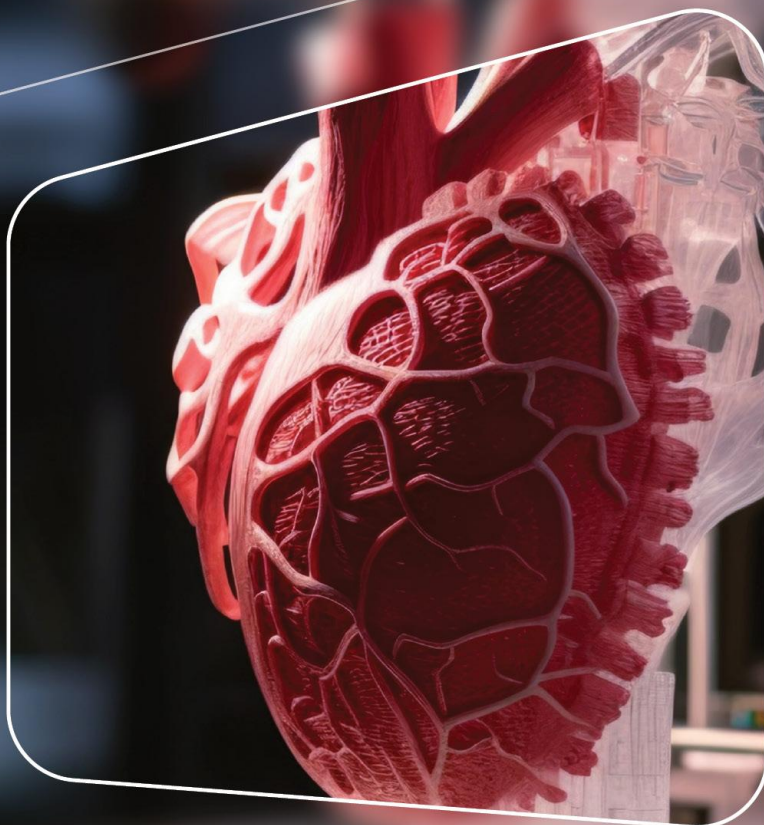


Guidelines for Evaluation

CaixaImpulse Health Innovation
Call 2026



A world to discover

1. Introduction

PROGRAMME STRUCTURE

The CaixaImpulse Health Innovation Programme is composed of three stages designed to support projects at different levels of maturity.

Within the same Call, the applicants will choose the stage in which to submit their proposals and define their projects in accordance with the level of maturity of their projects. The Proposal Form sets out the information required in each stage to fulfil the eligibility and selection criteria.

Projects can be admitted to the programme through any of those stages, subject to compliance with the corresponding selection criteria. Furthermore, a request may be made to advance projects already taking part in a particular stage of the programme to the next stage. Therefore, projects in Stage 1 may be able to advance to Stage 2, and projects in Stage 2 may be able to advance to Stage 3, as set out in the *Rules of Participation*.

The proposals that are requested to advance from one stage of the programme to the next (hereinafter, "**internal proposals**") will be subjected to a slightly different selection process from those projects that apply to enter the programme for the first time (hereinafter, "**external proposals**"), as will be explained in Section 3 of this document.

Either way, the purpose of this guide is to describe in detail the selection process for proposals to the CaixaImpulse Health Innovation Programme, which is governed by the following principles:

- » **EXCELLENCE.** The ultimate goal of the selection process is to ensure that the projects selected are not only the best of those presented (in accordance with the programme's principles and selection criteria), but also that they have a level of excellence within their area and sector. As such, it is possible that if the proposals do not meet the required standards of excellence, places will remain vacant in the programme. The quality of the proposals will be assessed based on evaluations made by specially chosen experts using rubrics that prevent both the application of personal criteria and possible conflicts of interest.
- » **IMPARTIALITY.** All proposals presented will be evaluated following the same processes, based on the same criteria and on their own merits, regardless of any other factor. Evaluation procedures will guarantee that the evaluators access the information necessary for the impartial evaluation of the proposals and identify potential conflicts of interest.

