EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR EUROPEAN CIVIL PROTECTION AND HUMANITARIAN AID OPERATIONS (ECHO)

ECHO.A - Emergency Management and rescEU
A.2 – Capacities and Operational Support

GRANT APPLICATION FORM

FOR THE ACTION 'RESCEU STOCKPILING OF MEDICAL COUNTERMEASURES AND/OR PERSONAL PROTECTIVE EQUIPMENT, AIMED AT COMBATTING SERIOUS CROSS-BORDER THREATS TO HEALTH'

General information

1. Context and objective of the grant

Decision 1313/2013/EU[1] as amended by Decision 2019/420/EU[2] defines the legal framework of rescEU and lays down the corresponding financial provisions. rescEU aims at providing assistance in overwhelming situations where overall existing capacities at national level and those committed by Member States to the European Civil Protection Pool are not able to ensure an effective response.

Implementing Decision (EU) 2019/1310[3] specifies the rules applicable to rescEU capacities (criteria for deployment, demobilisation and disengagement).

Implementing Decision (EU) 2019/570, as amended by Implementing Decision (EU) 2020/414[4], includes medical stockpiling capacities under rescEU and lays down the relevant quality requirements.

The objective of this grant is to develop and maintain a rescEU stockpile of medical countermeasures and/or personal protective equipment aimed at combatting cross-border health threats. The duration of the grant agreement should be at least five years and the quantities should be sufficient to constitute a relevant safety net at EU level.

The stockpile may cover the following categories of items, for the purpose of preparedness and response to COVID-19 and Ebola:

1. Personal protective equipment for first responders, laboratory workers or health care workers:
    - Respiratory protection (FFP2, FFP3)
    - Body protection
    - Hand protection
    - Eye protection
    - Foot protection
2. Intensive care medical equipment (this may comprise, but is not limited to, intensive care ventilators)
3. Vaccines and therapeutics against Ebola for high risk potential contacts, first responders, laboratory workers, health care workers, family members and other defined vulnerable groups

---

[1] Decision No 1313/2013/EU of the European Parliament and of the Council of 17 December 2013 on a Union Civil Protection Mechanism, OJ L 347, 20.12.2013, p. 924–947

[2] Decision (EU) 2019/420 of the European Parliament and of the Council of 13 March 2019 amending Decision No 1313/2013/EU on a Union Civil Protection Mechanism, OJ L 77I , 20.3.2019, p. 1–15

[3] Commission Implementing Decision (EU) 2019/1310 of 31 July 2019 laying down rules on the operation of the European Civil Protection Pool and rescEU (notified under document C(2019) 5614), OJ L 204, 2.8.2019, p. 94–99

[4] Commission Implementing Decision (EU) 2020/414 of 19 March 2020 amending Implementing Decision (EU) 2019/570 as regards medical stockpiling rescEU capacities

4. PPE kits to protect against Ebola for high risk potential contacts, first responders, laboratory workers, health care workers, family members and other defined vulnerable groups.

Following the conclusions of the Task Team meeting to be held in September[5], further items may be included in the applications. In this case, the Commission will send relevant information to all Member and Participating States.

2. Partnership-based approach

The development of new rescEU capacities is undertaken by Member States, in close coordination with the Commission. Strong partnership-based relationships between the Member States/Participating States applying for a grant and the Commission are essential to the successful development of rescEU capacities. Funding of specific assets can only be granted if they meet the needs identified by the Member States experts.

The Commission should be kept informed of the main steps taken by the applicant for the development of the capacities. This will ensure that the capacities are developed in line with the needs identified by the Member and Participating States experts and that the grant execution follows European level developments of rescEU.

With regard to procurement procedures carried out by the applicant to develop the capacity, the relevant procurement documents must be made available to the Commission at the stage of the application. If the procedure has not been launched yet, it is highly recommended to inform the Commission about the technical specifications before launching the tender. This is to ensure compatibility with other European initiatives being carried out at the same time and fulfilment of technical requirements defined in the Annex to Implementing Decision (EU) 2019/570, as amended by Implementing Decision (EU) 2020/414. The result of the award procedure must be communicated to the Commission within 5 calendar days after the end of the procedure. If the procedure has already been launched or is finalised, the related documents could be requested by the Commission during the evaluation of the application.

If, during the implementation period, the applicant organises meetings, workshops, or trainings related to technical characteristics of the capacity or its use, the Commission will have to be informed in advance. Where possible, representatives of the Commission may attend those meetings, workshops and trainings as observers.

3. Conditions for Union financial support

The application must be submitted in writing, using the present application form and drafted in one of the EU languages. However, in order to facilitate assessment by evaluators, applicants, if the application is not in English language, are encouraged to submit an English translation.

Only competent authorities of Member and Participating States in the context of the Union Civil Protection Mechanism may submit an application, or entities authorised by a Member

[5] The indicative date of the remote meeting is 2 September 2020. The Commission will confirm the date and connection mode to all Member and Participating States in the second half of August.

State to develop rescEU capacities and to request and receive financial support from the Commission on behalf of that Member State.

Applicants must not be in an exclusion situation as referred to in Article 136 of the Financial Regulation[6].

This application relates to the development and maintenance of a rescEU capacity for a duration of at least five years. The eligible activities under this grant are all those necessary to the development and the maintenance of the capacity. For medical stockpiling, the development phase corresponds to the acquisition, rental or leasing, as well as in-house building of the capacity or components of the capacity. The maintenance phase corresponds to the activities necessary to ensure that the items are functional and deployable at all times. Training costs linked to the first use of the capacity are in principle included in the development costs.

The development and maintenance of capacities may only receive a grant if the capacity meets the necessary quality requirements specified in the Annex to Implementing Decision (EU) 2019/570, as amended by Implementing Decision (EU) 2020/414. The mandatory requirements to be met for each category of medical items are detailed below. Only applications for capacities meeting the quality requirements laid down in the Annex to Implementing Decision 2019/570 as detailed in the mandatory technical requirements will be considered for funding.

The eligible categories of costs are defined in Annex IA of the Decision 1313/2013/EU[7] as amended by Decision (EU) 2019/420[8] :

- Equipment costs
- Maintenance costs, including repair costs
- Insurance costs
- Training costs
- Warehousing costs
- Registration and certification costs
- Cost of consumables
- Cost of personnel required to ensure the availability and deployability of rescEU capacities.

To be considered as eligible, costs declared by the applicant must comply with Article II.19 of the General Conditions of the Grant Agreement, as well as with further Special Conditions of the Grant Agreement, where applicable.

Costs incurred before the signature of the Grant Agreement will not be considered as eligible unless the applicant can demonstrate the need for starting the action prior the signature of the grant agreement.

The Union financial support corresponds to 100% of the total estimated costs, provided that the declared costs comply with the eligibility requirements of Decision 1313/2013 and

---

[6] See Article 136 of Regulation 2018/1046: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32018R1046

[7] Decision No 1313/2013/EU of the European Parliament and of the Council of 17 December 2013 on a Union Civil Protection Mechanism, OJ L 347, 20.12.2013, p. 924–947.

