

Terms of Reference for Transferring and Mainstreaming projects

2nd Restricted call

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Introduction

The Interreg MED programme is one of the instruments for the implementation of the EU cohesion policy. With this policy the EU pursues harmonious development across the Union by strengthening its economic, social and territorial cohesion.

In coherence with the available budget and the large geographical coverage, the Interreg MED programme aims to strengthen transnational and regional intervention strategies in fields of Mediterranean importance where transnational cooperation can contribute to improve regional and territorial practices. Hence, the **Interreg MED programme pays specific attention to the coherence, complementarity and transfer and capitalisation of experiences and practices with ERDF regional and national programmes** that can feed transnational actions and benefit from their results. For **2014-2020 programming period, capitalisation of experience**, between actors, territories and programmes is considered as **a major goal** for the Interreg MED programme.

Approach and objective

Taking into consideration the above-mentioned Interreg MED programme objectives as well as the programme life-cycle, it is important to establish a conducive environment towards the new programming period 2021-2027 priorities. Within this framework, capitalisation requirements become all the more crucial to generate territorial dynamics impacting local, regional and/or national policies.

The **objective** of the current restricted call is to build upon concrete 2014-2020 Interreg MED projects' achievements and further capitalise on completed projects' outputs, bridging with the next programming period requirements, in line with the new EU growth strategy: the European Green Deal.

The call explicitly focuses on “capitalisation” – a fundamental and “*key cooperation principle*” of the Interreg MED Programme “Strategic Framework”. **Within this call, the capitalisation principle entails a very precise content, composed of 'transfer' and 'mainstreaming'.** These fundamental principles represent the identity of the Interreg MED Programme and are coherent with the promotion of development, of good governance and supported by the European Union Cohesion Policy ¹.

Modus operandi: Transferring and mainstreaming projects

The tools for delivering the objective of the call are the concrete and finalised deliverables/outputs of 2014-2020 Interreg MED completed projects with significant transfer and mainstreaming potential in terms of impact on local, regional and/or national policies. Within this context, only two types of projects shall be considered, as follows:

- ✓ **Transferring project** focusing on effective transfer of developed tools/methodologies. This type of projects must underpin a “transfer process” of a technical tool or methodology from one organisation to another with the aim to improve day-to-day practices and/or facilitating processes undertaken mainly at technical, operational and/or administrative level. Partners that participated to the completed project and developed the selected output

¹ See the “Key principles” (p.11) of the “Interreg MED Programme Strategic Framework”, in the Programme Manual.

(tool/methodology) will act as “givers” towards “receivers” partners in different MED territories.

A specific type of transferring projects targeted to IPA territories, focusing on effective transferring of developed tools/methodologies is also foreseen. The main difference of those projects would be that the “receivers” of those projects would be exclusively partners from IPA territories.

- ✓ **Mainstreaming project** focusing on mainstreaming activities of achieved results into local, regional and/or national policies. This type of projects must underpin a “mainstreaming process” of a technical tool or methodology from one organisation into a public institution (competent service) actively involved in drafting and implementing public policies, with the aim to improve them. Partners that participated to the completed project shall contribute to integrate and apply the selected output(s) into the corresponding local, regional and/or national policy in the same or in new MED territories, including IPA countries.

For both types of projects, the **starting point** should be a concrete and finalised deliverable/output of a 2014-2020 Interreg MED completed project previously identified by the Programme in the framework of the current call (see the list below). This deliverable/output, selected for the transferring or mainstreaming process, should be a fully operational and functional tool/methodology, which can support decision-making and policy related mechanisms to facilitate territorial uptake and ownership. Relevance of the finalised deliverable/output with territorial needs is key, for triggering a transfer process or a territorial policy change (mainstreaming). The choice of the deliverable/output to be transferred or capitalised is therefore essential to secure success and smooth project delivery considering the limited timeframe (end of the 2014-2020 programming period).

Selection criteria of the deliverables/outputs eligible to be capitalised

Within this call aiming to channel capitalisation and concrete territorial impact, selection criteria should be considered at two levels:

1) at project level:

1.1) the main selection criterion for a 2014-2020 Interreg MED completed modular project to be eligible under this restricted call, is not just to have concluded with work plan activities, but to have gone through the full reporting exercise, including final reports and deliverables validation and submission, at the time of approval of the call's documents by the Programme Committee

1.2) the project shall not be already capitalised in an ongoing Interreg MED project

2) at deliverable/output level: the **main selection criteria for a deliverable/output** to be eligible for further capitalisation under this restricted call, are the following:

2.1) the deliverable/output shows “*significant transferability potential*” featured by the following conditions:

(a) the deliverable/output has been tested during the 2014-2020 Interreg MED completed project lifetime;

(b) the deliverable/output is functional and ready-to-use, endowed with a guide or a manual or a training scheme or training tool, displaying transferring requirements in terms of data typology and data collection process, skills and overall resource requirements, maintenance and update, including technical information of the deliverable/output itself.