Evaluators involved in the process must give formal notice of any existing conflict of interest with regards to the proposals under evaluation or to the programme in general. Evaluators may not evaluate any proposal in which they have any type of conflict of interest.
- » **TRANSPARENCY.** Candidates, evaluators and the general public have access to the basic principles that govern the processes of evaluating and selecting candidates and to the procedures followed for these purposes. In addition, candidates will receive information regarding the status of their proposal at each stage of the process.
- » **CONFIDENTIALITY.** All proposals, data and related documents will be handled with confidentiality by the individuals involved in the selection process. The software used to present and evaluate proposals will ensure confidentiality. Access will be restricted using usernames and passwords.

Evaluators will sign an agreement with the "la Caixa" Foundation (LCF) that will include, in addition to any aspects related to the selection process and criteria, the obligation to state

any existing conflict of interest, to ensure appropriate confidentiality and not to make any other use of the information provided when carrying out their task.

A single-blind system will be used in the evaluation process. Under this system, evaluators will be informed of the applicant's identity (in order to identify possible conflicts of interest), but not of that of the other evaluators. The applicant will not be told who is evaluating their proposal.

» **QUALITY.** The processes, procedures and selection criteria will be documented and communicated to all interested parties.

Evaluators will receive a Code of Conduct which defines the relevant ethical aspects that govern the evaluation and selection process. This Code of Conduct will govern the execution of the activities carried out by the evaluator in the framework of the CaixaImpulse Health Innovation Programme.

An internal audit of the process will be performed every year to verify that the established procedures are being applied and are effective, identifying therein any possibilities for improvement.

2. Eligibility check

For each proposal presented, the CaixaImpulse Health Innovation Programme Office shall verify its compliance with the requirements specified in the Rules of Participation. Proposals that fail to comply with any of said rules will be excluded from the process. Applicants will be informed of said exclusion and the reasons for it. Therefore, evaluators must formally consider all proposals assigned to them for evaluation as being eligible.

CLASSIFICATION OF THE PROPOSAL

Proposals will be classified by scientific and business area in order to select suitable evaluators. Applicants will select, on the proposal form, the area that best suits the subject of their project. This self-classification will be respected as far as possible. However, the CaixaImpulse Health Innovation Programme Office may reclassify a proposal into a different disciplinary field if the coherence of the groups requires it. The list of scientific areas is included in Annex 1 and the business areas are listed below:

- » therapeutics
- » diagnostics
- » medical devices
- » digital health

3. Evaluation process

The procedure for evaluating external proposals consists of two phases:

1. Pre-selection is based on remote assessment by independent reviewers.
2. Selection is carried out by a panel of experts and includes an interview.

The internal proposals will go directly to phase two of the evaluation process, the interview, in which they will be competing for selection with both internal and external proposals.

To take part in the process, evaluators are required to read this Guidelines for Evaluation and act according to the procedure stated in the evaluation stage they participate in.

The CaixaImpulse Health Innovation Programme Office will hold a registry of experts that can participate as evaluators in the different stages of the Call. These evaluators have expressed both their willingness to be part of the evaluation process, as well as their expertise and suitability in the disciplinary field to which they are assigned.

3.1. PRE-SELECTION OF PROPOSALS (REMOTE EVALUATION).

Each proposal will be evaluated by three experts who will independently examine and rate the proposal without any type of contact or discussion among themselves. If there is a significant discrepancy, the proposal will be sent to a fourth expert.

The evaluation process will be carried out on an [online platform](#) expressly designed for this purpose. Each expert will have access only to the information and documentation of the proposals assigned to them.

The proposals in the pre-selection process will be evaluated based on the evaluation table described in Annex 2 which includes the criteria to be rated and the percentual weight of each criterion for the calculation of the final score.

