dans le présent (ou la présente) [rapport/étude/article/publication, etc.] n’engagent que leur auteur (ou leurs auteurs) et ne sauraient être assimilés à une position officielle de la Commission/Agence Exécutive. La Commission/ Agence Exécutive ne garantissent pas l’exactitude des données figurant dans la présente étude. Ni la Commission/ Agence Exécutive ni aucune personne agissant au nom de la Commission/ Agence Exécutive n’est responsable de l’usage qui pourrait être fait des informations contenues dans le présent texte.»

Publishable executive summary

The publishable executive summary must be provided in both in English and French and must include:

- specific identifiers which must be incorporated on the cover page provided by the Contracting Authority;
- the following disclaimer:

This report was produced under the EU Health Programme [2014-2020]] under a service contract with the Consumers, Health, Agriculture and Food Executive Agency (Chafea) acting under the mandate from the European Commission. The information and views set out in this [report/study/article/publication...] are those of the author(s) and do not necessarily reflect the official opinion of the Commission/ Executive Agency.

The Commission/ Executive Agency do not guarantee the accuracy of the data included in this study. Neither the Commission /Executive Agency nor any person acting on the Commission's / Executive Agency's behalf may be held responsible for the use which may be made of the information contained therein."

Deliverables

All deliverables shall comply with these requirements.

3.6.2. Requirements for publication on Internet

The Commission/ Executive Agency is committed to making online information as accessible as possible to the largest possible number of users including those with visual, auditory, cognitive or physical disabilities, and those not having the latest technologies. The Commission supports the Web Content Accessibility Guidelines 2.0 of the W3C.

For full details on the Commission policy on accessibility for information providers, see: http://ec.europa.eu/ipg/standards/accessibility/index_en.htm.

For the publishable versions of the study, abstract and executive summary, the contractor must respect the W3C guidelines for accessible pdf documents as provided at: <http://www.w3.org/WAI/>.

3.6.3. Graphic requirements

The contractor must deliver the study and all publishable deliverables in full compliance with the corporate visual identity of the European Commission, by applying the graphic rules set out in the European Commission's Visual Identity Manual, including its logo. The graphic rules, the Manual and further information are available at:

http://ec.europa.eu/dgs/communication/services/visual_identity/index_en.htm

A simple Word template will be provided to the contractor after contract signature. The contractor must fill in the cover page in accordance with the instructions provided in the template. The use of templates for studies is exclusive to European Commission's/Chafea's contractors. No template will be provided to tenderers while preparing their tenders.

4. EVALUATION OF TENDER(ER)S AND AWARD

The evaluation is based solely on the information provided in the submitted tender, after access to the market is verified. It involves the following:

- Verification of non-exclusion of tenderers on the basis of the exclusion criteria,
- Selection of tenderers on the basis of selection criteria,
- Verification of compliance with the minimum requirements set out in the tender specifications,

- Evaluation of tenders on the basis of the award criteria.

The contracting authority may reject abnormally low tenders, in particular if it established that the tenderer or an identified subcontractor does not comply with applicable obligations in the fields of environmental, social and labour law.

The successful tenderer must pass all criteria in order to be awarded the contract.

4.1. Verification of non - exclusion and evidence

All tenderers must provide a declaration on honour (Annex IV), signed and dated by their authorised representative, stating that they are not in one of the situations of exclusion listed in the declaration on honour as part of the tender. Annex IV is part of the tender submission form and must be included in Envelope A (as part of the Administrative offer).

In case of a **joint tender**, each member of the group must provide a declaration on honour signed by its authorised representative, as exclusion criteria apply separately to each legal entity of the group.

In case of **subcontracting**, all identified subcontractors whose capacity is necessary to fulfil the selection criteria must provide a declaration on honour signed by their authorised representative. These declarations should also be included in the tender.

Upon request of the contracting authority, the successfully evaluated tenderer shall provide the documents mentioned as supporting evidence in the declaration on honour before signature of the contract, within a deadline set by the contracting authority. This requirement applies to each member of the group in case of joint tender and to all identified subcontractors.

The obligation to submit supporting evidence **does not** apply to international organisations.

A tenderer (or a member of the group in case of joint tender, or a subcontractor if applicable) is not required to submit the documentary evidence if it has already been submitted for another procurement procedure and provided the documents were issued not more than one year before the date of their request by the contracting authority and are still valid at that date. In such cases, the tenderer must declare on its honour that the documentary evidence has already been provided in a previous procurement procedure, indicate the reference of the procedure and confirm that there has been no change in its situation.

