Ambient Assisted Living (AAL) Joint Programme

Call for Proposals
AAL-2009-2

"ICT based solutions for Advancement of Social Interaction of Elderly People"

Call website: http://www.aal-europe.eu/aal-2009-2

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Contents:

AAL Joint Programme – Call for Proposals 2009

The AAL Joint Programme will launch the second Call for Proposals with the topic **"ICT based solutions for Advancement of Social Interaction of Elderly People"**.

The core of the AAL Joint Programme is to provide innovative Information and Communication Technologies (ICT)[1] based solutions to elderly persons, which means innovative products, systems or services addressing identified wishes and needs of the end-users[2].

Projects funded under the AAL Joint Programme will be multinational, collaborative and cost-shared. Funding contracts of individual project partners will be concluded with the national funding authority.

Note! It is highly recommended to consult with the AAL National Contact Persons (NCP) prior to submission of a proposal: http://www.aal-europe.eu/aal-ncp.

Objective of the Call

The objective of the Call is to launch European collaborative projects providing innovative ICT based solutions aimed at helping people to be active, joyful and socially connected in the society as they age, from both a societal and personal perspective, effectively contributing to their health, overall quality of life and to social inclusion. The AAL Joint Programme calls for proposals with a clear European dimension, high relevance and maximum impact on progress in the fields described in the topic definition.

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[1] *ICT understood in the broad sense as in FP7*

[2] ***Definition of end-users in AAL Joint Programme:***
  - ***Primary end-user*** *is the person who actually is using an AAL product or service, a single individual, "the well-being person". This group directly benefits from AAL by increased quality of life.*
  - ***Secondary end-users*** *are persons or organisations directly being in contact with a primary end-user, such as formal and informal care persons, family members, friends, neighbours, care organisations and their representatives. This group benefits from AAL directly when using AAL products and services (at a primary end-user's home or remote) and indirectly when the care needs of primary end-users are reduced.*
  - ***Tertiary end-users*** *are such institutions and private or public organisations that are not directly in contact with AAL products and services, but who somehow contribute in organizing, paying or enabling them. This group includes the public sector service organizers, social security systems, insurance companies. Common to these is that their benefit from AAL comes from increased efficiency and effectiveness which result in saving expenses or by not having to increase expenses in the mid and long term.*

Basic information on Call AAL-2009-2

- Date of publication: 11 February 2009
- Closure date: 5 May 2009, at 17:00, Central European Time (CET)
- Indicative total funding[3]: 60.9 M€
    - o This amount includes a contribution of up to 23 M€ by the European Commission.
- Consortia submit one common project proposal, with one partner acting as coordinator.
- Project proposals will be evaluated centrally by independent European experts.
- Selection of proposals will be based on the evaluation and other criteria (see further information in the relevant chapter)
- Approval of proposal list selected for funding by the AAL General Assembly in mid 2009
- Funding of individual project partners will be done according to the respective national rules, reference to the national rules can be found at www.aal-europe.eu/AAL-2009-2.
- Funding decisions by national funding institutions: Expected around November 2009

Characteristics of AAL collaborative projects:

- Time-to-market perspective of 2 to 3 years after the project end
- Project total budget: 1 - 7 M€
- Maximum funding from the AAL Joint Programme: 3 M€.
- Significant involvement of industry and other business partners, particularly SMEs[4] (i.e.: the budget/effort associated with these partners should be in balance with those of other partners)
- Realistic trial set-up at the end of the project
- Proactive end-user involvement throughout the life of the project
- Defined market segment(s), use cases and target group(s) and address the wishes and needs of these specific group(s).

Eligibility criteria – collaborative projects

- Submission of a complete proposal through the AAL electronic submission system before the deadline, as specified in the Call for Proposals
- English as the language of the proposal
- Consortium composition of at least 3 independent eligible organizations (legal entities), from at least 3 different AAL Partner States participating in the Call for Proposals
- Consortium must include at least one eligible business partner
- Consortium must include at least one eligible SME partner which can be the business partner
- Consortium must include at least one eligible end-user organization
- Size of the consortium: 3 – 10 partners

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[3] *See the Annex for an overview of the AAL Partner States financial commitments.*

[4] *http://ec.europa.eu/enterprise/enterprise_policy/sme_definition/index_en.htm*

- Duration of the project: 12 – 36 months
- Adherence to the specifications for structure and technical details (e.g. page count) of the proposal submission.

Eligible for funding are only organisations that are explicitly included in the national eligibility criteria (available from the call website). It is highly recommended to consult with the AAL National Contact Point (NCP) prior to submission of a proposal.