(c) the deliverable/output is replicable and easily transposable in different MED territories. ‘Transfer plans’ or ‘capitalisation plans’, describing transferability and/or capitalisation methodologies or processes with pre-identified target groups and/or end-users, are considered important elements strengthening the replicability feature of the deliverable/output and therefore its capacity to improve territorial practices, processes, decision-making mechanisms and even policies.

(d) the deliverable/output shall contribute to the 2014-2020 Interreg MED programme output and result indicator(s) with concrete, clear and quantified target values;

2.2) the deliverable/output can **establish a clear link with the EU Green Deal** and respective policy tackled, reaching out to the new EU growth strategy.

List of selected deliverables/outputs to be capitalised

This restricted call is addressed to completed and closed projects of the 2014-2020 Interreg MED programme that have not been included in the 1st call for Transfer and Mainstream launched in October 2020.

Applying the above-mentioned selection criteria we obtain the following list of deliverables/outputs per completed project to be further transferred or mainstreamed (project-acronyms’ alphabetic order per 2014-2020 Interreg MED S.O.):

❖ S.O.1.1 “To increase transnational activity of innovative clusters and networks of key sectors of the MED area”

ACRONYM	Deliverable / Output to be capitalised
<u>GREENOMED</u>	Transfer methodology for green manufacturing regional innovation ecosystems (D 3.5.1) operational instrument to favour innovation of SMEs
<u>GRASPINNO</u>	GRASPINNO Unified Platform Package composed by 3 main tools: GRASPINNO Data-Base, the eGPP Support tool and the Life Cycle Costing calculating tool (LCC)
<u>PEFMED</u>	6 National Roadmaps for PEF and the PEFMED Wiki Platform Package (Socio-Economic Key Performance Indicators tool and guidelines) for olive oil, bottled water, wine, livestock feed, meat and cheese

<u>ARISTOIL</u>	Transnational cluster ARISTOIL – certification on olive oil with health properties (Guide for producers and consumers for health olive oil enriched with polyphenols)
<u>CHIMERA</u>	Process for the development of regional CCI sectors based on tested methodological tools and structured in 3 chapters entailing regional CCI sector analysis, identification of stakeholders and frontrunners analysis (cases studies) regional working groups (RWG) as well as monitoring and evaluation methodologies
<u>Creative Wear</u>	The "Creative Wear model": definition of a cluster-based MED model for creativity-based Business Labs in the T&C sector.
<u>Prominent MED</u>	PPI (public procurement innovation) implementation strategy in MED: Transferability Protocols create the conditions to spread the PPI concept and to increase the possibility that new actors (public and/or private) will replicate the Prominent MED experience in other similar contexts in the MED.

❖ **S.O.2.3 “To increase capacity to use existing low carbon transport systems and multimodal connections among them”**

ACRONYM	Deliverable / Output to be capitalised
<u>LOCATIONS</u>	Operational Model for Low Carbon Transport Plans (LCTPs) in Cruise Destination Cities and 18 Low Carbon Transport Plans (LCTPs) approved allowing for green/soft urban mobility

❖ **S.O.3.1 “To enhance the development of a sustainable and responsible coastal and maritime tourism in the MED Area”**

ACRONYM	Deliverable / Output to be capitalised
<u>EMBLEMATIC</u>	Transferability guide for the implementation of an eco-itinerary (available in 6 languages)
<u>ALTER ECO</u>	“Carrying Capacity Limit” calculation tool
<u>BLUEMED</u>	Roadmap for transfer/capitalization/replicability and action plan
<u>TOURISMED</u>	Fishing tourism business model promoting, among other, the "fishing tourism" commercial brand created within the project, through guidance and booking itineraries, (available in 7 languages)
<u>CONSUME-LESS</u>	CONSUME-LESS Model Feasibility Assessment identifying options for a self-sustain label
<u>COASTING</u>	Multilevel governance tool: methodology of the coast contract (Contrat de Baie) a participative approach for coastal governance and tourism development

