



**ACTIVE AND ASSISTED
LIVING PROGRAMME
AAL CALL FOR
PROPOSALS 2021**

**ADVANCING INCLUSIVE
HEALTH & CARE SOLUTIONS
FOR AGEING WELL
IN THE NEW DECADE**

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1. CALL DESCRIPTION AND GENERAL INFORMATION

THE AAL PROGRAMME

The AAL Programme is a common funding activity of partner states of the AAL Association, with the financial support of the European Commission, based on Article 185 of the Treaty on the Functioning of the European Union (TFEU).

The aim of the AAL Programme is to improve the autonomy, participation in social life, skills, and employability of older adults by providing innovative Information and Communication Technologies (ICT)/digital - based solutions. These solutions, whether they are products, systems or services, aim to enhance the older adults' quality of life, to improve the long-term sustainability of health and care systems, and to strengthen the industrial base in Europe and internationally. To reach the above-mentioned goals, cooperation with relevant stakeholders, particularly end-users and business partners within the relevant active & healthy ageing eco system is essential. This can be done through the activation and involvement of stakeholders at local, regional, national or transnational level.

The AAL Calls for proposals provide a targeted funding mechanism for the development as well as the integration of ICT-based solutions (both products and services) into the social fabric of a particular region and/or health and care environment. This AAL Call responds not only to the challenges & opportunities of ageing well, but also provides another support angle to the health and care system, particularly at local and regional level. The smart solutions for healthy ageing funded under the AAL Programme should be designed to address the respective wishes/aspirations and needs identified by end-users as well as being both transnational and collaborative with a cost-sharing approach between private and public funding.

Since 2008, the AAL Programme has funded over 260 thematic projects in 13 annual calls.²

The AAL Programme calls are complementary to the [Horizon 2020 calls related to Active and Healthy Ageing under Societal Challenge 1 \(SC1\)](#), as well as to the [Horizon 2020 2018-2020 Work Programme on Information and Communication Technologies](#).

² Applicants are strongly encouraged to check the list of funded projects at <http://www.aal-europe.eu/projects/>.

CALL RATIONALE

CONTEXT

Europe's population is undergoing a fundamental adjustment of its age structure just like in many other countries around the world, such as Canada or Taiwan. Higher life expectancy through economic, social and medical progress has meant that our population is becoming steadily older. The ageing population brings new challenges as well as new opportunities with regard to many areas of our daily lives while having an increasing impact on our health & care systems as well as our labour markets. This is especially relevant today as the whole globe is confronted with an unprecedented health threat, the Covid-19 pandemic, which particularly effects older adults.

Digital solutions in health and care can support the wellbeing of older adults in many areas of their daily lives at home and in their communities. They can also support care professionals and informal carers and help tap into the labour potential of active and healthy older people.

While keeping an open call approach (i.e open to all 8 AAL application areas – see section 1.4), the call 2021 would like to stress three elements, namely an **inclusive health & care approach** (health prevention, preservation of physical & mental health, social participation), the stimulation and upscaling of innovation in active & healthy ageing through **health & care eco-systems** and the **accessibility of digital solutions** to end users, e.g through education for greater e-literacy.

AAL CALL 2021 RATIONALE a focused open call approach triangle



INCLUSIVE HEALTH & CARE APPROACH

Regional and national health and care systems in Europe and internationally are under increasing financial and social pressure, given the significant increase in demand for care and support services with an ageing population while at the same time lacking the necessary health and social care workers. This situation has further deteriorated during the current Covid-19 pandemic.

Tackling these mounting challenges “requires a comprehensive and well aligned set of policies to reorient the complex machinery of health systems” (Strengthening the health system response to COVID-19

– Recommendations for the WHO European Region: policy brief, 1 April 2020). The way we look at health & care is challenged and so are the current systems, these views are based on. Health & care systems will need to better integrate services delivered at home and in the community rather than solely focusing on the already often overcrowded and financially strained health & care institutions. At the same time health & care services need to shift more towards health prevention, preservation of the autonomy of older people and active ageing.