In addition, the project may eventually include organizations not requesting for funding or organizations that are not eligible for funding according to national eligibility rules or organizations not residing in any AAL Partner State[5]. Such organizations may be associated to the project without funding from the AAL Joint Programme but they cannot be crucial for the project's implementation and they will not be taken into consideration when assessing the project proposal against the eligibility criteria and project characteristics stated above.

Rationale

The problems to be solved are related to the impact of current and future changes to aging demographics within Europe and elsewhere. This poses challenges to European economies and societies and ultimately generates new or alternative needs and aspirations, both at societal and individual levels. Concepts such as quality of life, well-being, social interaction and connectivity are of crucial importance for all people. Social connectivity is about the subjective awareness of being in close interpersonal, meaningful, and positive social relationships and contexts. It is affected by the quality, quantity, frequency, diversity and reciprocity of contacts as well as the possibilities and opportunities for establishing them.

If the need for positive social relationships and inclusion in societal contexts is unfulfilled, an individual may be predisposed to loneliness. This is a risk often faced by older people and can potentially lead to a cascade of deterioration in their health and lives. Ultimately, social exclusion, isolation and loneliness, depression, self-neglect, malnutrition or even suicide may be the result. The loss of roles which may accompany aging can be a major challenge not only for the individual but also for society. For example the role of wife is lost when a husband dies, the professional role may be lost upon retirement and the role of friend or confidant is put at risk or eventually lost when someone close moves away. It is especially important to consider women's needs in particular, because they live longer (see fig.1) and they are more likely to sustain key roles within family and social networks and are often less digitally included.

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[5] *The participation of organisations residing outside an AAL Partner State is restricted to organisations residing in a Member State of the European Union that currently does not participate in the AAL Joint Programme, i.e. Bulgaria, Czech Republic, Estonia, Latvia, Lithuania, Malta and Slovak Republic.*
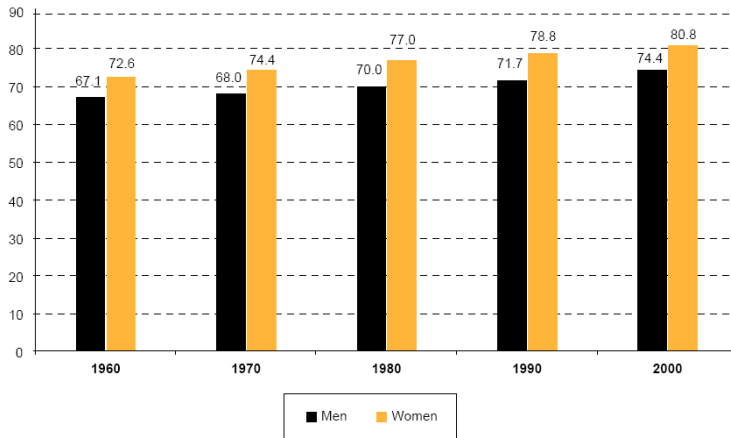
Fig. 1: Life expectancy at birth, EU-25, 1960-2000, source: Eurostat Pocketbooks, Living Conditions in Europe, 2007 edition, ISSN 1725-5988

Elderly people want to perform meaningful activities, to have fun and to experience satisfaction when learning new things. Many older people have valuable resources (e.g. life experience, creative skills), and can significantly contribute to society. These resources can be used to support others to stay socially active and to promote inter-generational relationships. Research has shown that when embedded in active social networks people tend to enjoy better physical and mental health.
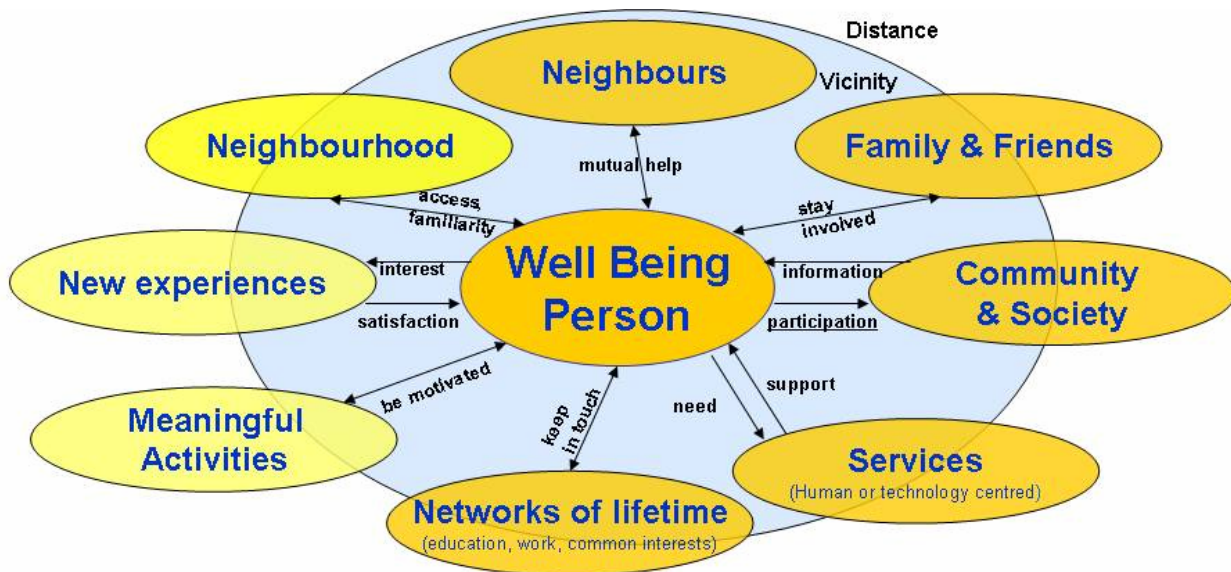
Fig. 2 The social interaction context of the elderly