❖ **S.O.3.2 “To maintain biodiversity and natural ecosystems through strengthening the management and networking of protected areas”**

ACRONYM	Deliverable / Output to be capitalised
<u>FishMPABlue 2</u>	SSF Governance Toolkit (available in 7 languages)
<u>AMAre</u>	“Spatial Geoportal” on biodiversity and multiple stressors, coupled with Monitoring Protocols, methodologies to address the effects of different combinations of human uses on vulnerable habitats and the " Transferring of best Practices across MPAs", a summary of recommendations arisen from the project
<u>PHAROS4MPAs</u>	Decision Support Tool for Blue Economy in Marine Protected Areas (DST-MPA) coupled with 8 Capitalisation Reports with specific recommendations covering 8 maritime sectors (small scale fisheries, recreational fishery, aquaculture, leisure boating, tour boats, cruise, maritime transport and offshore wind farms) and their interference with MPAs

Activities and Work Packages

In compliance with the focus of the call and with time related restrictions, a simplified work plan is foreseen allowing for straightforward project implementation. Apart from the “preparation costs” related work package, each project application should foresee **only one work package in line with the selected type of project**: for the “transferring project” only the work package “transferring” should be foreseen and duly completed in the application form, while for the “mainstreaming project” only the work package “mainstreaming” should be foreseen and duly completed in the application form.

The activities to be considered within the chosen type of project and corresponding work package are presented below.

For “**transferring projects**”, activities should be selected from the following list:

- ✓ **Coordinating the work package:** within the simplified implementation context, this activity implies full project coordination and management by the Lead Partner, including partnership coordination and the necessary reporting exercise.
- ✓ **Exchanging information:** within the simplified implementation context, this activity implies the communication of the project. The following activities should be foreseen:
 - general communication activities to comply with communication and publicity purposes of a 2014-2020 Interreg MED cooperation project (please refer to the programme factsheet [Designing your communication strategy](#) - chapter General recommendations for Modular projects). Compulsory communication deliverables such as the project poster and website should be foreseen.
 - communication activities strictly linked and necessary for the transferring process (please refer to chapter Specific recommendations for MODULE 3 PROJECTS of the above-mentioned factsheet), e.g. technical workshops/events, dissemination activities.
 - communication with and participation to events organized by the Programme and the horizontal projects
- ✓ **Transferring tested processes, techniques, models, tools, methods and/or services:** this is the main activity to be implemented for the “transferring process”. Therefore, it should be very well planned, with realistic time-schedule and reachable scope. Based on the “significant transferability potential” of the deliverable/output chosen, the following *actions* can be undertaken (non-exhaustive list of actions):
 - evaluation of the institutional/administrative and territorial needs of the “receiver” territory;
 - subsequent adjustment of the deliverable/output to match specific contexts of the “receiver” territory;
 - address, mobilise and motivate key stakeholders to promote the transferring process in the “receiver” territory;

- training on the tool/methodology, guiding and supporting the “receiver” territory partners to effectively deal and adopt the deliverable/output in their own practices and methodological work.
- the effective take up of the transferred deliverable/output by the competent service of the “receiver” territory, upon relevant documentation.

For the “**mainstreaming projects**”, activities should be selected from the following list:

- ✓ **Coordinating the work package:** within the simplified implementation context, this activity implies full project coordination and management by the Lead Partner, including partnership coordination and the necessary reporting exercise.
- ✓ **Exchanging information:** within the simplified implementation context, this activity implies the communication of the project. Following activities should be foreseen:
 - general communication activities to comply with communication and publicity purposes of a 2014-2020 Interreg MED cooperation project (please refer to the programme factsheet [Designing your communication strategy](#) - chapter General recommendations for Modular projects). Compulsory communication deliverables such as the project poster and website should be foreseen.
 - communication activities strictly linked and necessary for the mainstreaming process (please refer to chapter Specific recommendations for MODULE 3 PROJECTS of the above-mentioned factsheet), e.g. technical workshops/events, dissemination activities.
 - communication with and participation to events organised by the Programme and the horizontal projects
- ✓ **Strategic Liaising and creating synergies and cooperation mechanisms:** this activity entails necessary screening of key territorial stakeholders to engage with. The following set of actions can be foreseen (non-exhaustive list):
 - early and clear identification and engagement of relevant persons or services within the “receiver” institution having decisional competence for territorial uptake/appropriation and effective adoption of policy measures;
 - early and clear identification of territorial capitalisation and mainstreaming mechanisms relevant to the policy targeted;
 - setup of working groups with a clear capitalisation agenda;
- ✓ **Mainstreaming results:** this is the main capitalisation activity to be implemented by the “mainstreaming process”. Taking into consideration demanding process requirements and time restrictions, it should be very well planned, with realistic time-schedule and reachable scope. Based on the “significant transferability potential” of the deliverable/output chosen, the following *actions* can be undertaken (non-exhaustive list of actions):