A tenderer (or a member of the group in case of joint tender, or an identified subcontractor) is not required to submit a specific document if the contracting authority can access the document in question on a national database free of charge. In such a case the tenderer shall inform the contracting authority how the said document can be accessed the national database.

4.2. Verification of selection criteria and evidence

The purpose of the selection criteria is to determine whether the tenderer has the capacity to implement the contract. Aspects of this capacity include the legal and regulatory capacity (where relevant), the economic and financial capacity and the technical and professional capacity. The compliance with the selection criteria is confirmed a priori,

through the assessment of the declaration of honour on exclusion and selection criteria (Annex IV). They are explained below.

Each selection criterion consists of three elements: (i) the criterion itself, (ii) a minimum level/minimum requirement and (iii) the supporting documents. The selection criteria *are not scored* by the contracting authority. They are subject to a pass or fail assessment.

Selection criteria are applied to the tenderer as a whole including the members of a joint tender and subcontractors on which the tenderer may rely to fulfil some of the selection criteria.

4.2.1. **Declaration and evidence**

The tenderers (and each member of the group in case of joint tender) and subcontractors whose capacity is necessary to fulfil the selection criteria must provide the declaration on honour (see Annex IV), signed and dated by an authorised representative, stating that they fulfil the selection criteria applicable to them individually. For the criteria applicable to the tenderer as a whole the tenderer (sole tenderer or leader in case of joint tender) must provide the declaration on honour stating that the tenderer, including all members of the group in case of joint tender and including subcontractors if applicable, fulfils the selection criteria for which a consolidated assessment will be carried out.

This declaration is part of the declaration used for exclusion criteria (see Annex IV) so only one declaration covering both aspects should be provided by each concerned entity.

The Contracting Authority will evaluate selection criteria on the basis of the declarations on honour and the below mentioned evidence of the legal and regulatory, financial and economic and technical and professional capacity of the tenderers. **Therefore, all of the below-mentioned evidence has to be included with the tender.** This requirement applies to each member of the group in case of joint tender and to subcontractors whose capacity is necessary to fulfil the selection criteria.

A tenderer (or a member of the group in case of joint tender, or a subcontractor) is not required to submit the documentary evidence if it has already been submitted for another procurement procedure and provided the documents were issued not more than one year before the date of their request by the contracting authority and are still valid at that date. In such cases, the tenderer must declare on its honour that the documentary evidence has already been provided in a previous procurement procedure, indicate the reference of the procedure and confirm that there has been no change in its situation.

A tenderer (or a member of the group in case of joint tender, or a subcontractor) is not required to submit a specific document if the contracting authority can access the document in question on a national database free of charge.

4.2.2. ***Legal and Regulatory capacity***

NA.

4.2.3. ***Economic and Financial capacity***

The tenderer must have the necessary economic and financial capacity to perform this contract until its end. In order to prove their capacity, the tenderer must comply with the following criterion:

Criterion 1: The sum of turnover and/or other operating income for each of the last two closed financial years are above EUR **200.000**. This criterion applies to the tenderer as a whole, i.e. the combined capacity of all members of a group in case of a joint tender.

Evidence:

The tenderers shall provide the evidence on the above criteria by submitting:

- Copy of the **profit and loss accounts** for the last two years from each concerned legal entity;
- Failing that, appropriate statements from banks.

If, for an exceptional reason which the Contracting Authority considers justified, a tenderer is unable to provide one or other of the above documents, it may prove its economic and financial capacity by any other document which the Contracting Authority considers appropriate. In any case, the Contracting Authority must at least be notified of the exceptional reason and its justification. The Contracting Authority reserves the right to request any other document enabling it to verify the tenderer's economic and financial capacity.

4.2.4. ***Technical and professional capacity criteria***

Tenderers (in case of a joint tender the combined capacity of all members of the group and identified subcontractors) must comply with the criteria listed below.

a. Criteria relating to the tenderer (s) delivering the service:

- **Criterion A1:** The tenderer must prove experience and capacity in the field of large scale research, review and analysis of initiatives done in the public health sector.

Evidence A1: The tenderer must provide in the offer reference and a detailed description of similar projects delivered in this or closely related field in the last five years.

- **Criterion A2:** The tenderer must prove experience in the field of data collection, statistical analysis (health statistics in particular), preparation and development of protocols and inventories with as particular target groups EU health professionals at international level.

Evidence A2: The tenderer must provide in the offer references for similar projects delivered in these fields in the last five years.

