



Application Guide

Dear applicant,

Thank you for your interest in our funding programme *Hospital Partnerships – Partners strengthen Health*.

The aim of this document is to provide information, explanations and key questions to guide you through your application. To do this, we will take you through the following questions:

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In addition to this guide, extensive information about funding and how to apply for it can be found on our website www.klinikpartnerschaften.de. Please use this information to prepare for the application. If you still have any unresolved questions, we look forward to advising you either by phone, on +49 (0)228 4460 3800, or via email: klinikpartnerschaften@giz.de.

We look forward to receiving your application and are eager to hear about your partnership projects.

Kind regards,

Your Team of the Hospital Partnerships

I. How do I apply for funding?

Applications for the funding programme Hospital Partnerships need to be submitted online via an [application portal](#). We ask you for information in two different ways: You will be required to complete and upload electronic files and upload other scanned documents. To make sure you complete the application process successfully, we recommend that you follow the procedure outlined below.

Preparation

Before you start filling in your application, we recommend that you closely study the criteria for the funding programme Hospital Partnerships and the notes on application on our [website](#). You should make certain that the participating partner institutions, the partnership itself and the project proposal that you have drawn up together all meet the funding criteria.

First, go through this guide to gain an overview of the documents and various pieces of information that you will need for your application. To be sure that you have important documents to hand before the application deadline, such as the Confirmation of Cooperation or the certificate of tax exemption, we recommend that you request these in good time.

Registering for the application portal

Before you can start your application, you first have to register on our [application portal](#). To do this, please enter your email address and a password. Shortly afterwards you will receive an email with your application ID and an activation link. Please follow the link to activate your access to the portal and log on with the application ID that we have sent you and your password.

Before you get to the online application form, the Hospital Partnerships' data protection declaration appears. Please read this carefully, and if you agree to it confirm by adding your consent. Note that the application can only proceed if you have given this consent. Please make sure that every individual whose personal data will be entered in the application is informed about the data protection declaration.

During the application period, you can save the entries that you have made at any time, exit the application portal and log in again later to continue inputting information. Always make certain that you have saved your entries before you exit the application portal. If possible, register as early as you can to leave enough time to enter the information and upload the documents. If more than one person is involved in entering the data online, the registered person must pass on the access details to the other relevant individuals. Please note that it is not possible for more than one person to work on the application at the same time.

Entering data in the online form

Once you have logged into the application portal with your registration details, you can start entering data. Please note that your application cannot be submitted until all of the mandatory fields have been completed. These are identified with a red line (❗) in the online form. To make it easier for us to process your application, we would also ask you to complete all the fields that are not marked by a red line. An overview of the details that we need from you in the online form is provided in section II of this guide. Please save your entered information at regular intervals in order to avoid any loss of information.

Uploading attachments

As well as entering information in the online form, at certain points you will be asked to upload attachments via the portal. An overview of the documents that we need from you is given in section III of this guide. Please use our templates for attachments 1–4. These are available via the application portal and from our [website](#). Please use Microsoft Word and the Acrobat Reader to fill in the forms. When you are filling in the templates, please use the predefined fields, keep within the character limit and do not make any changes to the format. We are unable to accept attachments in any other format. You can upload other attachments such as the certificate of tax exemption or notifications of approval as scanned files, in either jpeg or PDF format.

Sending your application

Once you have entered all the information and uploaded all the attachments, you can create a PDF file of your application using the 'Print application' option. Please check your entries once again before sending the application. You can now submit your application to us by clicking the 'Send application' button. Please note that you will not be able to make any further changes to your entries once you have sent your application. After you have submitted your application online via the application portal, your application is complete. There is no need for any documents to be sent by post in addition to being sent electronically.

II. What information will the online form ask me to provide?

All of the fields for entries in the online form are listed for you below, together with explanations of how you should fill these in for your application. The **grey-coloured fields** refer to attachments that you need to upload via the online form. More details of these are given in section III of this guide.