- definition of the mainstreaming objectives, processes and contents; it is important for the *scale* of the mainstreaming process to be realistic and reachable;
- preparation of the operational dimension of the mainstreaming process, by drafting the necessary supporting documents, including technical descriptions and tailored or customised methodologies;
- commitment towards public-competent services and policy makers to convince them on the worthy elements of the mainstreaming procedure;
- preparation and drafting of relevant policy and programming acts, to support voting and adopting procedures;
- training and guidance of the public technical services and relevant competent authorities to support the capitalisation and/or mainstreaming process

Furthermore, **for both types of projects, cooperation and coordination activities with the corresponding Thematic Community (managed by the Horizontal Project/HP)** shall be clearly foreseen, securing active involvement of the new projects in the corresponding Thematic Community's endeavour for better results' visibility and territorial impact. Taking also into consideration HPs' role as described in the MED Programme Manual ([HPs' factsheet](#)) HPs' partners are expected to act as *"unifying element of the main outputs / results of each modular project on a particular and shared subject. This will allow real synergies between projects in the same axis / objective of the Interreg MED Programme and provide a better visibility in order to reach policy making level"*.

The following link provides with the 'Type of Activities and Deliverables' [factsheet](#) of the Interreg MED Programme Manual.

Outputs and expected results

In the framework of the call for transferring and mainstreaming projects, the following outputs and expected results are expected depending on the type of projects.

Transferring project output(s) should reflect effective transposition/transfer of concrete and tested tools/methodologies with uptake by competent services, upon technical protocols or other relevant documentation.

Mainstreaming project output(s) should reflect concrete mainstreaming cases with appropriation and/or ownership by relevant public authorities, upon formally validated documents or binding agreements.

Under the current call, foreseen outputs should contribute to the following programme indicators, depending on their specific objective and on the type of project selected.

1.1c	Number of enterprises receiving non-financial support
1.1d	Number of transnational innovation clusters supported

2.3d	Number of urban areas engaged (through charters, protocols, MoU) in developing urban plans/strategies including low carbon transport and multimodal connection soft actions
2.3c	Population involved in awareness raising activities
3.1d	Number of regions and sub-regions engaged (through charters, protocols, MoU) in implementing sustainable tourism plans
3.1b	Number of tourist destinations covered by a sustainable tourism evaluation tool
3.2c	Number of protected areas engaged (through charters, protocols, MoU) in implementing management strategies

Reporting requirements

The project life-time is divided in two reporting periods as follows:

- ↳ mid-term reporting 6 months after the project starting date; a mid-term payment claim should be submitted together with corresponding certified expenditures and a draft document related to the transfer or capitalisation process.
- ↳ final reporting at the end of the project with submission of a final implementation report together with the corresponding certified expenditure and the final outputs related to the transfer or mainstreaming process.

The project implementation state of the art will be verified through a formal mid-term interview between the JS and the Lead Partner/Project Partners.

Partnerships composition and restrictions

In general, the eligible types of structures are the ones considered by the Interreg MED programme. See Factsheet “Partners co-financing and location of project activities” of the Programme Manual for more information regarding the typologies of partners and the co-financing rates.

Apart from the above-mentioned general eligibility features, partnerships setup under this restricted call shall comply with the following specific requirements to fully meet the target and objectives set by the call.

The partnership should be composed of:

- partners that have been active partners in the shortlisted project and have effectively contributed to the development and completion of selected outputs/results, which will carry out the transferring/mainstreaming process; for the purpose of the call, these partners are considered as “**givers**” partners and
- partners that did not participate in the shortlisted project and that are willing to be the target/recipient of the transferring/mainstreaming process, ending up with the adoption of the identified outputs/results; for the purpose of the call, these partners are considered as “**receivers**” partners.

For Mainstreaming projects, a same institution can undertake, if duly justified, both roles in a same application. In that case, in the partnership requirements this partner will be accounted in the “givers” category.