- **Criterion A3:** The tenderer must prove capacity to draft high quality reports for general audience in English, which contain infographics, statistical graphs, maps and tables to illustrate and support the text.

Evidence A3: The tenderer must provide in the offer reference to at least 2 documents of at least 30 pages (report, study, etc.) in English that it has drafted and published in the last five years. The verification will be carried out on 5 pages of the document.

- **Criterion A4:** The tenderer must prove its capacity to work in all EU countries.

Evidence A4: The tenderer must indicate that it has relevant contacts in all EU Member States, which are not covered by its consortium members, in order to ensure the required language coverage.

b. Criteria relating to the team delivering the service:

The team delivering the service should include, as a minimum, the following profiles.

The successful tenderer shall be required to provide the evidence indicated below before the award decision by the contracting authority.

Criterion with reference to type of capacity for the tenderer/ or its team	Name(s) of person fulfilling this criterion	Expertise that is fulfilling this criterion	Further comments
B1 - Project Manager			
B2 – Expert in research, studies and analysis of initiatives done in the public health sector, in particular in the field of lifestyle determinants			
B3 - Expert in data collection, statistical analysis (health statistics in particular), geomapping, preparation and development of protocols and inventories targeting EU health professionals at international level			
B4 – Writer/Editor expert in the field of report drafting, infographics and editing/publishing			
B5 – Event manager organising workshops, twinning actions, networks, and travel arrangements			

B1 - Project Manager with a University degree in Public Health, Epidemiology, or Medicine, and with at least 8 years of experience in project management, including overseeing of project delivery, quality control of delivered service, client orientation and conflict resolution, with at least 10 countries covered.

Evidence B1: CV - the CV should indicate the intended function in the delivery of the service.

B2 – Expert with a University degree and at least 5 years of proven experience in carrying out research, studies and analysis of initiatives done in the public health sector, in particular in the field of health promotion, disease control and lifestyle determinants at international level.

Evidence B2: CV - the CV should indicate the intended function in the delivery of the service.

B3 - Expert with a University degree and at least 5 years of proven experience in data collection statistical analysis (health statistics in particular), geomapping, preparation and development of protocols and inventories targeting EU health professionals at international level.

Evidence B3: CV - the CV should indicate the intended function in the delivery of the service.

B4 – Writer/Editor with at least 5 years of experience in report drafting, infographics and editing/publishing, and with at least a C1 level in the Common European Framework for Reference for Languages in English.

Evidence B4: CV - the CV should indicate the intended function in the delivery of the service.

B5 – Event manager with at least 5 years of experience in organising high quality workshops, twining actions with wide participation, including travel arrangements for participants.

Evidence B5: CV - the CV should indicate the intended function in the delivery of the service.

4.3. Quality Award Criteria

Award criteria are only related to the tender. They seek to evaluate the most important aspects required with the technical specifications defined under point 3. The criteria included minimum thresholds that each tender should score per criterion and in total in order to be considered acceptable.

The contract will be awarded based on the most economically advantageous offer, according to the 'best price-quality ratio' award method. The maximum total quality score is 100 points.

The quality of the tender will be evaluated based on the following criteria:

Award Criterion 1: *Quality of the proposed methodology to prepare a strategy for the mapping of the training in health promotion in the EU (see Task 1.1) (20 points - minimum score 50%)*

This criterion will assess the quality of the methodology proposed (scope, evidence base, coherence and innovativeness) for the literature and policy review and for the identification of good practices.

Award Criterion 2: *Quality of the proposed methodology to set up a good practice inventory of approaches to training in health promotion (see Task 1.2) (15 points - minimum score 50%)*

This criterion will assess the quality of the methodology, relevance and analysis proposed to identify, collect and share good practices on the training of EU health professionals in health promotion.

Award Criterion 3: *Quality of the proposed methodology to create up a EU network of medical faculties, education regulators and professional associations (see Task 2.4) (10 points - minimum score 50%)*

This criterion will assess the quality of the methodology (scope, scale) proposed to develop inter-sectorial cooperation, communication and information exchange in order to create such network.

Award Criteria 4: *Quality of the proposed methodology to design, implement and evaluate the workshop and the conference and their outcomes (see Task 2.3 and Task 3) (25 points – minimum score 50%)*

This criterion will assess the quality of the methodology proposed (scope, innovativeness, fit to the characteristics, setting, sale) of the proposed approach, mechanisms and materials.

