



# Cooperation Agreement

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## EConDA

Economics of Chronic Diseases

(Contract No 2012 12 13)

### TEMPLATE EXAMPLE

This is a Cooperation Agreement between:

The **Coordinator:**

UK Health Forum  
Victoria House, 7th Floor  
Southampton Row  
London WC1B 4AD  
England

And the **Associated Beneficiary:**

Address:

Country

*This Cooperation Agreement sets out the arrangements between the Coordinator and the Associated Beneficiary for the proper performance of the EConDA Project. It includes all aspects necessary for the management and the implementation of the Project.*

*The content of the Financial Guidelines is based on the Grant Agreement of the EConDA Project, which was signed by NHF on 28/03/2013 with a contract start date of 15/04/2013.*

*More specific information to support the points set out in this Cooperation Agreement are available in the "Financial Guidelines" document accompanying this Agreement.*

## Table of Content

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|                              |  |       |
|------------------------------|--|-------|
| <b>Cooperation Agreement</b> |  | pg 2  |
| <b>Annex 1</b>               | • <b>Tasks for the Beneficiary</b>                     | pg 4  |
| <b>Annex 2</b>               | • <b>Project budget and budget for the Beneficiary</b> | pg 7  |
| <b>Annex 3</b>               | • <b>Monthly timesheet</b>                             | pg 11 |
| <b>Annex 4</b>               | • <b>List of Associated Partners</b>                   | pg 13 |
| <b>Annex 5</b>               | • <b>Project contact details</b>                       | pg 16 |
| <b>Annex 6</b>               | • <b>Banking information</b>                           | pg 17 |

## Cooperation Agreement

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**By signing this Cooperation Agreement, the Associated Beneficiary agrees to its responsibilities inter alia:**

- Forward to the Coordinator and Work Package leaders the data and documents needed for the successful implementation of the Project and carry out the relevant tasks as set out in Annex 1.
- Forward to the Coordinator the data and information for the technical and financial reports within the deadline set by the Coordinator – this is anticipated to be month 12 (March 2014), month 24 (March 2014) and month 30 (March 2015). The financial reports must follow the same structure as the estimated budget.
- Inform the Coordinator and Work Package leader immediately of any event liable to substantially affect or delay to the implementation of the Project.
- Ensure that all information to be provided to the Executive Agency for Health and Consumers is sent via the UK Health Forum (UKHF), except when the agreement specifically stipulates otherwise.
- Inform the Coordinator of transfers between items of eligible costs. Transfer between items cannot exceed 20% of the amount of each item of estimated eligible costs for which the transfer is intended.
- All communication or publications that are related to the Project shall include the following statement:

*"This (insert appropriate description, e.g. publication, conference, etc.) arises from the project "EConDA – Economics of Chronic Diseases; examining the cost-effectiveness of integrated approaches to chronic disease prevention which has received funding from the European Union in the framework of the Health Programme, and which is coordinated by the UK Health Forum."*

Any communication or publication shall also indicate that sole responsibility lies with the author and that the Executive Agency is not responsible for any use that may be made of the information contained therein.

- Shall keep copies of, and provide the UK Health Forum with all original documents relating to expenditure on EConDA (e.g. receipts, time sheets) which will be kept on our files for a period of six years from the date of payment of the balance (including original proof of staff costs, invoices, receipts, boarding passes, etc.).
- Shall provide the Coordinator with all the necessary documents and evidence requested (original proof of staff costs, invoices, receipts, boarding passes, etc.) in the event of audits and checks of evaluations.
- Shall keep a record of the hours worked by each person participating in the Project on a monthly basis (Timesheet, Annex 4).

- Shall refund to the Coordinator funds already transferred if their use cannot be justified by accounting records.
- Should pay all subsistence expenses (e.g. dinner costs, travel) unless they are held centrally.