INNOVATION THROUGH ECOSYSTEMS

Local and regional ecosystems, in particular in health & care, are considered more and more instrumental for stimulating and adopting innovative ITC-based/digital solutions/services to maintain the quality of life of older adults. Supporting and strengthening existing and emerging ecosystems, which have a focus on active & healthy ageing, aims to achieve the involvement of a critical mass of its key actors, i.e. end-users together with researchers, SMEs and large companies, public administration and policymakers. An important part of this approach is about substantial knowledge transfer between stakeholders, extensive supply chain networks and greater awareness about the needs and conditions of other stakeholders - critical elements for the implementation and scaling up of AAL solutions.

ACCESSIBILITY OF DIGITAL SOLUTIONS

The lack of digital education to achieve greater e-literacy, especially amongst older adults, is still an obstacle for the adoption of technologies into the daily lives of end users (both for older people and care professionals). Benefiting from the opportunities of a digitalised society depends both on the ability to use digital tools as well as to properly interpret the content accessed through digital technologies. The ability to access, manage, understand, integrate, communicate, evaluate and create information safely and appropriately through digital technologies needs to be universal, i.e. possible for all population groups.

ADDITIONAL CALL ASPECTS

The AAL Programme endorses quality of life concepts such as ‘positive health’, which describes health as the ability to adapt and self-manage in light of physical, emotional and social challenges³. The ‘healthy ageing’ approach as promoted by the World Health Organization can provide guidance for the development of ICT-based/digital solutions to support older adults. The environment of each person (home, neighbourhood, community, health & care institutions) is of crucial importance, as it changes over time and is highly dependent on organisational, economic and social contexts.

Finally, the AAL call is promoting the transferability of both already developed or to be developed

³ See more at: <http://www.louisbolck.org/health-nutrition/integrative-medicine-3/new-concept-of-health>

products or services into new geographical and technological areas. For this purpose, the context in which the solution has been implemented and the conditions and/or standards the solution would require to fit into different environments (country/region, type of care system, institutional/regulatory set up ...) will need to be clearly described⁴.

1.1 OBJECTIVES OF THE CALL

The scope of the call is built along the following objectives:

- Developing, testing, validating, scaling -up and integrating innovative ICT solutions for ageing well into re-designed service delivery models aimed at guaranteeing a positive “health” (See Call rationale);
- Supporting the public health and care systems, contributing to the creation/strengthening/connection of healthy ageing ecosystems and promoting the development of digital literacy among the end users.

**THROUGH
COLLABORATIVE
PROJECTS
SEE CHAPTER 2**

- Exploring new ideas, new collaborations as well as new user approaches for ICT-based solutions designed to support older adults.
- Proposing proofs of concept for further development of innovative ICT solutions.
- Rapid evaluation of the business potential of available/new AAL products and services.

**THROUGH SMALL
COLLABORATIVE
PROJECTS
SEE CHAPTER 3**

⁴ See more at <https://www.who.int/ageing/healthy-ageing/en/>

1.2 AAL APPLICATION AREAS

The categorisation system below illustrates the variety of application areas for AAL (see [TAALXONOMY—AAL Product](#) and service categories).



TAALXONOMY  www.taalxonomy.eu
Classification System for AAL Products and Services

TAALXONOMY: AAL PRODUCT AND SERVICE CATEGORIES

 HEALTH & CARE Health & Care comprises products and services which collect and manage medical data , which support therapy and care activities, as well as those assisting in nutrition and personal hygiene .	 MOBILITY & TRANSPORT Mobility & Transport consists of products and services that on the one hand serve as transportation measures for persons and goods , and on the other hand offers travel information, navigation and orientation solutions.
 LIVING & BUILDING The category Living & Building covers products and services for water and energy supply, light management, room climate as well as measures for design barrier-free rooms . Additionally, maintenance and access control are in this category.	 WORK & TRAINING Participation in the working life is covered by the category Work & Training . It contains work supporting measures and products and services for job specific learning and training .
 LEISURE & CULTURE The category Leisure & Culture consists of products and services which enrich or enable recreational activities in leisure time, and cultural activities. Sports, media and games are covered, as well as culture, religion and travelling .	 SAFETY & SECURITY Safety & Security includes products and services which prevent damages and burglary or which support the user in cases of falls . Furthermore, localisation and emergency management is part of this category.
 VITALITY & ABILITIES The category Vitality & Abilities includes products and services that support, train or enable basic physical, mental and social abilities that are essential requirements for independent living.	 INFORMATION & COMMUNICATION Information & Communication contains products and services which on the one hand present knowledge and offer advisory functions , and on the other hand support and enable interpersonal communication and organisation of daily living.