[8] https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32019D0420

the grant agreement. Only eligible costs will be taken into account to calculate the Union financial contribution.

The Commission may, during the implementation of the action or afterwards, carry out technical and financial checks and audits to determine that the beneficiary is implementing the action properly and is complying with the obligations under the Agreement.

In line with Article 10 of Implementing Decision 2014/762/EU, the applicant shall ensure the registration of the capacity developed under the grant agreement in CECIS and launch the certification process as soon as the capacity is available[9]. The applicant shall also take care of all necessary national registration and certification procedures allowing the deployment of the capacity.

4. Grant award and management procedure

The award criteria facilitate the evaluation of applications in relation to the set objectives and priorities of rescEU.

Applications fulfilling the above-mentioned eligibility, exclusion and selection criteria, and meeting the quality requirements laid down in the Annex to Implementing Decision (EU) 2019/570 will be assessed on the basis of the following award criteria:

Criterion	Elements taken into account	Maximum score	Minimum threshold
Time for development	- Priority will be given to a shorter timeline for the establishment of the stockpile	**10**	**7**
Efficient and sustainable management of the stock	- Policies, strategies, and procedures to face low offer of medical countermeasures and personal protective equipment, and to ensure the security of supplies. - Management of stocked medical countermeasures and personal protective equipment throughout the duration of the action and strategies to manage aspects such as perishability (e.g. a first in, first out system; use of perishable products by hospitals or other health care institutions, etc).	**45**	**32**
Effective deployability	- Accessibility of the stockpile - Mitigating measures foreseen in case of disrupted international transport for the deployment.	**45**	**32**

A grading system with a maximum of hundred (100) points is used according to the point system described above. The minimum score required for the proposal to be selected is 70.

[9] Commission Implementing Decision of 16 October 2014 laying down rules for the implementation of Decision No 1313/2013/EU of the European Parliament and of the Council on a Union Civil Protection Mechanism and repealing Commission Decisions 2004/277/EC, Euratom and 2007/606/EC, Euratom (notified under document C(2014) 7489)

The Commission will take into account the geographical balance of the capacities to be developed under rescEU.

If the total requested amount of all the pre-selected technically sufficient projects exceeds the total indicative budget of EUR 170 million available for this action[10], the proposals will be ranked according to the total points given to them. The Evaluation Committee will propose that the Authorising Officer selects those projects with higher ranking within the limits of the available budget.

Upon completion of the above-mentioned procedure, the Authorising Officer will take the decision on the project proposals to be co-financed, including the respective maximum financial amount and the rate of co-financing granted.

Please note that the Commission reserves the right to award a grant amounting to less than the amount requested by the applicant. However, grants will not be awarded for more than the amount requested in the proposal. Only eligible costs under Annex Ia of Decision 1313/2013/EU will be taken into account to determine the maximum amount of the grant.

Once the responsible authorising officer has taken his/her decision to award a grant, the applicant will receive a notification letter with the grant agreement to be signed.

The Commission may agree on one or several pre-financing payments based on the type of activities. Where necessary, the pre-financing payments may follow the schedule of payments incurred by the beneficiary to develop the capacity. The aim of the pre-financing is to provide the beneficiary with a flow of cash. The pre-financing remains the property of the Union until it is cleared against interim payments or payment of the balance.

Reporting requirements will be adapted to each capacity, taking into account the duration and specificities of the action and the amount of the grant.

If relevant, in addition to these reporting requirements, the applicant must inform the Commission by 31 December each year about the cumulative expenditure incurred from the starting date. This information is required for the Commission's accounting purposes and may not be used for determining the final amount of the grant.

[10] As stipulated in the amended Annual Work Programme

PROGRAMME CONCERNED
rescEU
REFERENCE NUMBER
SUMMARY OF THE APPLICATION
Title: *NL to the RescEU*
Identity of the applicant: *Ministry of Health, Welfare and Sport*
Summary of the action: *Organisation and management of a RescEU physical medical stockpile of medical equipment (plug-and-play) for five years. More specifically:* *Via tendering and subcontracting purchase of the following CE-certified medical equipment:* - 5.1.2b *Multiparametric patient monitoring devices and necessary accessories* 5.1.2b *Premium bedside and* 5.1.2b *high-end transport)* - 5.1.2b *central overview stations and necessary accessories* - 5.1.2b *Ultrasound machines and necessary accessories* - 5.1.2b *Oxygen concentrators and necessary accessories.* *The tender will include the quality control, storage, maintenance, replenishment and management of the stockpile of the medical equipment and accessories. This includes all necessary measures to ensure direct accessibility to the stockpile and readiness for deployment within 12 hours and safe transport of the products to all EU member states via road, boat, rail and air, including installation (within a few hours) and training in the country of destination.* *To improve the rapid deployment and prompt operational use in high care units, the Netherlands proposes – rather than deploying the separate items - to deploy the items in specially composed kits. The composition of these kits can be discussed with DG Echo before the tender procedure will be set up.* *This proposal represents a full-service integrated stockpile that maximizes the value for money for the EU and Member States receiving goods from the stockpile. The "ready state" configuration, resilient packaging and simplified end-to-end maintenance and deployment pathway supports an economically advantageous value proposition that removes stockpile complexity and increases equipment effectiveness and utilization in deployment.* *The ministry of VWS strongly believes that the execution of this action would be most successful in cooperation with parties that have extensive proven experience and expertise with these type of activities. This will also be expected from the parties that subscribe to the tender for medical equipment and accessories. As coordinator the ministry of VWS will maintain close contact to all parties involved to ensure a correct,*

safe and fast execution of the activities. The ministry will also inform the European Commission promptly and effectively regarding all ongoing activities.
Duration (in months): *60 months*
Start date: *1 January 2021*
Total estimated costs: € 5.1.2b
Requested EU contribution (in €): € 5.1.2b

Please make sure that your application:

- is submitted on the correct form, completed in full and dated;
- is signed by the person authorised to enter into legally binding commitments on behalf of the applicant;
- presents a budget in conformity with the funding rules;

A scanned copy of the signed evaluation form must be submitted to 5.1.5 5.1.5 @ec.europa.eu by 25 September 17:00 CET.

The evaluation committee or, where appropriate, the authorising officer responsible may ask an applicant to provide additional information or to clarify the supporting documents submitted in connection with the application, provided that such information or clarification does not substantially change the proposal.

By submitting an application, the applicant accepts that in case of award certain data like the name, locality and amount (amongst others) will be published.

