

Capacity Building for Digital Health Monitoring and Care Systems in Asia (DigiHealth-Asia)



DigiHealth-Asia

D5.3 – Document and Reporting

Work package	WP 5
Task	Task 5.4
Due date	15/04/2021
Submission date	15/04/2021
Deliverable lead	UGent
Version	1.0
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Executive Summary

D5.3 “Document and reporting” is a deliverable of the work package 5 “Management”. The main objective of the deliverable is to show that various templates for deliverables, presentation, timesheet, travel reporting, and financial reporting have been made, set up and shared with all the partners. Guidelines, procedures, and timeline for using the templates are also made and conveyed to the partners. Finally, for maintaining the quality of the submitted deliverables, a quality assurance team (QAT) is formed which will do initial screening and assign reviewers for thorough reviewing. The appointed deliverable lead will address all the comments and will send the final version to the coordinator for submission to the project officer.

1. Introduction

Documenting and reporting are important for a smooth and efficient execution of any project. To streamline the documentation & reporting process, the coordinator has set up several templates for deliverables, presentations, and reporting, and shared them with the partners through a SharePoint space. In addition, associated guidelines are also conveyed for using the templates and sending them to the coordinator.

2. Templates

The templates must be used for all DigiHealth-Asia reports and documents either informal or formal. Here a brief description on the templates for deliverables, presentations, and timesheet and travel reporting is presented.

2.1. Deliverable template

The coordinator has set up a deliverable template which is shown in Annex I. In order to have the same look and feel for all the project deliverables, all partners are required to use the deliverable template for drafting deliverables.

2.2. Presentation template

The coordinator has set up a presentation template which is shown in Annex II. All partners are required to use the presentation template in internal project meetings and external meetings/conferences/workshops when presenting DigiHealth-Asia results.

2.3. Timesheet

The timesheet reporting form provided by EACEA is shown in Annex III. As agreed in the partnership agreement, every partner will provide, for each of their staff working on the project, a signed timesheet to the coordinator after every 3 months. The coordinator will send a reminder 2 weeks before each 3-month reporting period.

2.4. Travel report

The individual travel report form provided by EACEA is shown in Annex IV. As agreed in the partnership agreement, travel reporting is combined with timesheet reporting. It means that if there is a travel in a 3-month reporting period, then the concerned partners are required to send the signed travel report together with the timesheet to the coordinator in that 3-month reporting period.

2.5. CBHE Joint Declaration

The CBHE joint declaration form is provided in Annex V. As agreed in the partnership agreement, CBHE joint declaration reporting is combined with timesheet and travel reporting. It means that if there is a travel in a 3-month reporting period, then the concerned partners are required to send the signed CBHE joint declaration reports together with the timesheets and travel reports to the coordinator in that 3-month reporting period.

2.6. Financial statement report

The financial statement reporting form provided by EACEA is shown in Annex VI. This reporting form will be used by the coordinator for submitting the intermediate and final financial reports to EACEA. The coordinator will create customized reporting template for all partners and will share with them



through the SharePoint space. All partners are required to provide information in their respective customized reports and send to the coordinator together with the timesheet, travel report, and CBHE joint declaration in each 3-month reporting period. In the financial reporting file, every budget line shall be linked to a cross-reference number that will refer to the supporting documents (timesheet, individual travel report, and joint declaration). This will link the supporting documents to the financial reporting file.

3. Quality assurance of the deliverables

For each deliverable submission, the consortium has devised a streamline process. The process comprises of a quality assurance team (QAT) that includes UoH, ULL, CUST, and CMU. The idea is to have two members from EU and two members from Asia in the QAT team. The coordinator will work with the QAT for ensuring the quality of the project. Every deliverable lead will send their deliverable to the QAT team one week before the submission deadline. The QAT will do initial screening and will assign a partner for thorough reviewing of the deliverable and the assigned partner will have to send a report in two business days. After addressing the comments, the deliverable lead will send the updated version of the deliverable to the coordinator and the coordinator will submit it to the project officer.