Download via www.taalxonomy.eu Designed by SYNNO 

SOURCE: TAALXONOMY (SYNYO, UNIVERSITY OF INNSBRUCK, EURAC)

1.3 AAL MARKETS

Since the AAL Programme commenced, the 12 previous calls have not only delivered many useful solutions for older adults, they have also provided a more profound understanding of the different market segments for AAL solutions⁵:

- There are solutions aiming at **private consumer markets** with aspects such as sustained well-being, maintaining one's lifestyle, staying independent (e.g. at home), continued employment. Although buyers would mainly be the older adults themselves, other relevant population groups (as mentioned under "VISION ON HEALTHY AGEING"), or their families and social networks are also envisaged.

⁵ More information can be found in the AAL Market and Investment Report available at <http://www.aal-europe.eu/wp-content/uploads/2018/11/AAL-Market-report-Technopolis-180604.pdf>

- On the other hand, there are solutions aimed at institutional markets such as health and care, social care and housing. In these markets the buyers are mainly secondary or tertiary end- user groups (such as care delivery organisations or national/local government organisations) who provide the solutions as part of a more comprehensive service offer. These market segments usually have a mandatory requirement for providing evidence about the benefits for end-users and cost-effectiveness of ICT-based solutions before adopting them in full. In addition, solutions have to be aligned to the vision and strategy of the organisations involved.

Emerging and existing healthy ageing ecosystems are playing a crucial role in dealing with the complexities of organisations and interests.

In the AAL Programme, end-users play a crucial role in the co-creation, testing, evaluation and deployment of AAL solutions. It means that AAL funded projects must involve relevant end-users in different stages of the project, including the validation of the business model.

1.4 DEFINITION OF END-USERS IN THE AAL PROGRAMME

Primary end-users	Older adults who are actually using AAL products and services. This group directly benefits from AAL solutions through an increased quality of life and autonomy. Primary end user organisations are organisations that represent older adults (e.g. senior organisations/cooperatives etc.).
Secondary end-users	Persons or organisations directly in contact with primary end-users , such as formal and informal caregivers, 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 remotely) and indirectly when the care needs of primary end-users are reduced.
Tertiary end-users	Institutions and private or public organisations that are not directly in contact with AAL products and services, but who somehow contribute in organising, paying or enabling them. This group includes the public sector and local government organisations, social security systems, insurance companies, housing corporations etc. Common to these organisations is that benefits from AAL come from increased efficiency and effectiveness which result in cost savings or by not having to increase expenses in the medium and long term.

1.5 TYPES OF PROJECTS FUNDED UNDER CALL 2021

Two types of projects will be funded under this Call, namely the Collaborative Projects (see chapter 2) and Small Collaborative Projects (see Chapter 3).

1.6 ELIGIBILITY CRITERIA

CONSORTIUM-LEVEL GENERAL ELIGIBILITY CRITERIA FOR ALL PROJECTS

- Submission of a complete proposal through the AAL electronic submission system before the deadline, as specified in the 'Guide for Applicants'.
- English as the sole language of the proposal.
- Consortium composition of at least 3 independent eligible organisations (legal entities), from at least 3 different AAL Partner States participating in the Call for Proposals. (Important: Applicants for Small Collaborative Projects should check in the list of countries reported below whether their respective funding agency will fund this type of project.)
- Consortia must include at least one business partner ("Role" in the project).
- Consortia must include at least one eligible SME partner ("Type", in the project) which can be the business partner.
- Consortia must include at least one eligible end-user organisation⁶.
- Proposals submitted by consortia presenting a Collaborative project must include at least one signed declaration of intent (one-page document) from relevant stakeholders eg end-user organisations, health care delivery institutions, government stakeholders, etc..
- Entities falling under situations as described in Art. 136(1) of Regulation (EU, Euratom) [2018/1046 \(EU Financial Regulation\)](#)⁷ shall be excluded from funding, every applicant having to submit a Declaration of Honour along with the application form stating their organisation don't fall in any of the exclusion situations. The DoH template, to be stamped and signed by the legal signatory of the applicant organisation is provided along with the Proposal's template.