I. INFORMATION ON THE APPLICANTS

1 REFERENCES OF THE APPLICANTS

1.1 IDENTITY OF THE APPLICANT
Official name in full: *Ministry of Health, Welfare and Sport*
Acronym: *VWS* (if applicable)
Official legal form: *Public Entity* (Not applicable if the applicant is a natural person)

Independent Legal personality[11]: *No*
Place of establishment or registration: *Ministerie van Volksgezondheid, Welzijn en Sport* *Parnassusplein 5* *2511 VX Den Haag* *The Netherlands* **Postal address** *Ministerie van Volksgezondheid, Welzijn en Sport* *Postbus 20350* *2500 EJ Den Haag* *The Netherlands*
Entity registration number (only applicable to private bodies): *N.A.* Reference to the act, law, decree or decision that established the organisation as a public body (only applicable to public bodies): *N.A.*
VAT number (if applicable): 5.1.2b

The legal details are to be attached to the application using the Legal Entity Form available at: http://ec.europa.eu/budget/contracts_grants/info_contracts/legal_entities/legal_entities_en.cfm[12]

1.2 CONTACT DETAILS
Street address: *Parnassusplein 5*
Postcode: *2511 VX*
City: *Den Haag*
Region (if applicable): *N.A.*
Country: *Netherlands*

[11] The following entities may exceptionally also be regarded as a legal entity, without having an independent legal personality: Ministries or other executive services which are part of the public administration of a (central or federated) State and directly linked to the government, in accordance with the officially published organisation of the State.

[12] **ATTENTION**: *Applicant already registered as a Legal Entity in the Commission register does not need to submit the supporting document to the LEF forms. This is typically the case when the applicant is benefitting or has directly benefited from EU funding (as a beneficiary of grant agreements or decisions, or as a contractor for service/study or other market contracts) with a final payment after 2009. In this case, please provide clear grant agreement / contract reference(s) for the recent EU funding and the Commission service(s) responsible.*

Telephone: *+31703407911*	Mobile: *N.A.*
Fax: *+31703407834*	
E-mail address: *N.A.*	
Website: https://www.government.nl/ministries/ministry-of-health-welfare-and-sport	

Any change in the addresses, phone numbers, fax numbers or e-mail, must be notified in writing to the Authorising Officer. The Authorising officer will not be held responsible in the event that it cannot contact an applicant.

1.3 CONTACT PERSON RESPONSIBLE FOR THE PROPOSAL	
Family name: 5.1.2e	First Name: 5.1.2e
Position/Function: 5.1.2e	
Telephone: N.A.	Mobile: +31 6 5.1.2e
Fax: N.A.	
E-mail address: 5.1.2e @minvws.nl	

1.4 LEGAL REPRESENTATIVE (PERSON AUTHORISED TO SIGN THE AGREEMENT)	
Family name: 5.1.2e	First Name: 5.1.2e
Position/Function/Mandate: 5.1.2e at the Ministry of Health, Welfare and Sport.	
Telephone: N.A.	Mobile: N.A.
Fax: N.A.	
E-mail address: 5.1.2e minvws.nl	

2 REFERENCES OF THE AFFILIATED ENTITY (if applicable)
2.1 IDENTITY OF THE AFFILIATED ENTITY

(This box shall be filled in by all affiliated entities, including the case where several entities satisfy the criteria for being awarded a grant and together form ONE entity, to be treated as the sole beneficiary.)
Official name in full: *Not applicable*
Acronym: (if applicable)
Official legal form: (Not applicable if the applicant is a natural person)
Independent Legal personality[13]: (Reply by "YES" or "NO").
Entity registration number: (Not applicable if the applicant is a public-sector body.)
VAT number (if applicable):
Legal or capital link with the applicant, if applicable: The applicant should provide a short description of the legal or capital link with the applicant and provide the statutory documents and/or consolidated accounts.

The legal details are to be attached to the application using the Legal Entity Form available at:
http://ec.europa.eu/budget/contracts_grants/info_contracts/legal_entities/legal_entities_en.cfm

3 BANK DETAILS

The bank details are attached as an annex to the Bank Account Form (BAF). The form is available at: http://ec.europa.eu/budget/contracts_grants/info_contracts/financial_id/financial_id_en.cfm

[13] The following entities may exceptionally also be regarded as a legal entity, without having an independent legal personality: Ministries or other executive services which are part of the public administration of a (central or federated) State and directly linked to the government, in accordance with the officially published organisation of the State.

4 PROFILE OF THE APPLICANT/AFFILIATED ENTITY

4.1 Applicant

PROFILE OF THE APPLICANT — GENERAL AIMS AND ACTIVITIES

The applicant should provide a short description of the organisation, its role in the management of medical emergencies like pandemics.

The Netherlands healthy and well. This is the motto of the Dutch Ministry of Health, Welfare and Sport (VWS). The ambition of the Ministry of VWS is to keep everyone healthy as long as possible and to restore the sick to health as quickly as possible. The ministry also seeks to support people with a physical or mental limitation and promote social participation.

Crisis management is an integral part of the mission of the Ministry through a dedicated crisis and infectious diseases management department. In addition to the regular crisis department, a specific department has recently been created for all COVID-related actions.

The Ministry of VWS has shown flexibility and creativity in its response to the COVID-crisis. A few examples are:

- *With regard to availability of PPE during the COVID-crisis, the ministry has set up a National Consortium for Medical Devices (LCH). The LCH originated from a cooperation between hospitals, businesses and the Dutch state to procure PPE for the Dutch healthcare sector.*
- *The ministry of VWS, in cooperation with Sky Team, has set up an air bridge between China and the Netherlands to ensure quick transport and import from PPE and other needed products.*
- *To circumvent or lift the closing of borders the ministry of VWS has successfully used diplomatic contacts and worked extensively together with Dutch embassies in the related countries.*

(https://www.rijksoverheid.nl/ministeries/ministerie-van-volksgezondheid-welzijn-en-sport/tijdelijke-crisisstructuur/landelijk-consortium-hulpmiddelen).

4.2 Affiliated Entity (Repeat this part as often as is required to include all affiliated entities)

PROFILE OF THE AFFILIATED ENTITY No 1 — GENERAL AIMS AND ACTIVITIES

The affiliated entity should provide a short description of the organisation, its role in the management of medical emergencies like pandemics.

Not applicable.

II. OPERATIONAL AND FINANCIAL CAPACITY

1 OPERATIONAL CAPACITY

1.1 Applicant

OPERATIONAL CAPACITY TO COMPLETE THE PROPOSED ACTION OF THE APPLICANT
Please confirm that the applicant can implement the action (e.g. please provide information on resources in terms of skilled personnel, authorisations, materials, equipment, etc., to implement the action covered by the grant). *The Ministry of Health, Welfare and Sport (VWS) is a Public Entity.* The authorising officer decided to waive the obligation to verify the operational capacity of public bodies, according to article 198.6 of the Financial Regulation.

1.2 Affiliated Entity No1 *if applicable* (Repeat this part as often as is required to include all affiliated entities)

OPERATIONAL CAPACITY TO COMPLETE THE PROPOSED ACTION OF THE AFFILIATED ENTITY No 1
Not applicable

2 FINANCIAL CAPACITY

As stated under Article 198.5 of the Financial Regulation, the verification of the financial capacity shall not apply **to public bodies**, including Member States Organisations.