In the pre-selection phase, experts will assign a score to each of the blocks into which the application form is divided, namely: i) asset; ii) need; iii) team; iv) implementation; and v) business case and social impact. Each expert will also provide a rationale, along with a brief written explanation, of the reasons for the score of each proposal evaluated as well as its strengths and weaknesses. At least 40% of the experts participating in the remote evaluation will be women.

Scoring scale

For each section of the proposal, **experts will assign a score to each evaluation criterion using a number with two decimal places from 1.00 to 8.00** based on following scale of values.

RATING	Exceptional	Excellent	Good	Poor	Very poor
SCORE	7.50 to 8.00	6.50 to 7.49	5.50 to 6.49	4.00 to 5.49	1.00 to 3.99

These scores will be weighted accordingly and added together in order to obtain a final score for each proposal, rounded to two decimal places. Once the total score for each proposal is established by each of the experts, results are received by the CaixaImpulse Health Innovation Programme Office and an average score will be calculated. All scores will be normalised (see Annex 3): the final score for a proposal is calculated as the average of the normalised scores provided by the remote evaluators.

If there are any significant discrepancies in the scores assigned to a proposal that reaches the threshold to pass to the next evaluation phase, the "la Caixa" Foundation will send the proposal to an additional expert for evaluation. The average score will then be created considering all scores. The average normalised score will be calculated using three decimal places, the third being rounded off. A detailed explanation of how the final score is calculated is found in Annex 3.

Pre-selection process

After calculating the scores, proposals will be split into six different rankings, depending on the business area (therapeutics or medtech, this is, diagnostics, medical devices, and digital health Proposals) and the stage (1, 2 or 3) of the programme they are applying for. These rankings correspond to the six different panels in which the proposals will be divided in the interview evaluation.

The number of proposals that will advance to the interview will be:

- » A maximum of 15 for each thematic panel (therapeutics or medtech) of Stage 1 and Stage 2.
- » A maximum of six for each thematic panel (therapeutics or medtech) of Stage 3 of the programme.

This implies that the number of external proposals short-listed to advance to the face-to-face evaluation will depend on the number of projects already in the programme that have requested to advance to the next Stage (internal proposals). As explained in the Rules of Participation, these internal proposals will go directly to the interview evaluation. Thus, for the sake of clarity and as an example, if two internal proposals request to advance to the therapeutics Stage 2 panel, only 13 external proposals can be accepted from the corresponding pre-selection ranking. The total number of proposals that will be evaluated in the face-to-face evaluation is 15. If the first proposal that is not pre-selected has the same average score (that is, the three decimals are identical) as the last pre-selected proposal, the CaixaImpulse Health Innovation Programme Office will also invite it to take part in the face-to-face evaluation.

LCF and CBV reserve the right to strategically pre-select up to two (2) Proposals, considering their ability to assess and identify innovative projects within their respective initiatives. The pool of potential pre-selected Proposals includes those detected and supported by LCF as to have high technology transfer potential among the projects awarded in the highly competitive Health Research call and selected under this Call's innovation support scheme, as well as for those identified by Criteria Bio Ventures through its scouting efforts in research settings in Spain and Portugal. The Proposals pre-selected through this mechanism, if any, will proceed directly to the subsequent Evaluation Phase (i.e. Selection).

A maximum of 50% of the slots for pre-selected Proposals in each Evaluation Committee will be reserved for Projects from previous Stages applying to the next Stage. For the sake of clarity, if there are 6 slots available for interviews, only a maximum of 3 may be allocated to such Proposals. The LCF reserves the right to confirm which Proposals from previous stages will participate in the interviews, based on their past performance and prospective potential.

Once the pre-selection is completed, applicants will be notified as to whether or not they have been pre-selected for the interview phase.

3.2. SELECTION OF PROPOSALS (INTERVIEW).

Proposals that have been shortlisted will then proceed to the final stage of the process, consisting of a personal interview in which the Project Leader can defend their project before the Evaluation Committee, which will be composed of experts from the different disciplinary fields and business areas, and members from the "la Caixa" Foundation (LCF) and Criteria Bio Ventures. The general aim of the interviews is to assess more precisely the consistency and soundness of the projects proposed by the shortlisted candidates and the suitability of the proposal with regards to the objectives of the programme.