NATIONAL ELIGIBILITY CRITERIA

- Only organisations that are explicitly described in the national eligibility criteria are eligible for funding. The national eligibility criteria are published together with the Call text.
- It is highly recommended to consult the guide for applicants and all the relevant national Supporting Documents, in order to guarantee a proper proposal submission (pls note that for some countries the proposal has also to be sent through national platforms). **In case of any clarification, do not hesitate to contact the AAL National Contact Persons (NCPs) prior to submission of a proposal** (list of NCPs and contact data can be found on the AAL Programme website www.aal-europe.eu/contacts/national-contact-persons/).
- In some countries, establishing contact with the NCP prior to the submission of the proposal is

⁶ End user organizations should bring in (where suitable) a clear need/problem they would like to solve through the project.

⁷ The article defines the Exclusion criteria preventing a project participant from receiving EU financial contribution (due to, for example, bankruptcy, guiltiness, grave professional misconduct, fraud and other)

mandatory in order to be eligible for funding.

- The project may include organisations not requesting funding, or organisations that are not eligible for funding according to national eligibility rules, or organisations not residing in any AAL Partner State.⁸ Such organisations may be associated with the project without funding from the AAL Programme, but they cannot be crucial for the project's implementation. They will not be taken into consideration when assessing the project proposal against the eligibility criteria and project characteristics stated above.

1.7 EXPECTED IMPACT

By funding the development of AAL solutions, the AAL Programme aims to create evidence of improved quality of life, added value for end-users, usefulness and effectiveness of the solutions, as well as evidence of their reliability, security, financial viability and integration into service delivery models with positive business impact for potential payers. Impact can also be the transformation of organisations in health and care systems,, helping them to better manage the technological change our society is experiencing.

In the proposal, applicants must outline the key performance indicators that will be used to measure impact(s) of the ICT-based solution (products and services), as well as the methodology to collect this data.

The AAL Programme has developed an impact assessment framework along the three dimensions of improvement, namely quality of life, long-term sustainability of health and care systems and strengthening of industrial base. The below paragraphs provide guidance hereby:

EXPECTED IMPACT ON QUALITY OF LIFE

ICT-based solutions in this Call are expected to help sustain or improve various aspects of the quality of life of older adults and other relevant population groups, as specified under the Call rationale, and throughout the ageing process to support them to:

- Live meaningful, healthy and active lives;
- Live independently and safely at home as long as possible (maximising their decision-making and control over their daily activities) with support from people in their care networks; and
- Live with dignity and be socially included, also through an enhanced digital literacy.

If the proposed ICT-based solution includes informal and/or professional caregivers, it should support them to:

⁸ 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 Programme, i.e. Bulgaria, Croatia, Czech Republic, Estonia, Finland, France, Germany, Greece, Ireland, Latvia, Lithuania, Malta, Slovakia and Swede.

- Reduce stress and care burden;
- Build resilience and strengthen their motivation and satisfaction;
- Improve the quality, efficiency and effectiveness of the care they provide.

For organisations and companies that support the quality of life of older adults and their social/support networks, it is important that the proposed ICT-based solutions can be (easily) integrated into their organisational environment.

EXPECTED IMPACT ON MARKET DEVELOPMENT

ICT-based solutions in this Call are expected to contribute to:

- A greater exploitation of ICT based solutions for supporting older adults. This includes measures to support their care networks as well.
- A growing institutional and private consumer market of interoperable and scalable AAL systems to support active, healthy and independent living.
- More European/international collaboration, including between end-users, industry and other stakeholders who participate in the value chain.
- Better use of all resources for the social/care system, with older people being supported to live independently in their homes for longer with the help of family and community care networks, and thus reduce the need for formal (paid-for) care and hopefully delay any move to institutionalised care.

EXPECTED IMPACT ON EFFICIENCY AND SUSTAINABILITY OF HEALTH AND CARE SYSTEMS

Health and care systems in the EU vary from country to country and reflect different policy and societal choices. However, despite organisational and financial differences, the systems are mostly built on common values.

ICT-based solutions in this Call are expected to improve the operational efficiency and the quality of services within current and future emerging health and care systems. Such solutions could contribute to:

- Sharing information/improve coordination among involved stakeholders;
- Increasing the early detection of risks;
- Moving towards cost efficiency in the formal sector;
- Motivating and supporting health and care providers' daily work.

1.8 EVALUATION PROCEDURE AND FUNDING ALLOCATION

All eligible proposals will be evaluated and scored by a panel of independent experts (from business, end-users, and ICT organisations) to establish a ranking list. Only proposals scoring above the

required threshold will be considered for funding from the AAL Programme. Funding contracts for individual project partners will be concluded with the relevant national funding authority. More details on the evaluation criteria for the two types of Collaborative projects and the selection process can be found in the 'Guide for Applicants'.

1.9 BASIC INFORMATION ON AAL CALL 2021

The AAL Call 2021 is open to Collaborative Projects as well as to Small Collaborative Projects with different objectives, characteristics, requirements, templates and evaluation criteria. However, the Call will have one closing date.

Note: Some of the funding agencies participating in the call may not fund Small Collaborative Projects. Please also refer to the document, 'National Eligibility Criteria'.

- Date of publication: 15 December 2020
- Closure date: 21 May 2021 at 17:00 hours Central European Time (CET).
- Indicative total funding: 21.019.900 €⁹

This amount includes a contribution of up to €10.835.000 by the European Commission.

The consortia must submit one common project proposal with one partner acting as coordinator.

Evaluation scores will total the same maximum score for both types of projects, which will lead to one combined list of selected proposals. Approval of the list of selected proposals by the AAL General Assembly is expected for mid-September 2021.

1.10 GUIDE FOR APPLICANTS

Please always consult the latest version of the 'Guide for Applicants' for detailed information on:

- How to submit a proposal
- Application prerequisites
- Evaluation criteria
- Selection processes
- Consortium level and national eligibility criteria
- Guidelines for integrating end users
- Guidelines for defining business cases
- Ethical guidelines
- Details on where to obtain further information

Note: Applicants are encouraged to register on the AAL proposal submission website (<https://ems.aal-europe.eu>) before the end of March 2021.

⁹ See the last chapter for an overview of the AAL Partner States participation.

1.11 AAL PARTNER STATES PARTICIPATION

Funding Agency	Commitment	Funding Collaborative Projects	Funding Small Collaborative Projects
Austria	1.000.000 €	yes	yes
Belgium – Flanders Innov. & Entrepr. Agency	2.000.000 €	yes	yes
Denmark	1.000.000 €	yes	yes
Italy (MIUR)	535.000 €	yes	no
Italy (MoH)	1.000.000 €	yes	yes
Italy (Friuli Venezia Giulia)	200.000 €	yes	yes
Luxembourg FNR	325.000 €	yes	no
Netherlands	350.000 €	yes	yes
Norway	450.000 €	yes	yes
Poland	500.000 €	yes	no
Portugal	500.000 €	yes	no
Romania	1.000.000 €	yes	yes
Slovenia	200.000 €	yes	no
Switzerland	1.775.000 €	yes	no
Totaleligible for EC Contribution	10.835.000 €		
Taiwan	200.000 €	yes	yes
Total commitment by AAL Partner States	11.035.000 €		
Expected EC contribution for AAL Call 2021*	10.373.900 €		
Expected total funding commitment	21.408.900 €		

* Pending EC final approval subject to final member commitments

Note: EC co-funding is granted to AAL Partner States (or member organisations), except for Taiwan, on top of the indicated commitment. The final allocation depends on the call outcome.

2. COLLABORATIVE PROJECTS

GENERAL INFORMATION

Aim	<p>Collaborative Projects aim to:</p> <ul style="list-style-type: none"> • Develop, test, validate, scale up and integrate into service delivery models ICT solutions for ageing well; • Develop innovative ICT solutions to support holistic approaches to healthy ageing; • Contribute to the creation/strengthening/connection of ecosystems (see description of AAL ecosystems at page 4), limited to a task in the • dissemination-related activities of the proposal.
Duration	A Collaborative Project has a duration of a minimum of 12 to a maximum of 30 months.
Funding	The maximum funding from the AAL Programme per project is of €2.500.000 (the indicative total budget being €5.000.000).
TRL	Collaborative Projects funded under Call 2021 will be operating in technology readiness levels (TRL) 5-8. ¹⁰

MAIN FEATURES AND OBJECTIVES

Collaborative Project proposals in AAL Call 2021 are expected to be user-driven through co-creation and address a specified challenge. The Call emphasises a strong involvement of end-users — especially secondary and tertiary — and other relevant stakeholders in the shaping of solutions and in creating respective markets and ecosystems.

Furthermore, the route to market needs to be clearly described and aligned with the business strategies of the partners responsible for commercialisation.

The proposed solutions need to respond to different requirements, depending on the type of market.

¹⁰ Technology readiness levels (TRL)
 TRL 5 – technology validated in relevant environment.
 TRL 6 – technology demonstrated in relevant environment.
 TRL 7 – system prototype demonstration in operational environment.
 TRL 8 – system complete and qualified.

SOLUTIONS TARGETING THE PRIVATE CONSUMER MARKETS

Proposals should aim to develop ICT-based solutions to support older adults by addressing issues such as well-being, lifestyle, comfort, digital and health literacy aspects. These projects have a short time-to-market (maximum 2 years after project end), and should have **a clearly described route to market and an identified leader for commercialisation. This could be an SMEs, large industry, or an end-user organisation, acting as business partner. Pilots and related testing and evaluation shall be carried out in at least two countries.**

SOLUTIONS TARGETING THE INSTITUTIONAL MARKETS

Submitted proposals for Collaborative Projects are expected to develop ICT-based solutions for supporting older adults that can be integrated in the strategies and organisational structure of end-user organisations, service providers and business partners. These projects should also aim to have a short time-to-market (maximum 2 years after project ends), a clearly described route to market and an identified leader for commercialisation. The ecosystem in which the solution will be implemented has to be properly described in the application form as this will be considered as being the institutional/technical and social framework in which the project will take place.

In both above-mentioned markets there is an urgent need for evidence about the benefits for end-users and cost-effectiveness of AAL solutions. This implies a prominent role for iterative testing, as well as substantial evaluation of the added value of the solution in at least two countries. Therefore, proposals should include a significant number of users as well as relevant providers and potential customers of the proposed solution. Specifically, in the case of institutional markets, secondary and tertiary end-user organisations are expected to be able to integrate the solutions in their service offers to older adults and their networks, work processes, reimbursement systems, etc.

Since a substantial level of requirements analysis with older adults and informal carers have already been carried out in previous projects, it is expected **that project consortia will build on knowledge that is already available**¹¹. If further requirements analysis is needed, this has to be justified in the proposal.

A strong business and market orientation are crucial in the projects in order to:

- Evidence the benefits of solutions for specified market segments/customer groups;
- Sell products and services on the consumer market within two years of the project end; and
- Launch solutions in the chosen segments of the institutional market within two years of the project end in collaboration with user organisations and service providers within two years after the project is completed.

¹¹ See for example the public deliverables developed by past and ongoing AAL funded projects: <http://deliverables.aal-europe.eu/>

GENERAL REQUIREMENTS FOR COLLABORATIVE PROJECTS

Collaborative Projects need to:

- Present a realistic business plan with time-to-market of 2 years (maximum) after the end of the project.
- Demonstrate a significant involvement of industry and other business partners, particularly SMEs. The effort of industry and other business partners¹² in the “Role” as mentioned in the proposal (**and not “Type” of organisation**) they will play in each project must be 50% or more (in person months).
- Foresee a task specifically related to creating/strengthening/connecting ecosystems. Activities such as (but not limited to) outreach, networking and engagement with key stakeholders (regional/national authorities), sharing of best practices among ecosystems, connection of players, etc. should be foreseen.

The following points outline the general requirements for the main parts of the proposal:

1. END-USERS

- Depending on the proposed solution, a significant and meaningful number of all relevant types of end-users must be involved from the beginning of the project (which means already at proposal stage) to its end. Their participation must be made clear in both the development process and in determining the effective use of the solutions (co-creation approach).
- If primary end-users are involved, projects must adopt a holistic, inclusive and user-centred approach. The focus must be on their personal aspirations, satisfaction and self-confidence and not only on illness, impairments and limitations.

2. SOLUTIONS

- Proposed solutions must be based on realistic and achievable targets.
- The user interface for ICT solutions must be simple, intuitive, personalised and adaptable to the changing abilities and requirements of primary end-users.
- Solutions must be reliable and safe and ensure security, ethics and privacy by design.
- Solutions should be based on existing standards and open platforms in order to improve interoperability. If solutions are not based on existing standards, this decision must be justified within the proposal.

3. MARKET

- The innovation approach for the AAL Programme is based on creating markets by developing solutions which meet the aspirations, wishes and needs of end-users. Therefore, it must be convincingly demonstrated that the proposed solutions have high potential for scale-up, commercialisation and integration into a re-designed service delivery model.
- A clear competitive analysis for the proposed solution must be provided together with a business plan including a viable business model,¹³ a description of the potential market, a roll-out plan and an estimation of the resources (personnel and financial) required to reach the market. In addition, there must also be a clear indication as to which partner(s) (in the consortium) will bring the solution to the international market.

4. THE PROPOSAL

- Proposals must be focused, creative, innovative and above all realistic. Furthermore, proposals should also include aspects of social and business innovation.
- Proposals must present a work plan specifying the process, deliverables and milestones to develop and test the solution with a relevant number of end-users.
- Proposals must include a user-centred approach throughout the project.
- Proposals must consider the national ethical-legal frameworks¹⁴ of relevant countries, stakeholders and EU/UN.
- Proposals must describe how they deal with any ethical aspects.
- Proposals must have a European/international dimension (i.e. the proposed project cannot be accomplished on an individual national level and should take in account differences in regions, cultures, languages, purchasing power and in national health care and social care systems).

CONSORTIUM-LEVEL SPECIFIC ELIGIBILITY CRITERIA

INDICATIVE SIZE OF THE CONSORTIUM

The number of partners should be from 3 to 10, from at least 3 different participating countries.

Important: Adherence to the specifications for structure and technical details (e.g. page count—maximum 30) of the proposal submission template for Collaborative Projects.

3. SMALL COLLABORATIVE PROJECTS

GENERAL INFORMATION

Aim	<p>Small Collaborative Projects aim to:</p> <ul style="list-style-type: none"> • Explore new ideas, new collaborations as well as new user approaches for ICT-based solutions for older adults. • Propose proofs of concept for further development of innovative ICT solutions. • Rapidly evaluate the business potential of available/new AAL products and Services
Duration	<p>A Small Collaborative Project has a duration of 6 to 9 months. They are intended to be quicker and more agile than Collaborative Projects including in relation to the submission process, grant signature and reporting.</p>
Funding	<p>The maximum funding from the AAL Programme per project is €300.000.</p>
Technology Readiness Level (TRL)	<p>No TRL is applied to this type of project.</p>

MAIN FEATURES AND OBJECTIVES

Proposals should reach out to new stakeholders for inclusion in (future) development of AAL solutions, build strong collaborations with end-user organisations and other stakeholders and support community building with new customers. They can result in well-substantiated ideas or proposals for AAL solutions to be submitted in a later AAL call (or elsewhere).

Moreover, in Small Collaborative Projects, partners in submitted proposals are expected to collaborate intensively with end-users at an early stage in order to achieve one or more of the following objectives:

- Thoroughly investigate the wishes and needs of end-users for appealing solutions;
- Explore novel and improved approaches for involving all types of end-users and stakeholders in the development of AAL solutions;
- Provide evidence in relation to expected benefits for end-users and for end-user organisations, enhancing the latter's own processes (including for the improvement of service delivery);

- Explore ways for opening up the market for ICT-based solutions for older adults; and
- Assess the market potential of a proposed AAL concept.

Also, SCPs may be focused on costs and benefit analysis of tested solutions/methodologies or on increasing the e-literacy among the world of end users.

GENERAL REQUIREMENTS FOR SMALL COLLABORATIVE PROJECTS

Small Collaborative Project proposals should comply with the following requirements:

- be focussed, creative, ambitious and go beyond solutions presently available or emerging on the market, taking into account aspects of social and business innovation;
- present a work plan specifying deliverables and milestones;
- describe how they plan to deal with ethical aspects, taking into consideration the relevant legal frameworks¹⁵ of the countries involved, stakeholders and the EU/UN (if applicable);
- have a European/international dimension.

CONSORTIUM-LEVEL SPECIFIC ELIGIBILITY CRITERIA

INDICATIVE SIZE OF THE CONSORTIUM

Partners should be from at least 3 different participating countries; the number of partners should be proportionate to the scope of the project.

Important: Adherence to the specifications for structure and technical details (e.g. page count - maximum 20) of the proposal submission template for Small Collaborative Projects.

¹⁵ For more information see 'Guide for Applicants'.

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