III. INFORMATION ON THE ACTION FOR WHICH THE GRANT IS REQUESTED

1 DESCRIPTION OF THE ACTION
Title: NL to the rescEU
Summary of the project: In max. 20 lines, please describe and summarise the action you intend to develop. *Organisation and management of a RescEU physical medical stockpile of medical equipment (plug-and-play) for five years. More specifically:* ***Medical equipment*** *Via tendering and subcontracting purchase of the following CE-certified medical equipment:* - 5.1.2b *Multiparametric patient monitoring devices and necessary accessories (*5.1.2b *Premium bedside and* 5.1.2b *high-end transport)* - 5.1.2b *central overview stations and necessary accessories* - 5.1.2b *Ultrasound machines and necessary accessories* - 5.1.2b *Oxygen concentrators and necessary accessories.* *The tender will include the quality control, storage, maintenance, replenishment and management of the stockpile of the medical equipment and accessories. This includes all necessary measures to ensure direct accessibility to the stockpile and readiness for deployment within 12 hours and safe transport of the products to all EU member states via road, boat, rail and air, including installation (within a few hours) and training in the country of destination.* *To improve the rapid deployment and prompt operational use in high care units, the Netherlands proposes – rather than deploying the separate items - to deploy the items in specially composed kits. The composition of these kits can be discussed with DG Echo before the tender procedure will be set up.* *This proposal represents a full-service integrated stockpile that maximizes the value for money for the EU and Member States receiving goods from the stockpile. The "ready state" configuration, resilient packaging and simplified end-to-end maintenance and deployment pathway supports an economically advantageous value proposition that removes stockpile complexity and increases equipment effectiveness and utilization in deployment.*

The ministry of VWS strongly believes that the execution of this action would be most successful in cooperation with parties that have extensive proven experience and expertise with these type of activities. This will also be expected from the parties that subscribe to the tender for medical equipment and accessories. As coordinator the ministry of VWS will maintain close contact to all parties involved to ensure a correct, safe and fast execution of the activities. The ministry will also inform the European Commission promptly and effectively regarding all ongoing activities.

Objectives and results

Please describe the general and specific objectives of the action and the results expected, including the EU added-value.

Max. 20 lines

The general objective of the action is to contribute to the EU's ability to respond effectively and efficiently to a health emergency and to be prepared for a health crisis in the (near) future. This includes ensuring the direct availability of sufficient, reliable and CE-certified medical products for all EU member states in case of an emergency.

The specific objective of this action is to ensure the immediate availability – when needed - on the European continent of specific CE-certified medical equipment (patient monitoring systems, ultrasound machines, oxygen concentrators) and related accessories, including deployment within 12 hours and transport to all EU member states within 48 hours.

The results that we expect from this action, including the EU-added value:

- *To contribute to and enhance the European preparedness for the possible next (health) crisis.*
- *To ensure availability of specific medical products and ensure adequate healthcare (response) by experienced and professionals parties for all European citizens.*
- *To prevent shortages of specific medical products in Europe in case of a next global surge in demand.*
- *To build and strengthen knowledge in responding to crises and contribute to the building of an European infrastructure for this.*

Development of the capacity

Please describe how you intend to develop the entire capacity: buying, renting or leasing of equipment or services. Please provide us with a detail for each part necessary to develop the capacity (intensive care medical equipment, personal protective equipment, vaccines and therapeutics).

Please note that if you intend to develop some parts of the capacity through service contracts, the Commission may ask for all the details linked to the contract that you will sign.

The Netherlands will set up a tender for the purchase, storage, quality control, maintenance, replenishment and (re-)deployment of medical equipment. We are keen to select a trusted international supplier that has a thorough experience/installed base within the European market, has a European network and can offer a range of

integrated services to support quick crisis response, good governance and administration practices.

We propose a "ready to deploy" fully serviced physical stockpile located in the Netherlands. This includes 5.1.2b *CE-certified Multiparametric patient monitoring devices (* 5.1.2b *high-end bedside and* 5.1.2b *high-end transport and necessary accessories,* 5.1.2b *central overview stations and necessary accessories,* 5.1.2b *Ultrasound machines and necessary accessories and* 5.1.2b *oxygen concentrators and necessary accessories.*

To ensure a quick, reliable and local development of the medical stockpile we will request in the tender that:

- *The manufacturing of the CE-certified patient monitoring will take place inside the EU;*
- *The CE-certified products will be available within 5 weeks after placing the order.*

To ensure that the medical equipment can be used quickly and efficiently– after deployment, we will request the following:

- *The company must be able to provide direct (local), virtual and/or e-learning training when needed.*
- *A minimum average market share in patient monitors and ultrasounds across EU-member states. The number can reflect the installed base or % of nursing staff that is already used to working with these devices. Requesting equipment with a high European market share helps easy deployment and inclusion into an existing installed base. Since we are facing a world-wide nursing staffing shortage to cover the additional high acuity beds, a three-tiered learning approach will be preferred to train new users how to effectively use the equipment to ensure smooth deployment.*
- *The medical equipment will have to fit well into existing workflows at European ICUs. We will request medical equipment that is already in use in a substantial portion of European hospitals, to support a smooth response in case of a crisis. This will also prevent technical difficulties due to non-compatibility of systems. European Market share will, next to price and proven track record on the lifetime of their equipment, therefore be a key selection criterion in our tender.*
- *The central monitoring station must be ready to be deployed including screens, networking components, switches, cables, bed-labels and other parameters pre-set. Pre-configuration settings should be available in German, French and English language, with an option to further localize upon arrival in the EU-member state when needed (included in the budget). There should be no need for additional configuration, reducing risk of incomplete package delivered when speed of correct delivery and implementation is of the essence.*

Timeline for development of the capacity

Please indicate **for each type of item** composing the capacity the estimate date by when it will be available for deployment.

VWS will set up a tender and request an integrated approach for the complete purchase, quality control, storage, maintenance, deployment and replenishment of the stockpile of medical equipment. Under the regular procurement procedure VWS will

aim to prepare the tender in order to have a contract within 4 months after signing the Grant Agreement. A negotiated procedure without publication due to the COVID-19 emergency[14] would substantially shorten this period to about 2 months.

In the tender we will request that the first 5.1.2b *patient monitors and* 5.1.2b *ultrasound machines, for the 'ready to deploy' stock will be available within five weeks from placing the order with the selected company. This has to include all components. The timeline for the delivery and stockpiling of the other items can be negotiated but should be no longer than 8 weeks after reaching the agreement.*

To decrease the impact from global supply restrictions, the Netherlands will request that the monitoring equipment is manufactured in factories located inside the EU.

The necessary measures (i.e. storage, quality control etc.) to ensure a readily available and deployable stockpile will be part of the tender and will also have to be set up by the selected company within five weeks after the signing of the contract.

Summarized: after the signing of the contract with the selected company the medical stockpile should be available for deployment within two months.

Description of the capacity to be developed

The applicant should describe the specifications of the capacity based on the quality requirements set in the Annex to Commission Implementing Decision (EU) 2019/570, as amended by Commission Implementing Decision (EU) 2020/414. Quality standards beyond the minimum requirements indicated in the Implementing Decision should be mentioned by the applicant.