When elderly people are connected to family and friends, this fosters links to neighbours and the (physical) neighbourhood and by extension the community and society. The networks of a lifetime (from education and employment) can be maintained or re-established through involvement in common interest groups, in conjunction with the use of technical services (see fig.2). Specific attention is needed for elderly people in areas with weak infrastructure, e.g. in rural and remote areas.

Living actively and enjoying life

From an individual point of view, it is necessary to ensure that elderly people are allowed and enabled to choose lifestyle and activities as well as their level of social interaction (with family, friends, colleagues, support groups, government services, communities of interests, businesses). People are at risk of spending more time at home as they get older for a variety of accumulated (physical, psychological, psycho-social and cultural) reasons. This does not negate the need for information, participation and involvement in local, regional, national and international affairs. Along with other members of society, the older person should have equal opportunities to acquire, create, share and disseminate their knowledge to the wider community. Similarly they want to create new experiences for themselves and to have fun in so doing. Furthermore there is a need of the society to ensure that valuable professional and life experiences do not cease to contribute to the wealth of the society and cultural diversity by the simple fact that people retire and age (chronologically and physiologically).

Bridging distances

Often bridging distances - physical, psychological and cultural- is necessary to maintain and support existing roles and to provide older people with the ability to define new roles (e.g. as a grand parent living far away, a correspondence student of arts or to get to know people with similar hobbies). It is important to enable people to take advantage of the freedom to find meaningful activities or new forms of productivity on the basis of ICT products or services. On the individual level keeping in touch with others can be helpful in defining these new roles. Enabling choice also means the provision of a variety of possible services.

Preventing loneliness and isolation

Elderly persons have a higher risk of suffering from loneliness than other age groups. There is evidence that loneliness decreases the quality of life and may cause illness, depression, self-neglect especially amongst elderly men[6]. The aim is to help people to live an optimal and satisfying life and to keep them socially active. Both the societal and commercial perspectives are important. Advantages for society and the public sector may be indirect or direct but should have a significant impact on what the older person deems improvement in the quality of their life.

Potential benefits

The AAL Joint Programme aims at innovative and financially sustainable ICT based solutions, from a market perspective underpinned by a credible business plan, and delivered by applied research and development activities. This call aims to address social isolation and reducing loneliness by bridging distances, facilitating interaction and communication, thus enabling people to live in their preferred environment as long as possible. This call addresses social interaction with a focus on the cognitive, psycho-social and cultural aspects. Physically assistive technologies are expected to be considered in a later Call around fostering mobility.

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[6] *Erlangsen, A; Bille-Brahe, U; Jeune, B, 2003: Differences in Suicide between the old and the oldest old. Journal of Gerontology: Social Sciences 2003, Vol. 58B, No. 5, S. 314 – 322.*

Innovation can emerge from areas other than new technology development (e.g. new types of user experience, new ways of service delivery, new value chains and networks, new organisational models and new business models).

Proposed solutions should engender a 'win/win/win' situation for society, individual and business. Keeping elderly people active and well-connected is beneficial for the individual, the society and the economy. Therefore the projects must define market segments, use cases and target groups and address the wishes and needs of these specific groups.

Contribution from end-users

The primary aim of the AAL Joint Programme is to foster solutions that meet end-user needs. It is important to recognise the contributions that technology and service advancements can make to quality of life of older people. However, even more importantly, it must be recognised that end-users should be the drivers in the development and practical application of these advancements.