DigiHealth-Asia

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Annex – I: Deliverable template



DigiHealth-Asia

Grant Agreement Number:
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CBHE-JP

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DigiHealth-Asia

Deliverable name



Work package	
Task	
Due date	
Submission date	
Deliverable lead	
Version	
Authors	
Reviewers	





Annex – II: Presentation template



DigiHealth-Asia

Click to add title

CLICK TO ADD SUBTITLE

www.digihealth-asia.eu

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of the European Union



Confidential – The information contained in this document and any attachments are confidential. It is governed according to the terms of the project consortium agreement.



Annex – III: Time sheet

Add Row		Delete Row		PROJECT TIMESHEET	
Project number :					
Surname :					
First Name :					
Institution :					
Country :					
Position :					
Staff Category :					
Year	Month	Number of Days	Work Package	Description of tasks performed and outputs produced	
Total days:		0			

Signature of the staff member :

Signature of the person responsible in the institution (where the staff member is employed) :



Annex – IV: Individual Travel Report

INDIVIDUAL TRAVEL REPORT for travel costs and costs of stay*To be filled in by each participant**In case of circular/multiple travels, please fill in separate Individual Travel Reports.***Ref. No.....Project No.**

The reference number must correspond to the progressive numbering indicated in the financial statements in the final report

(1) PERSONAL DATA

Surname:

Forename:

Home institution:

.....

.

Staff position/student year of study at home institution:

.....

.

(2) TYPE OF ACTIVITY *(Tick as appropriate)***STAFF**

<input type="checkbox"/>	Teaching/training assignment
<input type="checkbox"/>	Training and retraining purposes
<input type="checkbox"/>	Updating programmes and courses
<input type="checkbox"/>	Practical placements in companies, industries and institutions
<input type="checkbox"/>	Project management related meetings
<input type="checkbox"/>	Workshops and visits for result dissemination purposes

STUDENTS

<input type="checkbox"/>	Study period
<input type="checkbox"/>	Participation in intensive courses
<input type="checkbox"/>	Practical placements, internships in companies, industries or institutions
<input type="checkbox"/>	Participation in short term activities linked to the management of the project

(3) 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***(4) 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 – V : CBHE Joint declaration

JOINT DECLARATION

Ref. No.....

Project No.

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:

- The Institution is a member of the partnership for the above-mentioned project.
- The Staff member is either:
 - employed by the Institution
YES/NO
 - or
 - a natural person ** assigned to the project on the basis of a contract against payment
YES/NO
- The Institution and Staff member agree that the Staff member has worked on this project and performed the following duties during the project's eligibility period.

	<i>dd/mm/yy</i>		<i>dd/mm/yy</i>
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
name.....

Staff

member

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



Annex – VI : Financial statement reporting

Project Number		Co-financing (for information only)	
		0.00	

Budget Headings	1. Grant Awarded (in EUR)	2. Total (in EUR)
1. Staff Costs	0.00	0.00
2. Travel Costs	0.00	0.00
3. Costs of Staff	0.00	0.00
4. Equipment Costs	0.00	0.00
5. Subcontracting Costs	0.00	0.00
6. Exceptional Costs	0.00	0.00
Total Grant requested from the European Union	0.00	0.00

Please fill in the Project Number

DISTRIBUTION OF THE GRANT BY ORGANISATION (in EUR)											
Partner N°	Name of Partner	Country	Role Code	Programme Country / Partner Country	1. Staff Costs	2. Travel Costs	3. Costs of Staff	4. Equipment Costs	5. Subcontracting	6. Exceptional Costs	Total (in EUR)
P1											
P2											
P3											
P4											
P5											
P6											
P7											
P8											
P9											
P10											
P11											
P12											
P13											
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P46											
P47											
P48											
P49											
P50											
P51											
P52											
P53											
P54											
P55											
Total (in EUR)											

REQUEST FOR PAYMENT	
I hereby request the payment of the balance to the following bank account: IBAN	
Date, name and signature of the legal representative of the beneficiary institution:	
Date:	Name: Function: Signature of the legal representative: