

Hints for a successful management of the project **MediTec**



**University of
Applied Sciences**

FIM

Hints for a successful management of the project MediTec

Period 15.10.2017 – 27.06.2019 (14.10.2020)

- i. Introductory remarks – experiences, needs, ...**
- ii. Tasks of the WP**
- iii. Steering / quality / technical committees**
- iv. Problem: last installment (10% of means)**
- v. Partnership agreement**
- vi. Staff costs**
- vii. Travel costs, costs of stay**

i. Introductory remarks – experiences, needs, ...

WP for solving project tasks

– our aims for improving educational processes

The grant – our problem !!!

- several limitations due to
rules of EACEA,
rules of JO/IQ/IR financing systems,
rules of DE/CZ/MT/SK financing systems
- Monitoring visits, reporting, auditing
- Changes in project performance

Experiences in former Tempus&Erasmus+ projects:

- Regularities (special for each year, >50%, documents)
- Audits
- Performance of audits
- Necessary reactions of participants
- Consequences

Regulations in Erasmus+

Defined rules, “smooth” appliance

and explanations in grantholder meeting (27/28.1.18)

The project MediTec = joint task for our whole consortium

- ➔ Development of methods and means
for efficient and successful realization
- ➔ Based on our ideas, cooperation, students, staff

ii. Tasks of the WP

- overall responsibility for success of complete project
- financial and other reports regularly sent from local coordinators to coordinator
- budgetary control in accordance with strategy described in the point E.5.
- responsibility of JO/IQ/IR partners for implementation
and project support by local authorities
- adequate and fair participation of all partners
 - **steering committee for activities' coordination**
 - strategic decisions for project performance & implementation;
 - management of project activities;
 - internal quality control, assessment, monitoring and reporting;
 - conversion project applications to a practical plan.
 - conflict management;
 - budgeting;
 - evaluation of the project results
 - Preparation of reports for EACEA

5.1 coordination meetings of committees

- for ensuring
 - efficient implementation and quality,
 - inclusion of all consortium members
 - communication between partners.

- HTWK performs overall project management and coordination,
But only together with the local coordinator and WP leaders
 - responsible for local management/organization of activities
 - cooperating in steering committee

- all partners performs accounting & submit data
via local coordinator / WP leader to HTWK.

5.2 Control of activity of the project groups

by LC and WPL:

- monthly/weekly control of project quality
- results summarized and documented

5.3 budget planning & budget control

budget calculation & control

by LC + WPL + responsible person for financial report

controlled by project coordinator

financial activity accuracy of financial documentations

required for transparency

use of financial means and remaining rest

before starting + after performing activities,

in order to influence it and to ensure successful perform

iii. Steering, quality and technical committee

- 4 EU university partners including coordinator
- 1 JO-LC-, 1 IQ-LC-, 1 IR-LC-university partners,
- each with 1 vote/proxy vote
- WPL & coordinator give overview
on WP quality & financial planning & project status during meetings,
- contact person with mandate
- meeting 2x per year
agreements and results of meetings
published in project management platform.
- decisions of SC legally binding to all parties concerning project implementation
- decisions of SC recommendations for financial questions
with respect to Grantholder
due to financial responsibility of legal representative,
- decisions of SC legally binding to all parties
concerning financial questions of all other consortium members

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- coordinator leads SC meetings & prepares proposals to SC.
- SC sessions and decisions
 - open and/or during project meetings
 - or closed
 - or in writing by a circular resolution (if all agree).
- decisions valid via two-thirds (2/3) vote of its members
 - in event of a tie, the coordinator shall cast the deciding vote.
- taking notes during meetings
- decisions of SC distributed to all parties without delay.
 - e.g. via website
 - collected and kept by the coordinator

iv. Problem: last installment (10% of means)

only after successful Final Report

may be reduced

but: delivering all invoices

v. Partnership agreement



Erasmus+ Programme

Capacity-Building projects in the field of Higher Education (E+CBHE)

Partnership Agreement

Project

“Training for Medical education via innovative eTechnology”