Industry stands to gain clear benefits and generate a "***market pull***" by engaging end-users. A synergistic relationship between industry, research institutions and end-users will ensure that products/services reflect user needs and wishes. This will then translate into products/services that are reliable, acceptable, useful, adaptable and marketable.

The AAL Joint Programme deems active end-user involvement to be an essential component of activities from the outset and throughout the life of the project.

Contribution from technology

The core of the AAL Joint Programme is to provide solutions to elderly persons based on innovative but generic Information and Communication Technologies (ICT). This means applied research and development on innovative products, systems or services addressing the identified wishes and needs of end-users. Developing such solutions may require the scaling up of prototypes from academic institutions or industrial research labs to make them applicable to the wide variety of fields of social interaction.

There is a wide range of computing and communication technologies whose potentialities can be exploited for innovative solutions in interpersonal communications and social networking.

The implementation of successful ICT solutions to advance elderly social interaction is neither pure engineering design nor straightforward technology application. It requires social practice-oriented approaches to integrate user experience and interaction design. It implies design approaches to communication technology that go beyond simple computer mediated interaction and 'technology push' services design thinking. Understanding and modelling the structure of elder social relationships in realistic use cases can significantly contribute to the design of appropriate technological interventions

and greatly improve their acceptability by end-users. Cognitive systems engineering can be considered for dealing with it.

It is foreseen that solutions should integrate a number of technologies such as pervasive communications (or ubiquitous communications), hypermedia interfaces, rich sensorial environments, multi-agent systems, federated information management, location technologies and smart home appliances. Service platforms based on semantics, ontology, agents and Web Services (Service Oriented Architectures - SOA) can be used for creation of vertical services for groups with special profiles of elderly users.

Social interaction support services can exploit the capacities of social media technologies (radio, TV, mobile phone, Internet). If the solution is dependent on infrastructure, it has to be in relation to the surroundings and the infrastructure available.

Wireless Networks and Mobile Systems are central because future services are going mobile. On the other hand, because of the increasing number of Internet users, it can be expected that in the future even more elderly people will make use of this channel for interpersonal and social communication. For example, the social web technologies (Web 2.0) represent an important emerging set of tools and services enabling the design and development of social networking systems and virtual community environments, and also embody philosophical and behaviour aspects. Potentials of any technologies are connected to user empowerment and business models.

Contribution from service innovations

Companies and governments throughout Europe have increasingly had their attention to the fact that services dominate economic growth. Innovations in services come from new combinations of existing possibilities, as well as through inventions, though the latter is far less common in service innovation. Thus, it is important that AAL Joint Programme proposals collaborate on and around activities geared to support growth in service producing organizations, namely manufacturing industries, service based businesses, leisure & edutainment, education, public administrations and consultancy firms, to mention a few. A foundation for success and innovation can be created by exploiting existing experience and possibilities throughout Europe. Solutions that embed elderly people in social networks and solutions that facilitate older people to communicate with family, friends and care givers are examples of service innovations. An interaction between different European parties owning different roles and resources in an innovation system can prove extremely important in achieving major impact on innovation and on sustainable growth.

Socio-economic benefits

Innovations in social interaction for elderly can have significant impact not only on the individual level, but also on the European societies. Older individuals are now travelling more and choosing to live and continue aging in countries other than their native homes. Emerging is the considerable growth in ethnic and culturally diverse aging elder populations across Europe. New innovative solutions can have a major effect on quality of life and on prevention of loneliness and related (mental) health problems, thus easing

the pressure of increasing costs in European social and care systems. Operational efficiency and innovative processes will allow sustainable operation and business opportunities. Increased social inclusion and active participation of elderly people in terms of harnessing their knowledge and skills will also allow more effective use of limited resources and especially that of an increasingly scarce workforce.

Solutions should help older individuals or groups of elderly to maintain contact with communities and family in their home countries when they or their family live in another country. Other possibilities are services which will enable and assist a newly settled older individual to integrate effectively into communities and societies that are traditional or culturally diverse. Solutions should help to keep the individual in touch with his/her society, to bridge distances as well as prevent or reduce the risk of psycho-social deterioration and societal exclusion. It is important to identify the end-users particular wishes and needs in terms of what factors, relationships and communication issues are meaningful and generate the greatest impact on their self concepts and ability to self actualise. Thus elderly persons should be involved throughout the service innovation process. User driven innovation is essential to proposed innovative ICT based solutions aimed at helping people to be active, joyful and socially connected as they get older.

Commercial benefits

A partly affluent market exists and continues to grow as a result of European demographics, so business opportunities are increasing. To enhance and support this is the need for the development of solutions (products and services) that enhance connectivity and social interaction. A service concept as an enabler is crucial, but in conjunction with products. Enabling choice and encourage motivation can be part of a service.

Business cases should focus on consumer-driven market segments where the elderly person (primary end-user) has a central role in defining, selecting and using the product, service or system advancing his/her social interaction. Furthermore, if the self-paying elderly or their network is addressed, the consumers´ willingness to pay has to be taken into consideration. Other possible models may be financing (fully or partially) by interested third parties, e.g. by insurance or housing companies or through adverts. The user trials, target groups and their special requirements have to be defined clearly. Issues are for example, surrounding bandwidth cost and availability, as well as trust in technology. Adaptation to local markets requires scalability of the solutions across Europe and beyond with necessary modularity and flexibility to the cultural, social, economic and legislative differences between countries and regions.

Ethical issues

The nature of AAL projects will raise ethical concerns as the types of technology are likely to be new and not necessarily transparent to the end-users. Issues of privacy, control of personal data and information, confidentiality, transparency, autonomy and dignity may be of concern to the intended end-users. Solutions and especially the services provided have to be trusted by the customers, they should be accessible and accepted.

Proposal Requirements

Proposals should embody the 'win/win/win' concept combining the perspectives of and benefits to individuals, to businesses and to the society. The topic area should be approached through a holistic view of the individual's physical, psychological and social wellbeing. In this context, it is important that the solution providers as well as the elderly persons and their families are provided with relevant and specific information concerning state-of-the-art equipment, systems and services. End-users should be actively involved in the work to be performed with appropriate methodology applied (e.g. user-centred design). Effective solutions are flexible and adaptable to the end-user needs throughout the phases of ageing.

- End-user groups
  Proposals should address clearly defined market segments, use cases and target groups in terms of wishes, needs, interests, knowledge, etc. Elderly people are not an undifferentiated or homogenous mass within European societies. Some sections of the older population may be more familiar with ICT (eg. 'baby boomers') and the use of technology, as opposed to other groups for whom technology and ICT development and deployment may not have been as ubiquitous as it is currently. However it must be stressed that like other sections of society and people of other age groups, older adults' capabilities, attitudes and values are based on a variety of factors such as country of origin, technological and ICT development pervasiveness within that country, educational attainment, individual receptiveness to new ideas and socio-economic status. These are but a few of the factors which impinge on acceptance and activities to break down barriers to acceptance. There is also the need to differentiate between solutions for a person living alone and solutions for couples or even those living in extended families. Solutions put forward (i.e. services or products) need to be simple, intuitive and appealing to end-users without being stigmatising. A universal design approach is preferred.

- Technology
  The developed products, systems and services should be built on innovative enabling ICT technologies. Specific attention should be made to the adaptation of generic tools to the specific conditions of a given elderly person and his/her immediate environment including partners, family or friends. The use of technology familiar to older persons should be taken into consideration (like TV, mobile phone, GPS-based navigations systems etc.). The development of integrated technological solutions addressing the multi-faceted nature of the elderly and the evolution of the solution with his/her evolving condition in a flexible and appropriate way is necessary. The complementary nature of virtual/digital and real components should be considered. Robustness and dependability of the developed systems is an important aspect. The project should through applied research and development address all major issues associated with a market introduction 2-3 years after finalisation of the project.

- Interoperability
  Interoperability issues are critical in the deployment of operational solutions. Therefore, the projects should incorporate existing standards or, when standards are

not available, should be flexible enough to allow for evolution to new standards as much as possible.

- End-user involvement
  Applying technologies to fulfil the needs of elderly persons and their partners, family or friends, requires specific attention to user acceptance, user interface and usability design in order to meet the expectations, cognitive capabilities and eSkills of the end-users (whether primary or secondary end-users). Importantly development and use of new ICT should not lead to exclusion and widening of the digital divide. To fulfil these requirements, involvement of end-users during the whole process is essential. The solutions should be validated in 'real end-user' situations for a well defined user case study**.**

- Service innovation
  Innovative ICT enabled service concepts can offer new opportunities in fulfilling the needs and expectations for social interaction among elderly people. In innovative service concepts, the innovation can emerge from other areas than technology or product ("physical goods") development, for instance from new types of user experience, new ways of service delivery, new value chains and networks, new organizational models and new business models. An innovative service concept is a new or significantly improved service that can be systematically reproduced widely. It makes use of ICT technology and brings added value both to service provider and the client/customer.