**The Beneficiary takes due note that**

- The Coordinator shall transfer to each Beneficiary the amounts corresponding to their participation in accordance with the estimated budget (Annex 2). Initial payments will take place within 15 days of receipt of this signed cooperation agreement by email. Future transfers will take place within 45 days after the transfer payment of the Executive Agency for Health and Consumers (EAHC) to the Coordinator has been made. The payment arrangement between the UK Health Forum and the EAHC is the following: 40% on approval of grant agreement, 30% when at least 30% of the previous instalment has been spent and upon approval of the interim report (anticipated month 14 (April 2014). Where the consumption of the previous pre-financing is less than 70% the amount of the new pre-financing payment is less than 70% the amount of the new pre-financing payment shall be reduced by the unused amounts of the previous pre-financing. The final balance payment will be issued when all reports have been approved by the Commission). Project partners can anticipate receiving their funding within 45 days of that (all subject to receipt of funds from EAHC) provided evidence is supplied (e.g. timesheets) that previous funds have been spent or not overspent in line with the budget detailed in annex 2 of this agreement.
- In duly justified cases, the Coordinator may request to terminate the participation of a Beneficiary by giving 60 days written notice stating the reasons. Once agreed, the Coordinator can reallocate the tasks to other beneficiaries or nominate a replacement. Repayment of unspent funds, as calculated from monthly timesheets, will be made by the terminating party.
- In duly justified cases, any Beneficiary may request the termination of participation in the Project. The request must be submitted to the Coordinator who shall inform the EAHC by giving 60 days written notice stating the reasons.
- If any dispute arises between the parties, they can agree to seek an amicable settlement.

For  
The Coordinator

Name            Tim Marsh  
Position        Director of Modelling  
Place            London, UK  
Date

Signature

For

Name  
Position  
Place  
Date

Signature

## **Annex 1 • Tasks for the Beneficiary**

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The Associated Beneficiary is responsible for a successful implementation of their work as set out in the EC Grant Agreement. Partners and Work Package Leaders must communicate any significant change from the Grant Agreement in terms of work plan, timeline and deliverables to the Coordinator, who will discuss it with the executive group and will ask permission from the EAHC.

Specifically, you as the Associated Beneficiary need to implement the following tasks per the Work Packages you are involved in:

### **WP1 Coordination of the Project**

- Review and sign the Cooperation Agreement, put in place and maintain Project administration, and submit interim financial and technical reports by the requested deadlines.
- Respond to Project communications – e.g. information regarding Project meetings and other requests in a timely fashion.
- Prepare for and actively participate in the kick off meeting and final meeting.
- Participate in monthly teleconference meeting with project manager for the duration of the work packages that xxx are involved in.
- Provide the UKHF with original documents (e.g. receipts, timesheets) relating to expenditure on EConDA and timesheets at the end of each month so that they can keep a trail for audit and keep a track of all budgetary agreements.

....and so on with related jobs under each WP heading.

### **WP2 Dissemination of the Project**

### **WP3 Evaluation of the Project**

### **WP4 Form a consensus on methodology for measuring cost-effectiveness of interventions for chronic diseases**

**Associated beneficiaries that do not deliver the active contributions as stated above will not receive the money transfer as set out in their budget.**

## Annex 2 · Project budget and budget for Beneficiary

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### Budget for EConDA - 15.04.2013 – 14.10.2015 (30 months)

(To be tailored to individual partners)

#### A. Budget summary of Project

| Budget Item                  | Expenditure<br>EURO |
|------------------------------|---------------------|
| Staff costs                  |                     |
| Travel and subsistence costs |                     |
| Consumables                  |                     |
| Equipment                    |                     |
| Subcontracting               |                     |
| Other costs                  |                     |
| Overheads                    |                     |
| <b>Total Expenditure</b>     |                     |

| Budget Item                   | Income<br>EURO |
|-------------------------------|----------------|
| EC Funding                    |                |
| Contribution public officials |                |
| Applicant's contribution      |                |
| <b>Total Income</b>           |                |

Payment Schedule:

- The payment arrangement between the UK Health Forum and the EAHC is the following:
- 40% on approval of the grant agreement (payment received within 45 days of the last person to sign the grant agreement)

- When 30% of this initial pre-financing is spent and upon approval of 1<sup>st</sup> interim report (anticipated month 14 (June 2014) and technical implementation of annex 1 a further 30% will be paid.
- Project partners can anticipate receiving the first payment within 15 days of receipt of this signed cooperation agreement by email, and subsequent payments within 45 days of receipt by UKHF of the funds from the EAHC (all payments are subject to receipt of funds from EAHC).
- The balance payment will be made after the final technical report and final financial report have been approved by the EAHC.