MediTec

585980-EPP-1-2017-1-DE-EPPKA2-CBHE-JP

Partnership Agreement

Project OPATEL

585980-EPP-1-2017-1-DE-EPPKA2-CBHE-JP

The present Partnership Agreement, hereinafter referred to as “the Agreement”, is made and entered into by and between,

Leipzig University of Applied Sciences [HTWK]
Karl-Liebknecht-Straße 132,D-04277 Leipzig, Germany

hereinafter referred to as the “coordinator”, represented for the purposes of signature of the Agreement by Prof. Dr. Swantje Heischkel, Chancellor, the legal representative as defined in the Grant Agreement 2017 - 3559 / 001 - 001,

And the following beneficiaries:

- P2. Univerzita Pavla Jozefa Safarika v Kosiciach [UPJS] – established in Slovakia
- P3. Masarykova Univerzita [MU] – established in Czech Republic
- P4. int@E [int@E] – established in Germany
- P5. Jordan University of Science and Technology [JUST] – established in Jordan
- P6. The University of Jordan [UJ] – established in Jordan
- P7. Hashemite University [HU] - established in Jordan
- P8. Princess Sumaya University for Technology [PSUT]- established in Jordan
- P9. University of Duhok [UoD] – established in Iraq
- P10. University of Baghdad [UoB] – established in Iraq
- P11. University of Basra [UOB] – established in Iraq
- P12. Tehran University of Medical Sciences [TUMS] – established in Iran
- P13. Iran University of Medical Sciences [IUMS] – established in Iran
- P14. Yarmouk University [YU] – established in Jordan
- P15. University of Malta [UM] – established in Malta

hereinafter referred to as the “beneficiaries”, represented for the purposes of signature of this Agreement by their legal representatives, according to the Mandates previously signed and attached to the Grant Agreement (here in Annex IV).

Where a provision applies without distinction to the “coordinator” and the “beneficiaries”, for the purpose of this Agreement they will be collectively referred to as the “beneficiaries”.

The parties hereby have agreed as follows:

Article 1 Subject of the Partnership Agreement

1.1 This Agreement defines the terms that govern the relations between the parties, by establishing their rights and obligations, and lays down the rules of procedure for the work to be carried out in order to successfully implement the Erasmus+ CBHE action MediTec (hereinafter referred to as the “project”).

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Supplementary Agreement, and become effective when signed by the authorised legal representatives of both parties. No oral agreement may bind the parties to this effect.

19.2 The amendment may not have the purpose or the effect of making changes which might call into question the dispositions of the Grant Agreement.

Article 20 Annexes

- Annex I - Budget/Expenditure/Co-financing breakdown per partner and budget category.
- Annex II - Remuneration modalities of staff involved in the project.
- Annex III - Reimbursement modalities for travel and costs of stay.
- Annex IV - Copy of the Grant Agreement signed between the coordinator and the Executive Agency, its annexes, and any existing amendment.
- Annex V - link to Guidelines for the Use of the Grant.
- Annex VI - link to FAQs
- Annex VII - Individual Bank account of each beneficiary organisation.
- Annex VIII - Internal Reporting forms.

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Erasmus+ KA2 project MediTec

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Contact Information and Signatures P2

Univerzita Pavla Jozefa Safarika v Kosiciach [UPJS]

The following beneficiaries staff member acts as the central contact person for the project

LASTNAME, Firstname	
Position	
E-Mail	
Telephone	

Payments to the beneficiary should be made to the following bank account

Beneficiary's Name and Address:	
Beneficiary's INN Code:	
Beneficiary Bank's Name and Address:	
Beneficiary Bank Account:	
Beneficiary Bank's BIC/SWIFT:	
Correspondent Bank's Name and Address:	
Correspondent Account:	
Correspondent Bank's BIC/SWIFT:	

We, the undersigned, declare to have read and accepted the terms and conditions of this Agreement as described here before, including the annexes thereto.