- Customer value
  The economic situation both in European countries and among individual older people varies widely in Europe. Customer value and efficiency in use are essential to ensure wide applicability and affordability of AAL-solutions Europe wide.

- Socio economic impact
  To ensure maximum effectiveness and impact, the solutions proposed within the AAL Joint Programme should include new innovative approaches to assessment and validation of the proposed solutions taking into consideration their social, economical and psychological dimensions. The solutions must recognise and enhance the contributions of elderly people to the society and make optimisation of the quality of life a key focus.

- European dimension
  The European dimension of the proposed work should address issues such as interoperable solutions that can be easily adapted to places across Europe. The need for cross-border collaboration and European market perspectives must be recognized through solutions which address end-user needs that are transnational and European in character.

The requirements for AAL projects described above are further elaborated in the evaluation criteria that are listed below.

Consortium Agreement

Projects which are recommended for funding must submit a signed consortium agreement before the contract with the national agencies is concluded. Provisions on this issue are given in an Annex of this document.

Evaluation criteria, scoring and selection principles for collaborative projects

The proposals for **AAL collaborative projects** will be evaluated against the following four criteria:

1. Relevance assesses that the proposed project is in line with the objectives of the Call.

> The proposal is expected to be highly conformant with the specific objectives of the Call. The project is expected to apply Information and Communication Technologies (ICT) in new and innovative applications or service concepts. The results are products, systems and service concepts for Advancement of Social Interaction of Elderly People that can be applied and deployed widely in Europe.

2. Scientific and technical quality assesses the overall quality of the project proposal and the extent to which the proposed project methodology and consortium procedures will be able to deliver the planned final deliverables.

> i) The proposal should lead to an original, novel and effective solution, based on a scientifically and technically sound concept that is likely to contribute to the knowledge in the field. The proposal should demonstrate a clear opportunity to progress beyond the state-of-the-art in integration of technologies and products that provide new innovative solutions to the defined end-user needs. This results in new knowledge advancements, leveraging economic opportunities and solving societal challenges in a sustainable way.

> ii) The proposal is expected to include as part of planned activities/ outcomes, a realistic prototype or pilot application at project completion, where the expected impacts stated in the initial proposal may be demonstrated to the fullest feasible extent.

3. Quality of the consortium and efficiency of the implementation assesses the extent to which the consortium composition includes the critical mass and diversity of competencies and infrastructure required for the successful completion of the defined tasks, as well as the quality of the work plan.

> i) Consortia are expected to produce evidence of having the necessary resources to deploy the scientific, technical and market expertise needed to achieve project goals. The consortium should include the essential components of the value network and demonstrate an added value by international collaboration. There

must be a fair balance of contribution between partners (academic and non-academic) and it must reflect the close-to-market nature of the project.

ii) The proposals are expected to include proactive end-user involvement throughout the project. The issues of accessibility, end-user acceptance and usability are fundamental. The proposals are expected to target creation of new and innovative solutions to specific end-user needs that result in improvement in the social connectivity or inclusion and hence quality of life of elderly persons. The approach to specific end-user needs should be validated by an evidence base in a use case (building on testing in a realistic real user environment).

iii) The proposals are expected to be put forward by consortia where SMEs clearly play a proactive role. The implementation plan must demonstrate significant involvement of industry and other business partners in terms of budget and effort.

iv) Projects are expected to put forward a high quality work plan regarding the selected methodologies and organization of the planned activities, underpinned by a consortium embodying the necessary expertise. The work plan should consider adequate quality assurance and control procedures regarding the development and release of external project deliverables, as appropriate to each specific type of deliverable (e.g. management reports, research notes, market studies, application or service prototypes, etc.). The proposal should state a set of rules/ procedures to ensure fair protection for the IPR interests of the partners and partners' employees (e.g. conditions/ limitations on the ability of individual consortium partners to freely publish or profit from project results directly covered by other partners' IPR). The proposal should include conflict resolution procedures/ mechanisms to be invoked if and when necessary. The proposal should include a dissemination plan, ensuring that innovative project contributions are properly disseminated, subject to limitations imposed by the protection of partners' IPR over commercially-sensitive information, as stated at project start in the Consortium Agreement.

4. Potential impact assesses the extent to which the final deliverables of the proposed project may provide a direct benefit to the AAL target base (specific groups of end-users, businesses, and stakeholders).

i) The proposal should target at providing added value to the individual (e.g. quality of life) and the society (e.g. on cost effectiveness). The proposal is thus expected to provide evidence of having the capability, at project completion time, to foster ensuing market availability of products and systems as well as associated services having significant social and ethical impact, scientific and technical impact as well as economic impact. The proposed activities should be targeted towards bringing new products, solutions or service concepts to the market within about 2 to 3 years after the project end.

ii) The proposal should target an attractive and high potential market in Europe and beyond. The proposal should target the provision of new and innovative solutions to specific end-user needs that will result in improvement in the social

interaction and hence quality of life of elderly persons either directly or indirectly. This may be achieved e.g. through more equal access to services, easier participation in communities of interest or increased ability to allow elderly people to be direct users of technologies still in their initial market deployment phase.

iii) A market plan covering value chain and business analysis activities should be included to support the realization of identified economic opportunities. The approach of capitalising the economic opportunities must not be contradictory to the needs of an individual. The business model should build on open and inter-operable solutions as far as possible. The proposal should demonstrate an economic impact which may include

- Capability of the consortium, particularly of its business partners, to derive benefit from the project results, proportionate to the investment.

- Making existing or new products, systems and services significantly more affordable or acceptable to the end-users

- Improving the sustainability and the efficiency of publicly funded products, systems and services

iv) The project should contribute to the creation of a European market through the development of open interfaces and interoperability, applying the relevant standards, norms and regulations in the European framework. The proposal should demonstrate that the necessary actions are identified for taking into account relevant national and European rules and regulations concerning ethical issues. The proposed activities should ensure adequate respect for the individual end-user's rights, such as self-determined private life, conscious (or consciously delegated) consent and dignity along with any other relevant ethical issues.

Scoring, thresholds and weights

Project proposals are evaluated by independent European experts and an evaluation panel. Each criterion will be scored on a 5-point scale (only full points allowed):

5 (Excellent)   Issues under assessment are comprehensively covered.
4 (Good)   Issues under assessment are well covered, with minor suggestions being put forward to enhance the project chances of success.
3 (Acceptable)   Issues under assessment are adequately covered, but the proposal shows weakness in some specific area of the criterion. To enhance the project chances of success may require significant additions or changes to some specific part of the proposal that can realistically be introduced prior to the start of the project.
2 (Defective)   Issues under assessment are sketchily covered and proper evidence of project chances for success is lacking or omitted. Potential for greater chance of successful outcome(s) requires significant major additions or changes.
1 (Failed)   The proposal does not adequately cover the issues under assessment and/or demonstrate that it has met the objectives of the AAL Joint Programme.

Following thresholds and weights will be applied to the criteria:

1. Relevance   threshold = 3, weight = 1

2. Scientific and technical quality   threshold = 3, weight = 1

3. Quality of the consortium and efficiency of implementation   threshold = 3, weight = 2

4. Potential impact   threshold = 3, weight = 2

Selection of projects for funding (phase 1):
Guided by the outcome of the evaluation process, the final selection of projects for funding will be made using the following principles:
- Maximizing the total quality of the project portfolio of the Call
- Optimizing the usage of the available funding of the Call
- Ensuring sufficient thematic spread and avoiding directly overlapping projects to be funded in AAL Joint Programme
- Ensuring participation of project partners from as many AAL Partner States participating in the Call as possible

Phase 1 of project selection is ended with a list of projects that after approval of the AAL General Assembly are invited to start the clarification and negotiation phase with their national funding agency (Batch 1 of projects).

Restructuring of consortia and selection of additional projects for funding (phase 2):
After the completion of phase 1 of the project selection, additional project proposals that have been assessed to be of good quality by the evaluation process will be invited to restructure their consortia. Restructuring may take place with following boundary conditions:
- Invitation for restructuring will take place only when availability of national funding is the limiting factor
- Restructuring is possible only in cases where changes affect less than 50% of the total effort (person months) of the original proposal
- Restructuring cannot lead to changing of the project coordinator
- Restructuring can take effect either through non-funded participation of the partner or through finding a replacement partner from an AAL Partner state that still has funds available. This can be combined with redistribution of tasks between the remaining partners of the consortium.

Projects that are invited to resubmit their proposal with a restructured consortium have to meet the eligibility criteria of the Call. They may be subject to a re-evaluation by independent European expert(s), in order to ensure their quality. The selection of the projects to be funded among the resubmitted proposals will be guided by the outcome of the evaluation process and the availability of national budgets. After the approval of AAL Executive Board, additional projects are invited to start the clarification and negotiation phase with their national funding agency (Batch 2 of projects)

Note! If at any point of the project selection phase or the clarification and negotiation phase a project partner withdraws from the project, is ineligible or not able to fulfil its commitment as stated in the proposal and this affects more than 20% of the total effort (in person months) of the original proposal, the project proposal is irrevocably disqualified without the opportunity of restructuring. Furthermore, if at any point, the project coordinator withdraws from the project, is ineligible or not able to fulfil its commitment as stated in the proposal, the project proposal is irrevocably disqualified without the opportunity of restructuring. In any case, a restructuring of the consortium can lead to a re-evaluation of the proposal.