B. Budget summary for

| <b>Budget Item</b>                  | <b>Expenditure<br/>EURO</b> |
|-------------------------------------|-----------------------------|
| <b>Personnel costs</b>              |                             |
| <b>Travel and subsistence costs</b> |                             |
| <b>Consumables</b>                  |                             |
| <b>Subcontracting</b>               |                             |
| <b>Other costs</b>                  |                             |
| <b>Overheads</b>                    |                             |
| <b>Total Expenditure</b>            |                             |

| <b>Budget Item</b>                   | <b>Income<br/>EURO</b> |
|--------------------------------------|------------------------|
| <b>EC Funding</b>                    |                        |
| <b>Contribution public officials</b> |                        |
| <b>Applicant's contribution</b>      |                        |
| <b>Total Income</b>                  |                        |

**C. Detailed Budget for**

**1. Personnel costs *not* pertaining to national officials**

| Function     | Name | Number of person days | Daily cost (EURO) | Cost (EURO) |
|--------------|------|-----------------------|-------------------|-------------|
|              |      |                       |                   |             |
|              |      |                       |                   |             |
|              |      |                       |                   |             |
| <b>Total</b> |      |                       |                   |             |

**2. Personnel costs pertaining to national officials**

| Function     | Name | Number of person days | Daily cost (EURO) | Cost (EURO) |
|--------------|------|-----------------------|-------------------|-------------|
|              |      |                       |                   |             |
|              |      |                       |                   |             |
|              |      |                       |                   |             |
| <b>Total</b> |      |                       |                   | <b>0.00</b> |

**3. Travel allowance**

| Purpose      | Means of transport | From | To | Number of persons | Cost (EURO) |
|--------------|--------------------|------|----|-------------------|-------------|
|              |                    |      |    |                   |             |
|              |                    |      |    |                   |             |
|              |                    |      |    |                   |             |
| <b>Total</b> |                    |      |    |                   |             |

**4. Subsistence allowance**

| Purpose | Place | Number of days | Daily rate | Number of persons | Cost (EURO) |
|---------|-------|----------------|------------|-------------------|-------------|
|         |       |                |            |                   |             |



|              |  |  |  |  |  |
|--------------|--|--|--|--|--|
|              |  |  |  |  |  |
|              |  |  |  |  |  |
|              |  |  |  |  |  |
| <b>Total</b> |  |  |  |  |  |

**5. Consumables and supplies directly linked to the Project**

| Description  | Cost (EURO) |
|--------------|-------------|
|              |             |
| <b>Total</b> |             |

**6. Subcontracting costs**

| Description  | Cost (EURO) |
|--------------|-------------|
|              |             |
|              |             |
| <b>Total</b> |             |

**7. Other cost**

| Description  | Cost (EURO) |
|--------------|-------------|
|              |             |
|              |             |
|              |             |
| <b>Total</b> |             |

## Annex 3 · Monthly timesheet

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**Project:** EConDA  
**Project-No.:** 2012 12 13  
**Year:**  
**Month:**  
**Name of staff:**

Week 1

| <b>Monday</b> | <b>Tuesday</b> | <b>Wednesday</b> | <b>Thursday</b> | <b>Friday</b> | <b>Saturday</b> | <b>Sunday</b> | <b>Total</b> |
|---------------|----------------|------------------|-----------------|---------------|-----------------|---------------|--------------|
|               |                |                  |                 |               |                 |               | 0            |

Week 2

| <b>Monday</b> | <b>Tuesday</b> | <b>Wednesday</b> | <b>Thursday</b> | <b>Friday</b> | <b>Saturday</b> | <b>Sunday</b> | <b>Total</b> |
|---------------|----------------|------------------|-----------------|---------------|-----------------|---------------|--------------|
|               |                |                  |                 |               |                 |               | 0            |

Week 3

| <b>Monday</b> | <b>Tuesday</b> | <b>Wednesday</b> | <b>Thursday</b> | <b>Friday</b> | <b>Saturday</b> | <b>Sunday</b> | <b>Total</b> |
|---------------|----------------|------------------|-----------------|---------------|-----------------|---------------|--------------|
|               |                |                  |                 |               |                 |               | 0            |

Week 4

| <b>Monday</b> | <b>Tuesday</b> | <b>Wednesday</b> | <b>Thursday</b> | <b>Friday</b> | <b>Saturday</b> | <b>Sunday</b> | <b>Total</b> |
|---------------|----------------|------------------|-----------------|---------------|-----------------|---------------|--------------|
|               |                |                  |                 |               |                 |               | 0            |

Week 5

| <b>Monday</b> | <b>Tuesday</b> | <b>Wednesday</b> | <b>Thursday</b> | <b>Friday</b> | <b>Saturday</b> | <b>Sunday</b> | <b>Total</b> |
|---------------|----------------|------------------|-----------------|---------------|-----------------|---------------|--------------|
|               |                |                  |                 |               |                 |               | 0            |

**Grand total** 0

Place and date .....