For the coordinator
The legal representative

Prof. Dr. Swantje Heischkel
Chancellor

University of Applied Sciences, Leipzig
Karl-Liebknecht-Str. 132
04277 Leipzig, Germany

Signature and stamp

Done in Leipzig

Date / / 2018

For the beneficiary
The legal representative

[Name]
[function]

[Name of the partner institution UPJS]
[Name of the street]
[postal code, town, country]

Signature and stamp

Done in [City name]

Date / / 2018

vi. Staff costs

according to regularities on use of grant

provide to coordinator

- a. copy of employment contract with institution
- b. Staff Costs Convention for each person
- c. individual Staff Member Report on project activity & established results
- d. Time-sheets attached to each staff convention

signed Agreement on payment of staff costs

Management = management of the project, not of teaching”

JOINT DECLARATION
 REF. No MT I / Erasmus+ Project No. 585980-EPP-1-2017-1-DE-EPPKA2-CBHE-JP
 The reference number must correspond to the progressive numbering indicated in the financial statements of the final report

FROM
 Hereinafter "the Institution"*

AND Name:
 Address:
 Hereinafter "the Staff member"*

THE INSTITUTION AND THE STAFF MEMBER HEREBY CERTIFY THAT:

1. The Institution is a member of the partnership for the above-mentioned project.
2. The Staff member is either:
 - employed by the Institution and is part of its payroll system **YES/NO**
 or
 - a natural person ** assigned to the project on the basis of a contract against payment **YES/NO**
3. The Institution and Staff member agree that the Staff member has worked on this project and performed

	dd/mm/yy		dd/mm/yy
FROM	.....	TO	.....

Please describe the outputs produced (short overall indication since detailed information has to be given in the accompanying time-sheet):

.....

4. Please complete the following information.

Staff category (Manager / Researcher, Teacher, Trainer / Technician / Administrative staff)	.....
Country of the Institution	.....
Number of days worked and charged to the project (according to time-sheet)	.....

5. This declaration does not alter in any way the employment conditions/assignment already existing between the Institution and the Staff member and is established solely for the purpose of justifying the Staff costs that the Institution will charge to the Erasmus+ Capacity Building in Higher Education grant.

Done in Date

Name:

Function:

Institution:

Staff member name:

Signature and Stamp of the Institution

Signature of the Staff member

*The declaration must be signed by the person concerned, then signed and stamped by the person responsible in the Institution where this person worked for the project. The Institution must be a member of the partnership.

** A natural person (individual) can be assigned to the action also on the basis of e.g. a civil contract, a free-lance contract, an expert contract, a service contract with self-employed person ("in house consultant) or a secondment to the Institution against payment. The costs of such natural persons working under the action may be assimilated to the costs of personnel, if:
 (i) the person works under conditions similar to those of an employee (in particular regarding the way the work is organised, the tasks that are performed and the premises where they are performed); and
 (ii) the result of the work belongs to the Institution (unless exceptionally agreed otherwise); and
 (iii) the costs are not significantly different from the costs of staff performing similar tasks under an employment contract within the institution

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Annex II

JOINT DECLARATION
REF. No MT I/..... Erasmus+ Project No. 585980-EPP-1-2017-1-DE-EPPKA2-CBHE-JP
The reference number must correspond to the progressive numbering indicated in the financial statements of the final report

Agreement on payment of staff costs

BETWEEN

Hereinafter "the Institution"

AND Name:
Address:

Hereinafter "the Staff member"

THE FOLLOWING HAS BEEN AGREED:

- The Staff member agrees, that he gets the staff costs payment concerning his work on project tasks due to the rules in Erasmus+ and performed the following duties during the project's eligibility period.

FROM	dd/mm/yy	TO	dd/mm/yy	Duration in days:	(No of days)

Short list of outputs of performed works:

.....
.....
.....

- Please complete the following information.

Working days salary rate in EUR EUR/day
Total salary for above period in EUR EUR

Staff category (Manager / Researcher, Teacher, Trainer / Technician / Administrative staff)	.....
Country of the Institution in which the Staff member is employed	.....
Number of days worked on the project (according to time-sheet)	.....
Total cost (Erasmus+ grant and co-financing)	..... EUR
included co-financing – not paid via project funding	..... EUR

Account holder:

IBAN	.....	Bank name	.....
BIC	.....	

Done in Date

Name

Function

Institution

Staff member name

Signature and Stamp of the Institution

Signature of the Staff member

* The declaration must be signed by the person concerned, then signed and stamped by the person responsible in the institution where this person is normally employed. The Institution must be a member of the partnership.

Annex II

JOINT DECLARATION
REF. No MT I/..... Erasmus+ Project No. 585980-EPP-1-2017-1-DE-EPPKA2-CBHE-JP
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INDIVIDUAL STAFF MEMBER REPORT

Reporting Period: from to

Consortium Member:

Staff member name:

Activity carried out in:

Date of Report:

Activity code no	ACTIVITIES	RESULTS	DAYS USED
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
	Total:		.....

Signed by staff member

.....

Date and Signature

Authorized by Local Project Coordinator

.....

Date and Signature

transferred as following:

- a. First installment (30 %) until June 2016
- b. Second installment (20 %) in November 2016
- c. Third installment (20 %) in August 2017
- d. Balance (30 %) after successful evaluation of Final Report
after the coordinator was discharged
after final payment of the third project budget installment
not earlier than in November 2018.

Required:

supporting documents

proof of staff costs payment (transfer voucher)

vii. Travel costs, costs of stay

according to regularities on use of grant

- 1) All travels (plane/train/bus/taxi ...) and subsistence (hotel) calculated/arranged by coordinator/author.member (CAM)
- 2) CAM has
 - to book flights and hotels as early as possible
 - to deliver all required information (passport info)
 - > 60 days before mobility to coordinator
- 3) coordinator calculates mobility costs
 - “travel costs” & “costs of stay”
 - In case of booking via coordinator: prefinancing of costs.
- 4) for covering occurred expenses:
 - coordinator hands over a part of overheads
 - incurred during the travel activity in cash or by bank transfer to the participants,
 - for covering real expenses and saving remaining later mobilities
- 5) All non-reported costs (> 60 days after activity end) cannot be regarded.

6) sum of all overheads until end divided through total number of travel days

- ineligible costs charged on his share
- remaining share transferred proportionally
- after
 - coordinator discharged by EACEA
 - final payment of 3. project budget installment
 - not earlier than in November 2018.

7) needed following documents to coordinator (< 30 days after mobility):

- boarding passes and tickets,
- Individual Travel Reports
- Individual Travel Costs Agreement
- Individual Travel Activity Description
- statement of visa fees.

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ANNEX III - INDIVIDUAL TRAVEL REPORT for travel costs and costs of stay page 1
 To be filled in by *each* participant
 In case of circular/multiple travels, please fill in separate Individual Travel Reports.

Ref. No...MT II,III / Project No. 585980-EPP-1-2017-1-DE-EPPKA2-CBHE-JP
 The reference number must correspond to the progressive numbering indicated in the financial statements in the final report

(1) PERSONAL DATA

Surname: Forename:
 Nationality:
 Home institution:
 Staff position/student year of study at home institution:

TYPE OF ACTIVITY (Tick as appropriate)

STAFF	STUDENTS
... Teaching/training assignment	... Study period
... Training and retraining purposes	... Participation in intensive courses
... Updating programmes and courses	... Practical placements, internships in companies, industries or institutions
... Practical placements in companies, industries and institutions	... Participation in short term activities linked to the management of the project
... Project management related meetings	
... Workshops and visits for result dissemination purposes	

(2) DETAILS OF THE TRAVEL

PERIOD*	From (Depart date) (dd/mm/yy)	To (Return date) (dd/mm/yy)
PLACE OF DEPARTURE**	HOME INSTITUTION COUNTRY City	
PLACE OF DESTINATION/ LOCATION OF ACTIVITY	HOST INSTITUTION: COUNTRY City	
TRAVEL DISTANCE***	..... km	

*Please indicate period of travel from departure to return to place of origin
 ** If different from Home institution please enclose authorisation from the Agency
 ***Travel distance in Km (One-way travel using distance calculator: http://ec.europa.eu/programmes/erasmus-plus/tools/distance_en.htm) from place of departure to location of activities

(3) DETAILS OF THE ACTIVITY

DATES (excluding travel)	From (date): To (date):
DESCRIPTION OF ACTIVITY(IES) PERFORMED (brief description of the activities performed)	
.....	

SIGNATURE OF THE PARTICIPANT

I hereby declare that I have been carrying out the above-mentioned activities.

Date: Signature:

ANNEX III - INDIVIDUAL TRAVEL ACTIVITY DESCRIPTION for travel costs and costs of stay page 4
 To be filled in by *each* participant
 In case of circular/multiple travels, please fill in separate Individual Travel Reports.

Ref. No...MT II,III / Project No. 585980-EPP-1-2017-1-DE-EPPKA2-CBHE-JP
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To be completed in English or German by *each* person benefiting from a grant for mobility. To be returned to the project GRANTHOLDER INSTITUTION together with the form for costs and all the original travel tickets via the local coordinator.

DESCRIPTION OF ACTIVITY PERFORMED, CODE IN WORKPACKAGE TABLE:

Please give detailed answers to all the relevant questions.

- What kind of preparation (for example language preparation) did you undergo, if any?

- What kind of activities did you perform during your stay?

- What were the results of your activities (e.g. curriculum development and teaching materials) and how will the stay affect your activities at your home institution?

- What kind of formal recognition did you receive at your home institution for the stay abroad, if any?

- How would you evaluate your stay (quality, suggestions, problems, etc.)?

- Do you intend to follow-up activities performed?

SIGNATURE OF THE PARTICIPANT

Please date and sign here as proof of receipt.

Date : Signature :

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ANNEX III - INDIVIDUAL TRAVEL COSTS AGREEMENT for travel costs and costs of stay page 2

To be filled in by each participant
In case of circular/multiple travels, please fill in separate Individual Travel Reports.

Ref. No...MT II,III / Project No. 585980-EPP-1-2017-1-DE-EPPKA2-CBHE-JP
The reference number must correspond to the progressive numbering indicated in the financial statements in the final report

(1) PERSONAL DATA

Surname: Forename:
Nationality:
Home institution:
Staff position/student year of study at home institution:

DETAILS OF THE TRAVEL

PERIOD*	From (Depart date) (dd/mm/yy)	To (Return date) (dd/mm/yy)

PLACE OF DEPARTURE**	HOME INSTITUTION COUNTRY City	
PLACE OF DEST./ LOC. OF ACTIVIT.	HOST INSTITUTION: COUNTRY City	
TRAVEL DISTANCE***	..... Km	

*Please indicate period of travel from departure to return to place of origin

** If different from Home institution please enclose authorisation from the Agency

***Travel distance in Km (One-way travel using distance calculator: http://ec.europa.eu/programmes/erasmus-plus/tools/distance_en.htm) from place of departure to location of activities

(2) DETAILS OF THE ACTIVITY

DATES (excluding travel)	From (date):	To (date):
KEYWORDS OF ACTIVITY(IES) PERFORMED (brief description of the activities performed)		
See page 1 and 4		

TRAVEL COSTS (Unit Costs, in EUR)	(1)	.....
• travel costs payment in advance by HTWK (e.g. on invoice directly to travel agency):	(2)	.....
• travel costs payment by traveller (e.g. tickets, invoices, visa, Insurance...):	(3)	.....
• difference of real travel costs and advanced payment for reimbursement to participant → payment to traveler	(4)	.....

Total sum of real travel costs (in EUR) (2) + (4) = (5)

COSTS OF STAY (Unit Costs, in EUR)	(6)	.....
• Costs of Stay payment in advance by HTWK:	(7)	.....
• invoice for accommodation in advance by HTWK:	(8)	.....
• Daily allowance payment for traveller (n x 120€):	(9)	.....
• accommodation invoice payment by traveller:	(10)	.....
• Preliminary amount for Costs of Stay for reimbursement → payment to traveller	(9) + (10) = (11)	.....