Fields in the online form	Notes								
<p>Partner in Germany (funding recipient)</p> <p>Name: Legal structure: The organisation submitting the application is recognised as a public-benefit organisation or a public-law body by the German financial authorities. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Copy of the most recent certificate of tax exemption: <input type="checkbox"/></p> <p>Street: House number: P.O. box: Postcode: Town/city: State: Country:</p>	<p>Please give the name of the institution in Germany submitting the application. Note that only institutions that have been recognised as public-benefit organisations (also public-benefit companies) or public-law institutions can apply for funding. As evidence, please upload a copy of your institution's most recent certificate of tax exemption. Please be sure to provide the name of your organization as listed on the exemption certificate.</p> <p>The certificate of exemption must be presented at the latest after notice of funding approval in order for the contract to be drawn up.</p>								
<p>Institution's annual turnover</p> <table border="1"> <thead> <tr> <th>Year</th> <th>2017</th> <th>2018</th> <th>2019</th> </tr> </thead> <tbody> <tr> <td>Turnover</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Year	2017	2018	2019	Turnover				<p>Please indicate your organisation's annual turnover or the budget deployed in your unit over the past three years. If your institution is not yet three years old, please enter '0' as the amount in the relevant year.</p>
Year	2017	2018	2019						
Turnover									
<p>Bank account and tax details</p> <p>Account holder: IBAN: BIC: Name of the bank: Tax number: VAT identification number: The organization making the application is entitled to reclaim input tax. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Please add your bank account and tax details. We must have this information in time to prepare the contract.</p>								

<p>Person authorised to represent the institution</p> <p>Title: Last name (family name): First name (given name): Street: House number: P.O. box: Postcode: Town/city: State: Country:</p> <p>Telephone: Email address:</p>	<p>Please enter the name of a person authorised to represent your institution as laid down in its statutes, including their contact data.</p> <p>Please make sure that the person concerned has been informed that his or her data will be stored and processed and that he or she has given his or her consent to this.</p>
<p>Project manager in Germany</p> <p>Title: Last name (family name): First name (given name): Street: House number: P.O. box: Postcode: Town/city: State: Country:</p> <p>Telephone: Email address: Additional email address: Professional field:</p> <p>Brief profile of project manager in Germany: <input type="text"/></p>	<p>Please enter the name of the project manager, including their contact data. This person will also serve as your institution's contact person for correspondence with the secretariat of the Hospital Partnerships about this project. It is important that the person can be reached electronically via email.</p> <p>Please make sure that the person concerned has been informed that his or her data will be stored and processed and that he or she has given his or her consent to this.</p>
<p>Contact person for commercial affairs</p> <p>Job Title: Title: Last name (family name): First name (given name): Street: House number: P.O. box:</p>	<p>Please enter the name of a contact person for commercial affairs, including his or her contact data. This person will serve as your institution's contact person for questions regarding commercial documents or concerning your requested funds and settlements.</p> <p>It is important that the person can be reached electronically via email.</p> <p>Please make sure that the person concerned has been informed that his or her data will be stored and processed and that he or she has given their consent to this.</p>

<p>Postcode: Town/city: State: Country: Telephone: Email address: Additional email address:</p> <p>Brief profile of contact person for commercial affairs: <input type="checkbox"/></p>	
<p>Other individuals involved</p> <p>Other individuals involved 1 Title: Last name (family name): First name (given name): Institution: Professional field: Role in the partnership: Brief profile of other individual involved 1: <input type="checkbox"/></p> <p>Other individuals involved 2 Other individuals involved 3 Other individuals involved 4 Other individuals involved 5 Other individuals involved 6</p>	<p>Please enter the names of up to 6 other individuals from Germany who will have a significant involvement in the project implementation. The institution submitting the application must ensure that the named persons have been informed their data will be stored and processed and that they have given their consent to this.</p>
<p>Partner in partner country</p> <p>Name: Legal structure: The health facility's catchment population:</p> <p>Street: House number: P.O. box: Postcode: Town/city: Country:</p>	<p>Please enter the name of the partner organisation, including its contact data. Please note that projects will be funded only in those partner countries that meet the criteria defining them as developing and emerging countries as set by the Organisation for Economic Co-operation and Development's (OECD) Development Assistance Committee (DAC).</p> <p>The catchment population means the number of inhabitants living within travelling distance of the health facility and who could make use of the health services.</p>
<p>Project manager in partner country</p> <p>Title: Last name (family name): First name (given name): Street:</p>	<p>Please enter the name of the project manager in the partner country, including his or her contact data. This person will also serve as the contact person for the project that is the subject of this application. The institution submitting the application must ensure that the person concerned has been informed that his or</p>