Signature of the staff: .....

Place and date .....

Signature of the responsible: .....

**Instructions:** To fill in from the first day of the month. Time sheets should be filled in starting from 15<sup>th</sup> April and should be submitted at the year end (i.e. the request for time sheets is likely to be at 12, 24 and 36 (i.e. April 2013, 2014, and 2015)) and should be submitted in signed hard copy.

## Annex 4 • List of Associated Partners and Collaborating Partners

### Associated Partners

All partners are involved in WP1 Coordination, WP2 Dissemination, and WP3 Evaluation

The following list identifies the Work Packages that Associated Beneficiaries are contractually signed up to. Participation in other work packages is encouraged but is a partners own expense.

| ORGANISATION                             | ACRONYM | MEMBER STATE | WP 4<br>Consensus | WP 5<br>Disease<br>Model | WP 6<br>Cost<br>Model | WP 7<br>Valid |
|--|---------|--------------|-------------------|--------------------------|-----------------------|---------------|
| UK Health Forum                          | UKHF    | UK           | Y                 | Y                        | Y                     | Y             |
| European Heart Network                   | EHN     | Belgium      | Y                 |                          |                       |               |
| Heart of Mersey Partnership              | HMP     | UK           | Y                 | Y                        |                       |               |
| Institute of Health, Portugal            | INSA    | Portugal     | Y                 |                          | Y                     |               |
| European Society of Cardiology           | ESC     | France       | Y                 |                          |                       |               |
| International Diabetes Federation        | IDF     | Belgium      | Y                 |                          |                       |               |
| University of Groningen                  | RUG     | Netherlands  | Y                 | Y                        |                       |               |
| Lithuanian University of Health Sciences | LUHS    | Lithuania    | Y                 |                          | Y                     |               |

### Collaborating Partners

|  |      |         |   |   |  |   |
|--|------|---------|---|---|--|---|
| World Health Organisation                              | WHO  | Denmark | Y | Y |  | Y |
| Organisation for Economic Co-operation and Development | OECD | France  | Y | Y |  | Y |

|   |      |             |   |   |   |  |
|---|------|-------------|---|---|---|--|
| European Cancer Organisation                    | ECCO | Belgium     | Y | Y |   |  |
| European Respiratory Society                    | ERS  | Belgium     | Y | Y |   |  |
| Warsaw University of Life sciences              | WULS | Poland      | Y | Y |   |  |
| European Kidney Health Alliance                 | EKHA | Belgium     | Y | Y | Y |  |
| European Association for the Study of the Liver | EASL | Switzerland | Y | Y |   |  |
| European Society for Medical Oncology           | ESMO | Switzerland | Y | Y |   |  |
| University of Helsinki                          | UoH  | Finland     | Y |   | Y |  |

## Annex 5 · Project contact details

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|                         | Name | Position | Email address | Telephone number |
|-------------------------|------|----------|---------------|------------------|
| <b>Coordinator Name</b> |      |          |               |                  |
| <b>Work Package 2</b>   |      |          |               |                  |
| <b>Work Package 3</b>   |      |          |               |                  |
| <b>Work Package 4</b>   |      |          |               |                  |
| <b>Work Package 5</b>   |      |          |               |                  |
| <b>Work Package 6</b>   |      |          |               |                  |
| <b>Work Package 7</b>   |      |          |               |                  |

## Annex 6 · Banking information

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|                                |                             |
|--------------------------------|-----------------------------|
| <b>Project Acronym:</b> EConDA | <b>Contract:</b> 2012 12 13 |
|--------------------------------|-----------------------------|

**Beneficiary's name** *(holder of the bank account)*

**Address of the Beneficiary**

**Name of the Bank**

**Address of the Bank**

|                                  |  |
|----------------------------------|--|
| <b>SWIFT CODE ( obligatory )</b> |  |
| <b>Bank Code</b>                 |  |
| <b>Account Number</b>            |  |
| <b>IBAN ( obligatory )</b>       |  |
| <b>Name of Account holder</b>    |  |

|   |  |
|---|--|
| <b>Date</b>                                   |  |
| <b>Financial Officer's name and signature</b> |  |
| <b>Stamp (if available)</b>                   |  |