Total sum of real Costs of Stay (in EUR) (7) + (8) + (9) + (10) = (12)

TOTAL AMOUNT → payment to traveler (EUR) (4)+(11) = (13)	.....
Holder of bank account:	.....
IBAN:	Bank name:
BIC:	

SIGNATURE OF THE PARTICIPANT

I hereby declare that I have been carrying out the above-mentioned activities and got the above-mentioned reimbursement.

Date: Signature:

ANNEX III - INDIVIDUAL TRAVEL COSTS AGREEMENT for travel costs and costs of stay page 3

To be filled in by each participant
In case of circular/multiple travels, please fill in separate Individual Travel Reports.

Ref. No...MT II,III / Project No. 585980-EPP-1-2017-1-DE-EPPKA2-CBHE-JP
The reference number must correspond to the progressive numbering indicated in the financial statements in the final report

(1) PERSONAL DATA

Surname: Forename:
Nationality:
Home institution:
Staff position/student year of study at home institution:

(2) DETAILS OF THE TRAVEL

PERIOD*	From (Depart date) (dd/mm/yy)	To (Return date) (dd/mm/yy)

PLACE OF DEPARTURE**	HOME INSTITUTION COUNTRY City	
PLACE OF DEST./ LOC. OF ACTIVIT.	HOST INSTITUTION: COUNTRY City	
TRAVEL DISTANCE***	..... km	

*Please indicate period of travel from departure to return to place of origin

** If different from Home institution please enclose authorisation from the Agency

***Travel distance in Km (One-way travel using distance calculator: http://ec.europa.eu/programmes/erasmus-plus/tools/distance_en.htm) from place of departure to location of activities

(3) DETAILS OF THE ACTIVITY

DATES (excluding travel)	From (date):	To (date):
KEYWORDS OF ACTIVITY(IES) PERFORMED (brief description of the activities performed)		
See page 1 and 4		

TRAVEL COSTS (Unit Costs, in EUR)	(1)	.....
• Total sum of real travel costs (see page 2 No (5)):	(2)	.....
• Difference of travel costs Unit Costs and total sum of real travel costs → possible payment to traveler after successful project end	(1) - (2) = (3)	.....

COSTS OF STAY (Unit Costs, in EUR)	(4)	.....
• Total sum of real Costs of Stay (see page 2 No (12)):	(5)	.....
• Difference of Costs of Stay Unit Costs and total sum of real Costs of Stay → possible payment to traveler after successful project end	(4) - (5) = (6)

Total amount of outstanding reimbursement (EUR) (3) + (6) = (7)
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• Due to results of the final audit and due to the final financial balance, the amount had to be reduced by Euro (8)			
Signature and seal financial officer of HTWK Leipzig, date	.....	Signature project grantholder, date	.....

TOTAL AMOUNT → payment to traveler (EUR) (3) + (6) - (8) = (9)	.....
Holder of bank account:	.....
IBAN:	Bank name:
BIC:	

SIGNATURE OF THE PARTICIPANT

I hereby declare that I have been carrying out the above-mentioned activities and got the above-mentioned reimbursement.

Date: Signature:

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Table of travel tickets and invoices, name date

No	content/ticket/invoice	Price (€)
1	Flight invoice	.....
2	Train ticket	.....
3	Taxi	.....
4	.....	.....
5	.....	.....
6	.....	.....
7	.....	.....
9	.....	.....
8		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
	total:	.....

financial means:

		PROJECT COSTS €	% USED
Direct costs			
1	Staff costs	399.801,00	15 +!!
2	Travel costs	98.925,00	25 +!
3	Costs of Stay	184.120,00	20 +!
4	Equipment	233.030,00	95 OK
5	Subcontracting	84.120,00	3 +!!!
Total Eligible Direct Costs		999.996,00	36 OK

TOTAL COSTS	1.099.995,60	
Cofinancing	99.999,60	10 +!!

Conclusions - !