<p>House number: P.O. box: Postcode: Town/city: Country: Telephone: Email address:</p> <p>Professional field: Brief profile of project manager in partner country: <input type="checkbox"/></p>	<p>her data will be stored and processed and that he or she has given their consent to this.</p>
<p>Partnership</p> <p>New partnership: <input type="checkbox"/> Existing partnership: <input type="checkbox"/> Since:</p> <p>Confirmation of Cooperation: <input type="checkbox"/></p>	<p>Please indicate here whether this is an existing partnership or a new partnership. By 'existing partnership', we mean a cooperation arrangement under which projects have already been jointly implemented or are being implemented.</p>
<p>Project</p> <p>Type of application: German title: English title: Objective:</p> <p>Brief description of the project:</p> <p>Thematic focus: Keywords (up to three): Number of trained experts: Training intended for multipliers: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of trained multipliers: Project application: <input type="checkbox"/></p>	<p>Please select whether your application is</p> <ul style="list-style-type: none"> • an initial application, • a repeat application after rejection or • a follow-up application. <p>Then enter the title and objective of your planned partnership project here.</p> <p>Please enter a short description of your planned partnership project here. Briefly describe the partner organisations involved, the partner country, its challenges, the project objective and the main activities planned to achieve it. For examples of brief descriptions please refer to our webpage at: https://www.hospitalpartnerships.org/partnerships/projectmap</p> <p>Please specify the planned number of experts in your partner organisation who will take part in training measures, on-the-job training, peer-to-peer exchange, etc., as part of the project. Multipliers are key figures in the partner organisation who specifically pass on their new knowledge to others in the partner organisation or elsewhere.</p>
<p>Funding</p> <p>Planned project term: Amount of funding applied for: Procurement of medicines planned: <input type="checkbox"/> Yes <input type="checkbox"/> No Procurement of medical and non-medical: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of procured items: Financial plan for use of funds: <input type="checkbox"/></p>	<p>Please enter the planned term for the funding that is being applied for. The maximum funding term is 24 months. Note that the maximum amount of funding is EUR 50,000.</p> <p>Non-medical equipment includes IT (laptops, printers, servers etc.), waste management equipment (incinerators), generators, UPSs. Standard furnishings (hospital beds, soap dispensers, bedside cabinets, shelves etc.) are excluded.</p>

<p>Other funding</p> <p>Other funding 1 Funding institution: Funding programme: Financial year: Amount of funding: Project content:</p> <p>If applicable, copies of notifications of approval from other external funding sources: <input type="checkbox"/></p> <p>Other funding 2 Other funding 3 Other funding 4 Other funding 5</p>	<p>Please provide information on past funding your organisation has received from other organisations.</p> <p>NB: Please ensure that you do NOT simultaneously receive funding from other organisations for the project activities you are applying for (double funding)</p>
<p>Documents</p> <p>Organisational chart: <input type="checkbox"/></p> <p>Annual statement of accounts: <input type="checkbox"/></p> <p>Latest annual report: <input type="checkbox"/></p> <p>Statutes of the institution: <input type="checkbox"/></p> <p>Other documents: <input type="checkbox"/></p>	<p>Please upload further documents to support your application, such as your organisation’s organisational chart, annual statement of accounts, latest annual report or statutes.</p>

III. What documents do I need to upload with the application?

In the course of the online application, you will be asked to upload certain documents: documents you have completed electronically and scanned documents.

Below is a list of all the relevant documents:

Attachment 1: Project application

Attachment 2: Financial plan for use of funds

Attachment 3: Brief profile of project manager in Germany
Brief profile of project manager in partner country
Brief profiles of other persons involved

Attachment 4: Confirmation of Cooperation

Other attachments:

- **Copy of the most recent certificate of tax exemption**
- **If applicable, copies of notifications of approval from other external funding sources**
- **Organisational chart**
- **Annual statement of accounts**
- **Latest annual report**
- **Statutes of the institution**

Please note that attachments 1–3 are mandatory (🚫). Your application cannot be completed without them. Attachment 4 and the copy of the certificate of tax exemption, as well as your organisation's organisational chart, annual statement of accounts, latest annual report or statutes are likewise essential and should ideally be sent with your application or at the latest in time to prepare the contract. If your project has been assessed as being eligible for funding, you will have another opportunity to submit the required documents online. Notes on how to complete attachments 1–4 are included in the forms themselves. Please make sure that you and your project partner are familiar with these notes in good time.