Institutions willing to be involved in the project without financially contributing to it, are to be considered as «**Associated Partners**» (**APs**). Such associated partners will not receive ERDF/IPA funding, will have to participate with their own funds, and do not account for the fulfilment of the minimum partnership requirements. It is recommended that associated partners also play the role of either “givers” or “receivers” partners, acting as transferring/mainstreaming actors or as beneficiaries of the process.

Additionally, the following restrictions regarding the partnership are to be respected:

Restrictions for Lead Partners (LPs) applicants:

- The Lead Partner is a partner of a project included in the shortlist. The LP has actively contributed to the development of the output/result selected for transferring or mainstreaming.
- A partner can apply as LP only once in the framework of the call. An organisation can be included as partner in only one project proposal per specific objective.
- The Lead Partner should be a public body, or a body governed by public law (according to the definition of the Directive 2014/24/UE) and it is physically based in the Union part of the Interreg MED Programme area (eligibility criteria B.2).

Restrictions for partner applicants:

- A partner can apply only once including its candidacy as LP in the framework of the call. An organisation can be included as partner in only one project proposal per specific objective.
- All partners must be located in the territories of the Participating States of the Interreg MED Programme.
- A partner of ongoing Interreg MED Horizontal Project cannot apply.

Partnership size requirements:

- **At least three (3) different** Interreg MED Programme countries of which at least 1 from the Union part of the Interreg MED Programme area should be included in the partnership (eligibility criteria B.1).
- In case of a transferring project specifically targeted to IPA territories, at least half of the partners should be from IPA countries and all “receiver” partners should be IPA partners.
- The **recommended size** for the partnership is up to **six (6) co-financed partners**, including the Lead Partner. No limit for associated partners is established.
- The **recommended constitution** of the partnership is of at least **two (2) “givers”** and at least **two (2) “receivers”**. It is recommended to include at least one receiver from an IPA country.

Financial allocation and project duration

The indicative financial allocation for this restricted call for proposals is about EUR 4.6 million in total (ERDF+IPA+national co-financing).

The indicative ERDF envelope in the framework of this call is EUR 4.000.000,00.

The indicative IPA envelope in the framework of this call is EUR 600.000,00.

Partners are co-financed at 85% or 50% (for partners under GBER Regulation 651/2014). See Factsheet “Partners co-financing and location of project activities” of the Programme Manual for more information regarding the co-financing rates. Total (ERDF+ IPA + national contribution) project budget should be between EUR 300.000 and EUR 400.000

Due to the short project duration, the possibility for an IPA advance payment will not apply for this call.

An indicative number of 12 projects are expected to be approved.

Projects are invited to establish as starting date of the activities June 1st, 2021 and as ending date June 30th, 2022. The duration of **13 months** cannot be exceeded, the last possible end date is June 30th, 2022.

For more information on budget, kindly see the factsheet of the Programme Manual « Sound Project Budget ».

Calendar of the call

The calendar of the restricted call for transferring and mainstreaming projects is the following:

Key steps	Dates
Applicant seminar (online)	February 12 th 2021
Application submission phase	01/02/2021 to 15/04/2021
Submission of compulsory annexes	Until 10/05/2021
Application appraisal	Mid-May 2021 (if a maximum of 20/25 applications are submitted)
Selection by the Steering Committee	End May 2021
Pre-contracting and contracting procedures	June 2021
Starting date of the projects	June 1 st , 2021

Please note that this calendar might be subject to change and should be considered as indicative.

Submission of proposals, appraisal and selection procedure

This section sets out the procedure of the submission of proposals, appraisal and selection in the framework of the current restricted call for transferring and mainstreaming projects. Kindly note that this is a specific procedure approved for this call; accordingly, **standard rules included in the Programme Manual are not applicable if not consistent with specific rules introduced in this document.**

Kindly remind that the Lead Partner is in charge of the application file submission procedure, on behalf of the whole project partnership. An on-line Lead Applicant seminar for partners wishing to submit proposals as Lead Partners, will be organised by the JS upon the call opening.

Submission of proposals

The submission procedure consists of **two main steps**: submission of an Application Form, to be filled in and validated in the Interreg MED monitoring system named SYNERGIE CTE, and production of several annexes (including Partners' additional documents) being compulsory, which shall be uploaded into Synergie CTE as well: thus, please note that there are **two different deadlines** to be respected.

➔ The **Application Form** must be validated on SYNERGIE CTE by April 15th, 2021, at noon (France time).

➔ The upload of the **compulsory annexes** to SYNERGIE CTE shall be completed by May 10th, 2021, at noon (France time).