The members of the Evaluation Committee will receive information about the proposals in advance to adequately prepare for the event. The CaixaImpulse Health Innovation Programme Office will send electronic access to the platform from which they can consult the project proposal and information regarding its pre-selection process. Evaluators should carefully study the information contained in each proposal and prepare in advance a provisional list of proposed questions to pose to the applicants.

In line with the Gender Equality Strategy 2020-2025, issued by the European Commission, at least 40% of the experts participating in the Evaluation Committee will be women.

3.2.1. Interview process

The interview will be held in English.

Typically, the interview will last no more than 25 minutes and is carried out following this format:

- » It will be carried out online for projects in Stage 1 and face-to-face in Barcelona for projects in Stages 2 and 3.
- » The LCF representative welcomes the applicant and will ensure that the interviews are carried out according to the scheduled planning.
- » The applicant presents, with maximum brevity (no more than 5 minutes), a summary of their statement of purpose.
- » The members of the Innovation Evaluation Committee pose the questions they deem appropriate to evaluate the excellence of the statement of purpose and the applicant as a whole (around 10 minutes).
- » At the end of each interview, the members of the Innovation Evaluation Committee will have time for a brief discussion and will separately enter the specific comments of the projects considering the **evaluation criteria** (see Annex 2) (around 10 minutes). Each member of the Evaluation Committee will score each proposal with *Go* if they consider that it should be awarded, and *No Go* if they consider it should not. Each expert will also provide a rationale, along with a brief written explanation, of the reasons for the score of each proposal evaluated as well as its strengths and weaknesses.
- » A final discussion will be held after the interviews. The members of the Evaluation Committee will have the opportunity to provide further assessment on the provisional classification, the need to rearrange the budget or to change the stage of the proposals put forward for selection.
- » After the final discussions, the proposals will be ranked according to the number of *Goes* each proposal receives. The CaixaImpulse Health Innovation Programme Office will decide the number of proposals that will participate in the Programme considering this ranking and the available budget for each stage of the programme. No changes will be made to the relative positions of the ranked proposals by the CaixaImpulse Health Innovation Programme Office.

Annex 1

Scientific Areas:

1	Molecular and Structural Biology and Biochemistry
1_1	Molecular interactions
1_2	General biochemistry and metabolism
1_3	DNA synthesis, modification, repair, recombination and degradation
1_4	RNA synthesis, processing, modification and degradation
1_5	Protein synthesis, modification and turnover
1_6	Lipid synthesis, modification and turnover
1_7	Carbohydrate synthesis, modification and turnover
1_8	Biophysics (e.g. transport mechanisms, bioenergetics, fluorescence)
1_9	Structural biology (crystallography and EM)
1_10	Structural biology (NMR)
1_11	Biochemistry and molecular mechanisms of signal transduction
2	Genetics, Genomics, Bioinformatics and Systems Biology
2_1	Genomics, comparative genomics, functional genomics
2_2	Transcriptomics
2_3	Proteomics
2_4	Metabolomics
2_5	Glycomics
2_6	Molecular genetics, reverse genetics and RNAi
2_7	Quantitative genetics
2_8	Epigenetics and gene regulation
2_9	Genetic epidemiology
2_10	Bioinformatics
2_11	Computational biology
2_12	Biostatistics
2_13	Systems biology
2_14	Biological systems analysis, modelling and simulation
3	Cellular and Developmental Biology
3_1	Morphology and functional imaging of cells
3_2	Cell biology and molecular transport mechanisms
3_3	Cell cycle and division
3_4	Apoptosis
3_5	Cell differentiation, physiology and dynamics
3_6	Organelle biology
3_7	Cell signalling and cellular interactions
3_8	Signal transduction
3_9	Development, developmental genetics, pattern formation and embryology
3_10	Cell genetics
3_11	Stem cell biology
3_12	Morphology and functional imaging of cells