In particular, PPE and medical devices need to comply with the Regulation (EU) 2016/425 of the European Parliament and of the Council of 9 March 2016 on individual protective equipment or the Council Directive 93/42/EEC or Regulation (EU) 2017/45 on medical devices, bear relevant CE- markings, and follow the WHO and ECDC minimum standards and guidelines outlined below:


WHO_COVID-19 v4 Disease Commodity


WHO-2019-nCoV-Cli Fnical-Ventilator_Spec


ECDC novel-coronavirus-pe

The following standards are specific to PPE against Ebola:

14 See Guidance from the European Commission on using the public procurement framework in the emergency situation related to the COVID-19 crisis (2020/C 108 I/01)

Ebola Commodity package.pdf

Regarding Ebola countermeasures, please find below a list of items agreed during the 8th Task Team meeting that could be considered for stockpiling under rescEU. Please note that **only the first vaccine** (rVSVΔG-ZEBOV-GP (Ervebo)) may be included under the application for a grant[15]:

Annex 1_8th TT meeting.pdf

If additional items appear to be relevant for rescEU following the Task Team meeting to be held in September 2020, the Commission will send information on the applicable minimum requirements to all Member and Participating States.

Please find below a non-exhaustive list of information needed for the Commission to evaluate the proposal. Should you consider that additional information might be useful do not hesitate to provide it.

Patient monitoring systems, plus ultrasound and oxygen machines

1. Number of items

Prior to the COVID-crisis, Europe counted 73,585 critical care beds. That is an average of 11,5 beds per 100.000 people. We suggest an emergency stockpile of medical equipment to scale the European ICU capacity with another 2300 monitored beds. This means increasing the average to 11,9 beds per 100.000 people.[16]

The Netherlands proposes:

5.1.2b *CE-certified patient monitoring systems (*5.1.2b *Premium bedside and* 5.1.2b *high-end transport), including the necessary accessories. The patient monitoring systems have to have at least the following functionalities:*

a. *Electrocardiograms (ECG) and respiration*
b. *Oxygen saturation (SpO_2)*
c. *Non-invasive blood pressure (NIBP)*
d. *2 invasive pressures (IBP)*
e. *Temperature (Temp)*
f. *Microstream Capnography (CO_2)*

All monitors should be in ready-to-deploy state, pre-configured, updated, and include all required accessories such as roll-stands, cables, and consumables.

5.1.2b *CE-certified central overview stations to be used in ICU settings, including accessories and bed licences. The overview stations will include licenses to be able to*

[15] The Ad26.ZEBOV/ MVA-BN-Filo vaccines identified during the 8th Task Team meeting have recently received EU market authorisation. Since these vaccines require at least two immunisations, they are **not suitable under rescEU**, which is intended for emergency response.

[16] *This average does not include the beds that are purchased during the first COVID-19 wave.*

monitor at least 16 beds per unit and have an audible and visible central alarm function for each patient in alarm state. They will also have ADT interfacing and 7 days full disclosure data storage. The central monitoring station will be ready to be deployed including bed-labels and other parameters pre-set.

5.1.2b *CE-certified handheld ultrasound machines, including accessories. The machines will be portable and ready-to use. The ultrasound sets will include the necessary probes to provide maximum image quality on Lung, Cardiac, Abdomen and Vascular to answer to the demand for critical care and triage. Sets will include all necessary accessories for usage, including ultrasound gel and display.*

5.1.2b *CE-certified oxygen concentrators, including necessary accessories. Such devices concentrate the level of oxygen present in room air and allow safe administration to a patient on doctors request. Patients suffering e.g. from COVID-19 often experience shortness of breath, which may last long after they have been discharged from the ICU. Oxygen therapy is provided to these patients after discharge to support their recovery. During the first COVID-19 wave, a huge shortage on portable oxygen concentrators arised in nursing homes across the EU.*

In a normal year, for the Dutch market alone there is a need for 5.1.2b *to* 5.1.2b *devices. We've seen this need triple due to the COVID situation. Based on these numbers, we estimate* 5.1.2b *oxygen concentrators will provide a first good basis for a European medical stockpile.*

Proposal to use kits

To improve the rapid shipment, deployment and prompt operational use in high care units, the Netherlands proposes – rather than deploying the separate items - to deploy the items in specially composed kits of various sizes. We suggest a stockpile composed of 3 different monitoring kits:

2. *Large kit (ICU Unit kit): a set of 12 Premium multi-parametric bedside patient monitors, roll stands, and 1 central overview station. The kit also includes all the necessary accessories and 30 days of consumables. This kit would – at once – add monitoring to equip a full integral ICU unit to a hospital in need. It would equip 12 ICU beds and the central monitoring station helps to retain overview of the large number of patients. The overview station should consist of two screens; each displaying 6 beds, which is a proven, safe configuration used across Europe. Twelve beds per ICU kit is chosen because it is a manageable number of beds (matching the size of an average European ICU unit). Complete step-by-step instructions enable hospital staff to deploy an ICU unit in just a few hours.*
   NB: Whenever there are >4 beds, a central overviewing station becomes a must for guarding patient safety and retain overview by the medical staff.
3. *Small kit (ICU add-on kit): a set of 4 Premium multi-parametric bedside patient monitors with roll stands. This also includes all the necessary accessories and 30 days of consumables. This kit can equip 4 extra beds at an already existing ICU unit. This kit does not include an central overview station. Therefore, the 4 extra beds have to be managed stand alone or have to be connected to an already existing (compatible) central overview station.*
4. *Flexible kit: a set of 4 flexible (handheld) ICU level portable monitors including all the necessary accessories and 30 days of consumables. These monitors can be deployed in triage (pre-ICU), in-ICU, or stay with the patient*

during transport providing a flexible and safe solution across the emergency area. In case of emergency capacity needed, the handheld monitors can turn into full fledge bedside monitors to support additional ICU bed capacity. A central station could be included to support a full unit kit. Roll stands are included to support beside usage.

***NB:** the equipment in the stockpile could also be deployed in differently composed kits (as described above), depending on the type of emergency. It is also (easily) possible to add other equipment, such as the oxygen concentrators or the ultrasound machines to a to-be-deployed kit.*

All kits will have to be supported with installation, localization and training services across the EU. This include local language display setting adaptations for all major European languages, making the stockpile fully-compliant with local use regulatory requirements in the deployment phase. Video training modules and service desk support will be requested to support ease of installation, clinical training and troubleshooting.

5. Name of the product

To be determined.

6. Category

   Multiparametric Patient Monitors: Class IIb
   Central overview station: Class IIb
   Normal Accessories and Disposables: Class I
   CO_2 and Temperature disposables: Class IIa
   Oxygen concentrators: Class IIb

7. *Reusable / disposable (if relevant)*

   All hardware equipment is reusable
   From the measurement accessories, the following are disposable to minimize infection risk:
   a. *ECG electrodes*
   b. *Capnography tubing*
   c. *SpO_2 sensors*
   d. *Blood pressure cuffs*
   e. *Temperature probes*

8. *Size, if applicable*

Costs for warehousing and logistics are included in this proposal.

9. Confirmation that the products meet the detailed technical specifications, as described in the documents attached above and that they are CE-marked. The applicable EU legislation is Regulation (EU) 2016/425 or Council Directive 93/42/EEC or Regulation (EU) 2017/745.

All medical equipment that will be purchased will be CE-marked and will meet the applicable EU legislation.

10. CE- marking: please attach the EU Declaration of Conformity (for all capacities) with the indication of the Notified Body (for PPE Cat. III and Medical Devices Class II and III) and Certificate issued by Notified Body (for Medical Devices Class II and III)- these documents must be provided when the items are registered in CECIS at the latest

This information is not known yet. After finalization of the tender, the Declaration of Conformity will be shared.

11. Standards followed, regulatory status

All products are regulatory cleared across Europe.

12. Accessories and spare parts included

The following patient monitoring accessories are included:

f. *ECG Cable and ECG leadsets*
g. *Masimo SpO2 connector cable*
h. *NIBD Hose*
i. *Temperature Expansion cable*
j. *Power cables for multiple sockets*
k. *Monitor roll stands (with patient monitors)*
l. *Microstream FilterLine set for intubated patients*
m. *Microstream CapnoLine for non-intubated patients*

The following central overview station accessories are included:

2 wide screen displays
Cisco Port switches
Required hardware PCs
Power and networking cables to deliver a ready to deploy set

The following ultrasound machine accessories are included:

Probes required for high quality imaging of Lung, Cardiac, Abdomen and Vascular
Ultrasound gel
Power supply
Display

The following oxygen concentrator accessories are included:

Air filters
Connection hose humidifier

The following Disposables are included:

n. *ECG electrodes*
o. *Capnography tubing*
p. *SpO_2 sensors*
q. *Blood pressure cuffs*
r. *Temperature probes*

If necessary, these disposables will be replaced during preventive maintenance cycle to ensure they do not expire when of need. All spare parts are on stock at and available within 24 hours.

13. Warranty

In the tender we will request a one-year warranty on all medical equipment included. Additional service for up to 5 years warranty is included while the equipment is at the stockpile. When the equipment is in use, the local user is responsible for service and maintenance. Vendors offering (corrective) maintenance services across the EU member states are highly evaluated.

14. Shelf life, expiry date

Patient monitors have an average lifetime of 8-12 years. All monitors included will remain in full support (preventive maintenance) for the contract duration. The selected company has to keep the systems on the latest and greatest functionality using software upgrades. Software and PC hardware will be kept under a software maintenance contract, executed during the cyclic preventative maintenance (every 12 months). Monitoring batteries and supplies will be checked during the yearly preventative maintenance review and replaced where necessary. Preventative maintenance and replenishment of disposables in the physical stockpile should be included in the pricing.

For the disposables (depending on brand and type):

> *The average shelf life of ECG electrodes is about 12 months.*
> *The average shelf life of a Temp skin surface probe is 24 months.*
> *An average SpO2 sensor has 3 year shelf life upon manufacture. There is a minimum 1 year of life when received by the end user. This means in this case that the SpO2 sensors in the physical stockpile will be replaced every 2 years, together with the service and presentative maintenance checks of the entire physical stockpile.*

15. Storage requirements (size, wage, special temperature/humidity requirements)

Most of the medical equipment is delicate and/or bulky. Therefore, the equipment should be stored in waterproof and dust proof packaging. Storage requirements are between -20 °C to 60 °C, 5% to 95% Relative Humidity (RH) non condensing.

16. Physical/virtual stockpile

The Netherlands is proposing a ready-to-deploy (plug-and-play) physical stockpile (100%).

17. If available: brand/name of the items

Not available yet.

18. Insurance (warehousing loss and damage)

The cost for insurance is included in the overall proposal and pricing.

Management of the stockpile

- Maintenance of the stocks

Please describe the maintenance modalities of the stockpile throughout the duration of the action , and in particular:

- Policies, strategies, and procedures to face low offer of medical countermeasures and personal protective equipment, and to ensure the availability of supplies.

Actions to prevent low offer of medical countermeasures:

- *The selected company has to have a preparedness plan for emergencies.*
- *The selected company has to stay closely aligned on managing their supply within the EU. This means that there is a close collaboration between the EU responsible entity and the Dutch supplier on the demand of the EU countries and decision making of allocating supply and on the determination of stock levels of the stockpile.*
- *To decrease the impact from global supply restrictions, the Netherlands will request that the patient monitoring equipment is manufactured in factories located inside the EU.*
- *During a crisis the selected company has to produce a monthly review of the status of the psychical stockpile, perform an analysis of previous months in the context of the crisis and give – when necessary - a re-purchase proposal to prevent an empty stockpile. This could be done together with DG Echo. A protocol would have to be developed for this.*
- *An option to minimize (possible) shortages is a device recovery model. This could include decontamination, maintenance and refurbishment of deployed devices. Also asset tracking could be considered to minimize any loss of devices after deployment.*

- Measures to manage the stocks and avoid expiration of the products (e.g. a first in, first out system; use of perishable products by hospitals or other health care institutions, potential integration into a national stockpile, etc.).

The stockpile will be managed on a first in, first out concept.

During storage in the stockpile the shelf life items, such as batteries and SPU supplies, will be identified and replenished.

The management of the stockpile also includes:

- *Preventative maintenance.*
- *Checks for any damage or contamination, integrity of all relevant accessories, incl. mountings.*
- *Safety testing.*
- *Performance assurance testing per monitor service guides.*
- *Regular battery testing of devices.*
- *Keep software within supported version(s) and upgrade where possible.*
- *Timely replacement of consumable kits to ensure freshness of consumable supply before deployment.*

- *Notifications of when preventative maintenance is required.*
- *Transparency of where equipment is during servicing.*

Perishable products in the stockpile will be replenished when shelf-life is < 1 year. The manufacturer will provide these products on behalf of the EU to healthcare institutions who are frequent users, making them explicitly aware of the gift due to short shelf-life.

- Constraints and limitations

Please explain if any limitations and/or constraints (e.g. technical, operational, human resources, geographical) are identified with regard to the management of the stocks

Constraints are only related to the supply of products (availability, conformity, quality, efficacy, delivery time).

For the supply of medical equipment we do – at this moment - not expect any constraints.

Deployability of the capacity

- Please indicate the location of the warehouses and provide information on the accessibility.

The warehouse suggested will be located in the Netherlands. Accessibility is possible on request and after personal identification. There will be access to all modes of transportation (airport, train, road, water) in close vicinity to the warehouse.

A protocol will be developed to ensure full accessibility for Emergency Support by the Emergency Response Coordination Center. Requirements will be set to ensure staff receives clearance to cross borders to support hospitals abroad and staff is trained to act in pandemic situations and equipped with all required PPE protection material.

- Please describe how you will ensure that the assets will be deployed across *Member* States in a timely manner and describe the available modes of transportation in close proximity to the warehouses.

Logistics will be part of the (sub)contract.