Application form

The Application Form must be completed on SYNERGIE CTE. Guidance on how to fill in the form and what is expected in each question is provided in the SYNERGIE CTE guides. All documents needed for the development of the proposal, including the Programme Manual, the Terms of Reference of the call and a courtesy Application Form in word format (not to be used for the submission), are available on the Interreg MED Programme website.

The Application Form must be drafted in one of the two programme languages (English or French).

Coherence checks shall be made during the whole period of the drafting; it is recommended not to wait until the final stages unless Lead Partner disposes of enough time for all corrections. Lead Partners are invited to use the coherence check after saving each section of the Application Form. Be careful not to let any results of coherence checks in red or orange on SYNERGIE CTE. They must be green even when they are not preventing the submission.

Once the application is entirely filled in, the Lead Partner must validate the Application Form on SYNERGIE CTE by the deadline set for the call. Please bear in mind that **the validation will only be effective after having pressed the VALIDATION button** (a single confirmation e-mail is automatically sent by the tool when the validation has been performed correctly). Should Lead Partner encounter any problem in filling or validating the Application Form on SYNERGIE CTE, it is imperative to contact the JS (programme_med@maregionsud.fr) before the closure of this phase.

Once the Application Form is validated, it cannot be modified anymore. Lead Partners are invited to keep the e-mail sent by the system attesting the time of validation (France time). Please bear in mind that the e-mail will be sent to the contact person address entered previously in the system: kindly check that this information is correct in order to receive the confirmation e-mail.

Compulsory annexes, Documents to be provided

The Application Form should be accompanied by the compulsory annexes indicated here-below. The annexes shall be uploaded to the system by May 10th, 2021 at noon (France time).

In the framework of this call, the compulsory annexes are the following ones:

- **A scan copy of the signed Application Form (AF) confirmation page duly completed (version of the AF submitted)**. Only the page of the PDF released by Synergie CTE including the date, the name and position of the signatory and the signature of the Lead Partner legal representative must be uploaded. This page (part E of the Application Form) must have the mention "SUBMITTED".
- **A scan copy of the signed Partner declaration duly completed** from all participating partners using the template provided by the programme, including the Lead Partner. These forms are to be **dated** and **signed** by the Partner legal representative. The national co financing amount included in this declaration must correspond to the information stated in the Application Form validated

- **A scan copy of the signed “*De minimis*” declaration (if applicable) duly completed**, only from the partners whose activities within the project are State Aid relevant and that are willing to apply the *de minimis* Regulation, using the template provided by the Programme. In this declaration the partners should indicate any contribution received during the previous three fiscal years falling under the *de minimis* Regulation. Before filling in the *de minimis* declaration, partners concerned are requested to please read the Factsheet on « State Aid » very carefully.
- **A scan copy of the signed Associated partner declaration (if applicable) duly completed**, for each associated partner using the template provided by the Programme.

NB: In case of delegation of signature, a proof of delegation should be uploaded together with the signed document.

Each document shall be scanned and uploaded individually and cannot exceed the size of 8 MB.

Before filling in the Partner declaration, partners are requested to read very carefully the section on co-financing in the Factsheet « [Partnership architecture, requirements and relevance](#) », and the factsheets « [State Aid](#) » and « [Eligibility of expenditures](#) » (available on the Interreg MED Programme website).

The content of template provided by the Programme cannot be amended in any way.

No other type of document and no modification to the template documents provided by the Interreg MED Programme will be accepted. All documents must be duly completed, dated and signed.

Lead Partners are invited to check that the information included in the partner declarations is coherent with the information entered on the Application Form on SYNERGIE CTE. If any information, especially the co-financing amount, is not coherent, the Lead Partner must request the concerned partner to correct it.

Original paper version of the signed and stamped documents uploaded to SYNERGIE CTE must be gathered and kept by the Lead Partner.

Appraisal of project proposals

After submission, each Interreg MED proposal is subject to a two-step appraisal procedure safeguarding the principles of transparency and equal treatment as described below.

- **Administrative and eligibility check** of the Application Form
- **Quality assessment phase** of the Application Form

Each of the two steps can lead to the permanent elimination of the proposal. The Steering Committee of the Interreg MED Programme is responsible for the decision on the evaluation of each single step.

The absence of any document or an error in its completion will be presented to the Committee and may be included as a condition to contracting (based on Annex 2: list of pre-contractual criteria). If, two months after the selection of the operations (starting from the date of the Monitoring Committee validation) the problems linked to the compulsory annexes have not been solved, the Steering Committee shall decide to de-programme the project or to withdraw the concerned partner.