Award Criterion 5: *Quality of the proposed communication and dissemination plan for the conference (see Task 3 and 4) (10 points - minimum score 50%)*

This criterion will assess the quality of the methodology (scope, innovativeness, fit to the characteristics, setting, sale) of the proposed strategy to communication with stakeholders and to disseminate the conference outcomes to target audiences.

Award Criteria 6: *Quality of the proposed work plan and timing (20 points – minimum score 50%)*

This criterion will assess the quality and coherence of the proposed work plan, timing and resource allocation, team composition.

<i>Quality Award Criteria</i>		<i>Minimum threshold (as number or %)</i>	<i>Points attributed to the criterion</i>
1	<i>Quality award criterion 1 / Task 1.1</i>	50%	20
2	<i>Quality award criterion 2 // Task 1.2</i>	50%	15
3	<i>Quality award criterion 3 / Task 2.4</i>	50%	10
4	<i>Quality award criterion 4 / Task 2.3 and 3</i>	50%	25
5	<i>Quality award criterion 5 / Task 3 and 4</i>	50%	10
6	<i>Quality award criterion 6</i>	50%	20

Overall number of quality points (out of 100)	60%	100
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Tenders must score minimum 50% for each criterion and sub-criterion, and minimum 60% in total. Tenders that do not reach the minimum quality levels will be rejected and will not be ranked.

4.4. Price and Award Method

Prices must be presented using the standard format announced with the tender specifications that should be included in Envelope C. Tenderers are required to use Annex V to submit their financial offer. Every offer that successfully passes the evaluation of the quality award criteria will be assessed on the price offered.

The tenderers shall propose a total price that will consist of:

A: a fixed price for the service: this price shall include all the costs pertaining to the provision of the requested service in particular:

- staff costs (including every cost aspect bearable by the tenderer as employer e.g. social contributions and taxes);
- data purchase;
- travel, hotel and subsistence costs for the internal meetings of the contractor;
- travel, hotel and subsistence all participants to the workshops and conferences;
- venue renting and other logistics costs;
- translation costs;
- other costs.

B: Reimbursement of expenses: Not applicable.

Ranking of tenders

Only the tenders that have reached the technical quality thresholds announced for the quality award criteria will be subject to best price-quality assessment.

The tender with the lowest price will be awarded 100 points. The other tenders will be awarded points on the basis of the following formula:

$$\text{Points} = (\text{lowest price}/\text{price of the bid in question}) \times 100.$$

Calculation of the most economically advantageous tender on the basis of the best price/quality method:

In order to determine the most economically advantageous tender for the award of the contract, a quality/price ratio of 70/30 will be applied to each tender in the following way:

The points awarded for technical quality multiplied by 0.7.

The points awarded for the price multiplied by 0.3.

The points for technical quality and those for price will then be added together, the tenderers will be ranked according to their total number of points and the contract will be awarded to the tenderer achieving the highest score.

Contracts may not be awarded to candidates or tenderers who, during the procurement procedure:

- (a) are in an exclusion situation established in accordance with article 136 of the Financial Regulation;
- (b) have misrepresented the information required as a condition for participating in the procedure or have failed to supply that information;
- (c) were previously involved in the preparation of procurement documents where this entails a distortion of competition that cannot be remedied otherwise;

This assessment will be carried out based on all the documents and information provided, if necessary (e.g. in case of doubt), the Executive Agency will ask the economic operator to submit observations on the issue.

5. ADMINISTRATIVE AND FINANCIAL PENALTIES

Without prejudice to the application of contractual penalties laid down in the contract, the contracting authority may impose regulatory administrative sanctions on tenderers including: exclusion from receiving Union funding for certain duration (Articles 135 to 145 Financial Regulation) and financial penalties, as an alternative or in addition to a decision of exclusion depending on the cases (Article 138(1) Financial Regulation). Administrative sanctions can be imposed on economic operators who are in a specific situation of exclusion listed in Article 136 Financial Regulation.

ANNEXES

- **Annex Ia:** Tender submission form - Statement
- **Annex Ib:** Power of attorney for members of joint tender
- **Annex Ic:** Letter of intent for subcontractors
- **Annex IIa:** Legal entity form for public entities
- **Annex IIb:** Legal entity form for private entities
- **Annex IIc:** Legal entity form for individuals
- **Annex III:** Financial identification form
- **Annex IV:** Declaration on honour on exclusion and selection
- **Annex V:** Financial offer form
- **Annex VI:** Check list

Please note that Annexes Ia, Ib, Ic, IIa, IIb, IIc, III and IV are contained in one single document: "PDF Tender Submission Form".