What will be required from the contractor is:

- *A warehouse that is located in the Netherlands and access to all modes of transportation (airport, train, road, water) in close vicinity to the warehouse (< 1hr drive);*
- *Express delivery arrangements;*
- *Equipment ready for express shipment within 12 hours;*
- *a 24/7 Service desk used for customer emergency responses that will answer to the request*
- *Inclusion of sufficient training of personnel on the location of deployment;*

In addition parties will be asked to include in the tender:

- *A provision after deployment for taking back, including costs and transport, equipment that can still be used.*

To ensure timely deployment all medical equipment stored in the warehouse, will already be configured and ready for use. In case specific power cables are needed for the receiving member state, these will be added at the warehouse. In addition, ready-state configuration and robust packaging solution support simple stock-keeping, ease of storage and fast, repeatable maintenance access. The use of rugged containers will have to make the stockpile resilient to storage damage and highly durable in deployment; minimizing equipment failure and supporting rapid deployment to all environments, including natural disasters and conflict areas. Packaging layout and installation guidelines will have to support non-qualified personnel to unpack and install equipment on site.

To ensure not only timely deployment, but also immediate use of the equipment there will be two days (8 hours each) of clinical education included in the deployment per kit. Access to a digital education platform for self-education will also be provided.

- Constraints and limitations

Please explain if any limitations and/or constraints (e.g. technical, operational, human resources, geographical) are identified for international deployments and associated mitigating measures.

The Netherlands does not expect any limitations or constraints for international deployment. The Netherlands is a major transit and transport hub for both goods and people with extensive experienced services for international distribution. In the previous paragraph it is explained which transport possibilities for international deployment are available in close vicinity to the proposed warehouses.

In addition:
The Netherlands host many (medical device) companies and suppliers with a lot of expertise in integral warehousing and distribution. In case of a disruption they are very likely to find a compliant way to get medical products at the point of destination; as has been the case during the COVID, e.g. qualified personnel received clearance to cross European borders when needed and air-FastTrack-connections were created with the United States and China to ensure delivery of parts and goods across the globe.

Rapid deployment and prompt use
To improve the rapid shipment, deployment and prompt operational use in high care units, the Netherlands proposes – rather than deploying the separate items - to deploy the patient monitoring systems in specially composed kits of various sizes. The different kits are described on page 20. Robust packaging of these kits means simpler stock-keeping and lower risk of damage during storage and transport. It also means more rugged packaging to allow better deployment and recovery in emergency conditions, such as natural disasters, in conflict regions or after a terrorist attack. Robust packaging makes it also easier for less qualified personnel to unpack and install, as all required items are in the same sturdy box. The type of patient monitoring kit configuration has proven its effectiveness during the first COVID-19 wave, showing 80% faster go-live time at destination. Complete step-by-step instructions will enable hospital staff to deploy an ICU unit in just a few hours.

To ensure fast and accurate deployment capabilities with minimal training, the equipment needs to be well-known and compatible with most equipment currently used in European ICU's. This greatly reduces the risk from medical errors due to misusage. The vast majority of European ICU's has standardized on premium level patient monitoring. Therefore, the equipment needs to come from a well-represented and widely used brand in Europe. This will also prevent technical difficulties due to non-compatibility of systems. European Market share will, next to price and proven track record on the lifetime of their equipment, be a key selection criterion in our tender.

The central monitoring station must be ready to be deployed including screen, networking components, switches, cables, bed-labels and other parameters pre-set. Pre-configuration settings should be available in German, French and English language, with an option to further localize upon arrival in the EU-member state when needed (included in the budget). There should be no need for additional configuration, reducing risk of incomplete package delivered when speed of correct delivery and implementation is of the essence.

Organisational structure

Present briefly the partnership and the project team (e.g. which institutions, ministries, agencies…) will be involved in the management of the action.

The Dutch ministry of Justice and Security (JenV) is the formal ministry connected to UPMC. The ministry of VWS is the functional dedicated responsible entity for this action. VWS will update the ministry of JenV on the action.

The ministry of VWS will coordinate all efforts related to this action. The ministry of VWS and the contracted private partners will together be involved in the management and execution of the action. Through the various expertise and the capacity of the involved ministry, institutions and companies, a robust partnership will be established that can maintain and provide this crucial capacity in the most difficult circumstances.

Activities

Please list all the activities needed to implement the action (e.g. project coordination, procurement procedure, training…). The activities must be detailed enough to allow the Commission to evaluate properly technically and financially the application.

All the deliverables linked to each activities should be mentioned. If any, please also indicate the meetings/workshops that will be foreseen in the context of the action.

Overall activities by ministry of VWS

- *Drafting and signing of contracts with the various partners, in close cooperation with the European Commission.*
- *Management of these contracts.*
- *Coordination of all activities listed in the contracts.*
- *Hire extra staff and an accountant.*
- *Follow up and evaluation of all activities, including reporting to the European Commission*

Activities for the medical equipment

- *The ministry of VWS drafts the criteria and sets up the tender for the stockpile of medical equipment.*
- *The ministry of VWS negotiates with the selected company the terms of the contract.*
- *The ministry of VWS places the order.*
- *Within the selected company a project manager will be assigned. Deliverable: project plan with timelines.*
- *Equipment orders are placed with the manufacturing factory.*
- *Equipment is manufactured with priority.*
  - *All equipment is configured and put in a Ready-to-use state.*
- *Equipment is shipped from factory to the NL based physical stockpile.*
- *Full accessibility protocol will be developed to grant access to the European Emergency Response Coordination Center.*
  - *Equipment is stacked in a Ready-to-pick order.*
- *In case of an Emergency Response,*
  - *the required equipment is picked from the warehouse*
  - *if needed, localized power plugs are added to the equipment.*
  - *express shipment to the EU member state is facilitated making use of a trusted set of contractors.*
- *On site at the country of destination, local certified staff should unpack the items and ensure all equipment is ready to use. If needed, they will provide training necessary for the local staff to work with the provided materials.*

Timeframe

Please provide a clear timeline of all activities listed in the previous section (e.g. GANTT chart)

See timeline in annex.

Risks and mitigation measures

How the applicant/coordinator will monitor the action and ensure timely and proper implementation. Describe the risks that could be encountered during the implementation of the action and the mitigating measures.

Risk of the closing of an airport: this risk is mitigated by the availability of different airport options in the vicinity of the warehouses.

Risk of the closing of a border: this risk is mitigated by the availability of different transport options in the vicinity. The Netherlands has various airports and one of the biggest harbours in the world. Especially the possibility to transfer goods via water or air can be interesting if specific borders within the European mainland are closed, (which is limiting transport via land). The risk of closing borders could also be mitigated by dividing the stockpile of medical equipment over various warehouses in Europe (but under the same contract so that management, distribution and maintenance is ensured).

The Netherlands is also in favour of close cooperation with other European member states during a crisis, so that – hopefully - the closing of borders will not happen again

in the future. During the COVID-crisis the Netherlands has always kept her borders open for all other European member states.

Risk of shortages of medical equipment/high demand worldwide: by establishing a physical stockpile of medical equipment, the risk of shortages of these products are mitigated. In addition: by contracting a well-known major supplier of medical equipment, with proven global experience in the recent COVID-crisis and a broad international network, the risks of shortages are severely mitigated. This is both in a legal and physical manner.