Annex – AAL Partner States funding commitments

AAL Partner State/Member organisation	Mio. €
Austria	2.5
Belgium	1.0
Cyprus	0.5
Denmark	0.5
Finland	2.5
France	2.0
Germany	5.0
Greece	3.0
Hungary	2.5
Ireland	0.5
Israel	1.0
Italy	4.0
Luxembourg FNR	0.3
Luxembourg Luxinnovation	0.3
The Netherlands	1.9
Norway	0.8
Poland	0.5
Portugal	0.5
Romania*	0.2
Slovenia	0.2
Spain ISCIII	2.4
Spain MITYC*	2.0
Sweden	0.7
United Kingdom	1.1
Total AAL Partner States/ Member organisations	35.9
Expected EC contribution for the call	23.0
AAL Partner States + EC	58.9
Switzerland	2.0
Expected total funding commitment	60.9

* The indicated funding is still subject of a national decision process.

Please note: The EC co-funding is granted to the AAL States (or member organisations) listed above on top of the indicated commitment.The final allocation depends on the call outcome.
Switzerland participates only with the indicated commitment. It will not benefit from the EC co-funding under this call.

Annex – IPR provisions under the AAL Joint Programme

The **Ambient Assisted Living Joint Programme (AAL JP)** is a new joint research and development (R&D) funding activity by 24 European Member States and Associated States with the financial support of the European Community based on article 169 of the EC treaty. The most important activity under the AAL JP is the regular publication of AAL Calls for Proposals by the AAL association.

The financial contribution of the European Community resulted from a co-decision procedure, during which the EC itself[7] proposed the terms of its participation and both, the Council and the European Parliament gave their approval to this proposal. The proposal text as the basis for the co-decision procedure states following request to the conduction of the AAL JP

Article 2: The Community financial contribution shall be conditional upon:
(h) formulation of provisions governing the intellectual property rights stemming from the activities carried out under the AAL Joint Programme and the implementation and coordination of the research and development programmes and activities undertaken at national level by the participating Member States, Israel, Norway and Switzerland in such a way that they aim at promoting the creation of such knowledge and at supporting wide use and dissemination of the knowledge created.

The following provisions take account of this request. They were agreed upon by the AAL Executive Board on 21 July 2008.

Provisions governing the intellectual property rights under the AAL JP

1. The AAL Joint Programme supports the IPR regime on the basis of Regulation No. 1906/2006[8], which establishes the rules for participation in the FP7 (Chapter III, articles 39 to 51).

2. Taking into account the time-to-market perspective of two to three years after the end of an AAL project, all AAL projects recommended for funding must submit a signed Consortium Agreement ("CA") to the Central Management Unit of the AAL Joint Programme ("CMU") at the closure of the contract with the national funding agencies.

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[7] *COM(2007) 329 final: Proposal for a DECISION OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL on the participation by the Community in a research and development programme aimed at enhancing the quality of life of older people through the use of new Information and Communication Technologies (ICT), undertaken by several Member States (14 June 2007)*

[8] *The AAL Joint Programme follows the IPR regime on the basis of Regulation No. 1906/2006, which establishes the rules for participation in the FP7 (Chapter III, articles 39 to 51, hereinafter "Rules for Participation").the general European FP7 IPR rules and general principles on IPR according to legal text)*

The agencies also must approve the CA. The signed CA must clearly indicate the reference (Consortium Agreement of the project "X") on every page.

3. The CA must be in effect at the official start of the project, but it is not required to conclude it at the time of the proposal submission.

4. The AAL Association leaves it to the project consortia to draft a CA ("freedom of contract").

5. The Consortium Agreement should state a set of rules/procedures to ensure fair protection for the IPR interests of the partners and partners' employees (e.g.: conditions/ limitations on the ability of individual consortium partners to freely publish or profit from project results directly covered by other partners' IPR). The consortium agreement should include conflict resolution procedures/ mechanisms to be invoked if and when necessary.

6. The AAL Association does not recommend any specific service or model agreement. The IPR Helpdesk, an EC funded consultancy service on Intellectual Property Rights, provides example models for consortium agreements on its website http://www.ipr-helpdesk.org.

7. For any problem with the IPR orientations laid out above, the AAL President as a legal representative of the AAL Association shall be contacted by AAL project partners via the email President@aal-europe.eu.