Lead Partners will be informed about the missing or mistaken documents, so they can be corrected as soon as possible.

Administrative and eligibility criteria

The administrative and eligibility assessment is carried out to verify whether an application complies with the administrative and eligibility criteria established by the Interreg MED Programme for the projects of the call.

The list of administrative and eligibility criteria to be observed are included as Annex I of the present document.

Proposals failing in any of those requirements will be regarded as non-eligible and will not be further processed. Lead Partners of non-eligible proposals will be informed.

Quality assessment criteria

The quality assessment is carried out based on a quality assessment grid, included as Annex III of the present document, that identifies strategic and operational criteria. For each one of the criterion, a main assessment question with several sub-questions has been identified. The score of each main question is the average of the score of the concerned sub-questions.

The score per each assessment question will be calculated on a scale of 10 points. The maximum score will be of 100 points. 6 main questions have been identified in the evaluation grid composed of strategic and operational issues, with a weight of 1.5 for the strategic questions and a weight of 2.0 for the operational questions.

The threshold for projects to be recommended for approval to the Steering Committee by the JS is of 75 out of 100 points (representing 75% of the maximum score). Each section must reach an average score of 5 out of 10 points in order to be proposed for the selection.

Selection and Communication of results to the Lead Partners

Decisions on funding of projects will be made by the Steering Committee and validated by the Monitoring Committee of the Interreg MED Programme based on the results of the assessment described above and on the call budget availability.

After the above-mentioned validation, the Lead Partners of the submitted proposals will receive a communication from the Managing Authority indicating if the proposal is accepted without

modification, accepted under conditions or rejected. The communication will contain the reasons for approval (and if this will be the case necessary requirements to be fulfilled within a set timeframe) or for rejection.

For more information about the submission and resolution of complains, kindly see factsheet « [Resolutions of complaints](#) » of the Programme Manual (available on the Interreg MED Programme website).

ANNEX I: ADMINISTRATIVE AND ELIGIBILITY CRITERIA LIST

Nº	Criteria
A	Administrative check
A.1	The Application Form has been submitted via the online monitoring tool of the Interreg MED Programme, SYNERGIE CTE, respecting the deadline

Nº	Criteria
B	Eligibility check
B.1	The project fulfils minimum partnership requirements: 3 partners representing 3 different countries from the Interreg MED Programme area of which at least 1 from the Union part of the Interreg MED Programme area
B.2	The Lead Partner is a public body or a body governed by public law (according to the definition of the Directive 2014/24/UE) and it is physically based in the Union part of the Interreg MED Programme area
B.3	The Lead Partner is a partner of a project included in the shortlist and the proposal is capitalising on the outputs/results of the same project.
The following eligibility criteria are to be checked by the on-line monitoring tool SYNERGIE CTE (if the criterion is not respected, the system prevents the submission of the proposal)	
B.3	Time limits are respected: start and end dates of the project respect the call and Interreg MED Programme requirements
B.4	No partner concentrates more than 30% of the total eligible budget (ERDF + IPA + national co-financing)
B.5	No country concentrates more than 40% of the total eligible budget (ERDF + IPA + national co-financing)
B.6	Preparation costs do not exceed the lump sum of EUR 30 000 set by the Interreg MED Programme

ANNEX II: PRE-CONTRACTUAL CRITERIA LIST

Nº	Criteria
C	Pre-contractual check of compulsory annexes
C.1	The Application Form confirmation page has been <u>duly completed, signed and uploaded on Synergie CTE</u>
C.2	The compulsory annexes per each partner have been duly signed and uploaded to the online monitoring tool of the Interreg MED Programme, SYNERGIE ETC
C.3	The partnership has used the Interreg MED Programme templates, without making any amendments.
C.4	The amounts of national co-financing indicated in the “partner declarations” are equal, superior, or inferior up to 0,99 € of negative difference, with reference to the amounts of national co-financing corresponding to the ERDF/IPA requested in the application form

INTERREG MED PROGRAMME – Terms of Reference for transferring and mainstreaming projects – Restricted call

ANNEXE III: QUALITY ASSESSMENT GRID

Only one single score (including a single general comment) per each assessment main question based on several sub questions will be allocated.

The quality assessment will consist of a **single** phase.