The selected company from the tender for the medical equipment stockpile will have to propose a backup scenario, if for any reason the physical stockpile is not accessible or deployable.

Sustainability

In this section, please explain how you will integrate the concept of "European Green Deal" in the development of the capacity. This could include inter alia measures such as choosing materials with a lower carbon footprint, new technologies to recycle consumables…

The ministry of VWS participates in the "Dutch Green Deal sustainable health care". Reduction of GHG emissions, circular principles in management and reduction of medicines in waste water are the main ambitions of this Green Deal. This Green Deal sustainable health care is very much in line with the European Green Deal as are the principles for Green Public procurement as applied in the Netherlands.

The Netherlands also has a Public Procurement Expertise Centre (https://www.pianoo.nl/en), where principles for Green Public Procurement (GPP) can be found as well as instruments to apply these, amongst which the GPP criteria tool (https://www.mvicriteria.nl/nl). These will be used when formulating the tender.

In general: the selected company is expected to have:

- *A clear corporate social responsibility policy.*
- *A solid and proven sustainability policy*

More specifically: in the tender procedure criteria will be formulated that relate to:

- *Circularity (maximizing life time, refurbishment, re-use of products, re-use of parts etc.). The companies will have to make clear what will happen to the equipment after the five years of the program. They will also be asked to propose options for redeployment of the medical equipment.*
- *Climate. Companies will have to make clear how GHG emissions are minimized in production and during the management of the stock.*
- *Waste. Companies will have to make clear how disposables and all other waste will be recycled.*
- *International social responsibility related to ILO standards.*

Subcontracting

Which part of the action will be subcontracted, including the relevant information on procedure, contractor and amount.

All actions related to the storage, quality control, maintenance and deployment of the patient monitoring systems, central overview stations, oxygen concentrators, ultrasound machines and the necessary accessories.

The total amount is conform the budget (€ 5.1.2b *).*

The ministry of VWS will work according to the applicable rules and regulations for public procurement. VWS will develop and implement a tender procedure in which the requirements set for the rescEU capacities and described in the application form are guiding. CE-marking will be required and proof has to be presented.

The ministry of VWS will consult with DG ECHO when formulating the tender.

More details on the requirements are to be found in the operational contract.

Visibility

Describe the activities that will be implemented as dissemination/visibility activities to ensure a correct coverage of EU funding (newsletters, dedicated website, press conference…). Please note that the EU emblem will have to be visible on the capacity when deployed under rescEU initiative.

- *As requested: the packing of the medical materials will carry the EU emblem (visible) when deployed under the RescEU initiative.*
- *The websites of the ministry of Health, Welfare and Sport and of the National Institute for Public Health and the Environment will dedicate a webpage to the RescEU initiative.*
- *Once the medical stockpile is fully up and running, the minister of Medical Care and Sport will inform the Parliament about the stockpile, publish a press article and publish the news on social media.*
- *All correspondence regarding the medical stockpile in the Netherlands will have the EU emblem.*

LEGAL NOTICE

Applicants are informed that, under the Financial Regulation applicable to the general budget of the European Union no grants may be awarded retrospectively for actions already completed. In those exceptional cases accepted by the Commission where applicants demonstrate the need to start the action or work programme before the agreement is signed or the decision notified, expenditure eligible for financing may not have been incurred before the grant application was lodged.

3 BUDGET

Estimated Budget — Annex 1 Applications must include a detailed estimated budget in balance, in which all costs are given in euros. Applicants from countries outside the euro zone may use [the conversion rates published in the Official Journal of the European Union, series C, during the month in which they are submitting the application] [the monthly rate published on the Commission's website at www.ec.europa.eu/budget/inforeuro/].
The estimated budget can be found in the annex.

IV. ADDITIONAL FUNDING

2.2 **REQUESTED SUPPORT**
Have any of the applicants or any of the affiliated entities requested, applied or are awaiting confirmation relating to external funding for the action (e.g structural funds)? ■ **NO**

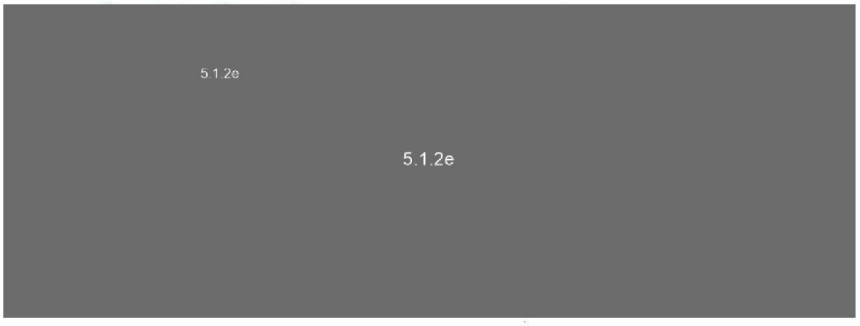
DETAILS OF FUNDS REQUESTED — The applicant should indicate the details of the requested funds following the model below (add rows if necessary)	
Organisation/Entity Concerned 1	
Name of the organisation	*Ministry of Health, Welfare and Sport*
Official address	*Parnassusplein 5, 2511 VX, The Hague*
Requested amount	€ 5.1.2b

Year	*2021*

GRANT APPLICATION FOR THE ACTION 'RESCEU STOCKPILING OF MEDICAL COUNTERMEASURES AND/OR PERSONAL PROTECTIVE EQUIPMENT, AIMED AT COMBATTING SERIOUS CROSS-BORDER THREATS TO HEALTH'

Date and signature

Ministry of Health, Welfare and Sport



Date: 14 December 2020

Annexes: - Budget

- Declaration of honour by the applicant

CHECKLIST FOR APPLICANTS

All sections of the application form have been filled in, where appropriate, in accordance with any document provided as guidance related to the programme concerned.	**x**
The budget annex has been duly filled in and is attached.	**x**
Legal details have been included in the Legal Entity Form annexed.	**x**
Bank details have been included in the Bank Account Form.	**x**
The declaration(s) of honour has (have) been signed and attached.	**x**

With regard to equipment costs, documented evidence of the market price according to point 4 (Grant award and management procedure) of the General Information section above. With regard to other categories of costs, documents enabling the Commission to calculate the total estimated costs.	☐
(Only applicable for entities without legal personality) Copy of an official document attesting that the representatives of the entity have the capacity to undertake legal obligations on its behalf. Copy of an official document attesting that the entity has the same operational and financial capacity as that of a legal entity: • i.e. a document showing patrimony/asset/capital that is separated and different from those of the members/owners of the entity, and • a copy of the rules providing that creditors can rely on this patrimony/asset/capital and —in case of liquidation/insolvency —are reimbursed before the patrimony/asset/capital is divided between the owners/members.	☐

List of annexes

- *Budget table*
- *Timeline*
- *Legal Entity Form VWS*
- *Declaration on Honour VWS*
- *Financial Identification form VWS*
- *Operational Annex*