The score per each average assessment question will be calculated on a scale of 10 points, with a weight of 1.5 for the strategic assessment criteria and a weight of 2.0 for the operational assessment criteria section. The final maximum score reachable by a proposal is of 100 points equivalent to a percentage of 100% (60 points in the first section plus 40 points in the second section).

The total final score is showed in percentage figures (being 100 points the maximum total score reachable, thus 100% of points available).

As indicated in the table below, in the first column you can find the assessment main questions. Each main question is supported by specific sub questions (Guiding principles for the assesment). Only one single score will be allocated to each main question.

*The score of each main strategic assessment question will be multiplied per 1.5 (for instance 8*1.5=12 points).*

The score of each main operational assessment question will be multiplied per 2.0.

Assessment:

The threshold for projects to be recommended for approval to the Steering Committee by the MA is of **75** out of 100 points in the final assessment (representing 75% of the maximum reachable score).

Each main question must reach a minimum average score of 5 out of 10 points in order to allow the project to be proposed for the selection.

A final decision on project approval or rejection is taken by the Steering Committee. Projects will be selected, taking into consideration their score (in descending order), positions of each national delegation and budget availability for the call.

Project identification

Project acronym	<i>Pre-filled from AF</i>
Project title	<i>Pre-filled from AF</i>
Project number	<i>Pre-filled from monitoring tool Synergie CTE</i>
Name of the lead partner organisation (English)	<i>Pre-filled from AF</i>

1) Strategic Assessment criteria

Assessment questions (Main questions)	Guiding principles for the assessment To what extent does the project ... (Sub questions)	SCORE	Comments	Sections in AF
1. Project's context (relevance and strategy) <i>How well is a need for the project justified?</i>	1. The project addresses common territorial challenges or a joint asset of the programme area and is coherent with the ToR, the relevant axis' objectives, and the overall objective of the Programme. 2. The project's approach for transferring or mainstreaming identified outputs/results is consistent and can allow to meet the call's objectives 3. The project makes a positive or a neutral contribution to the programme horizontal principles: equal opportunities and non-discrimination, equality between men and women, sustainable development			C.1.1 C.1.2 C.3
2. Cooperation character <i>What added value does the transnational cooperation brings?</i>	1. The importance of the transnational approach to the topic addressed is clearly demonstrated: <ul style="list-style-type: none"> - the results cannot (or only to some extent) be achieved without cooperation and/or the cooperation has a significant added value for the partners - there is a clear benefit from cooperating for the project partners / target groups / project area / programme area (Please, take note that the evaluator will pay special attention to the fulfilment of at least 3 of the following cooperation criteria: joint development (mandatory), joint implementation (mandatory), and joint staffing or joint financing).			C.1.3 C.1.4
3. Project's contribution to programme's objectives, expected results and outputs <i>To what extent will the project contribute to the achievement of programme's objectives according to the MED CP and more particularly to the ToR of the specific objective?</i>	1. The project's results and main outputs clearly link to programme priority and its indicators: The project overall objective clearly links to a programme priority specific objective The project result clearly links to a programme result indicator The project main outputs clearly link to programme output indicators 2. Results and main outputs are specific and realistic			C.2.1
4. Partnership relevance <i>To what extent is the partnership composition relevant for the proposed project?</i>	The partnership complies with the requirements and objectives of the call and of the selected type of project All partners play a defined role in the partnership - 'givers' and 'receivers'			B C.1.5

2) Operational Assessment Criteria

Assessment questions	Guiding principles for the assessment To what extent does the project ...	SCORE	Comments	Sections in AF
<p>5.Work plan</p> <p><i>To what extent is the work plan realistic, consistent and coherent?</i></p>	<ul style="list-style-type: none"> ▪ Proposed activities are relevant and lead to the planned main outputs and results and allow to meet the call's objectives ▪ Distribution of tasks among partners is appropriate ▪ Time plan is realistic (contingency included) 			C.4
<p>6.Budget</p> <p>To what extent is the budget coherent, proportionate, realistic and valuable?</p>	<ul style="list-style-type: none"> ▪ Project budget appears proportionate to the proposed work plan and the main outputs and results aimed for ▪ Total partner budgets reflect partners' involvement and role - 'givers' and 'receivers' ▪ The budget is clear and realistic and in line with the Programme financial recommendations 			B.1, C.4, D
<p>7.Final overview</p>	<p>The project globally answers to the expectations and needs of the Programme. Is it coherent with the ToR, the relevant axis' objectives, and the overall objective of the Programme? Is it coherent in the implementation of all its sections?</p>	<p><u>(comment without score)</u></p>		All sections