4	Physiology, Pathophysiology and Endocrinology
4_1	Organ physiology and pathophysiology
4_3	Endocrinology
4_4	Ageing
4_5	Metabolism, biological basis of metabolism related disorders
4_6	Cancer and its biological basis
4_7	Cardiovascular diseases
4_8	Non-communicable diseases (except for neural/psychiatric, immunity-related, metabolism-related disorders, cancer and cardiovascular diseases)
5	Neurosciences and Neural Disorders
5_1	Neuroanatomy and neurophysiology
5_2	Molecular and cellular neuroscience
5_3	Neurochemistry and neuropharmacology
5_4	Sensory systems (e.g. visual system, auditory system)
5_5	Mechanisms of pain
5_6	Developmental neurobiology
5_7	Cognition (e.g. learning, memory, emotions, speech)
5_8	Behavioural neuroscience (e.g. sleep, consciousness, handedness)
5_9	Systems neuroscience
5_10	Neuroimaging and computational neuroscience
5_11	Neurological disorders (e.g. Alzheimer's disease, Huntington's disease, Parkinson's disease)
5_12	Psychiatric disorders (e.g. schizophrenia, autism, Tourette's syndrome, obsessive compulsive disorder, depression, bipolar disorder, attention deficit hyperactivity disorder)
6	Immunity and Infection
6_1	Innate immunity and inflammation
6_2	Adaptive immunity
6_3	Phagocytosis and cellular immunity
6_4	Immunosignalling
6_5	Immunological memory and tolerance
6_6	Immunogenetics
6_7	Microbiology
6_8	Virology
6_9	Bacteriology
6_10	Parasitology
6_11	Prevention and treatment of infection by pathogens (e.g. vaccination, antibiotics, fungicide)
6_12	Biological basis of immunity related disorders (e.g. autoimmunity)

7	Diagnostic Tools, Therapies and Public Health
7_1	Medical engineering and technology
7_2	Diagnostic tools (e.g. genetic, imaging)
7_3	Pharmacology, pharmacogenomics, drug discovery and design, drug therapy
7_4	Analgesia and Surgery
7_5	Toxicology
7_6	Gene therapy, cell therapy, regenerative medicine
7_7	Radiation therapy
7_8	Health services, health care research
7_9	Public health and epidemiology
7_10	Environment and health risks, occupational medicine
8	Applied life Sciences and Non-Medical Biotechnology
8_1	Applied genetic engineering, transgenic organisms, recombinant proteins, biosensors
8_2	Synthetic biology, chemical biology and new bio-engineering concepts
8_3	Food sciences

Annex 2. Criteria

Stage 1

CRITERIA	WEIGHT	DESCRIPTION	CORRESPONDENCE WITH FORM
1. ASSET. Quality of science and novelty of the asset.	40%	» Novelty of the scientific approach » Quality and robustness of the experimental support	» Brief description of your asset/s » Scientific rationale » Five most important scientific publications » Supporting data
2. NEED. Unmet need addressed by the asset.	20%	» Evaluation of the medical need the asset addresses and the foreseen impact after application of the technology	» Need or problem to be solved
3. TEAM. Suitability to develop the project proposed.	10%	» Suitability and complementarity of the capabilities of the team to carry out the proposed project	» Table of team members » Project leader's experience and expertise » Complementarity of the team members
4. IMPLEMENTATION. Valorisation plan impact and feasibility.	25%	» Relevance and feasibility of the milestones to be achieved by participating in the current phase of the programme	» Project milestones » Activities to be performed » Budget
5. SOCIAL DIMENSION AND FEASIBILITY. Strategy, needs and expected outcomes.	5%	» Social dimension: potential contribution of the asset to improving people's quality of life, social progress, and human development	» Transformation expectations for society

Stage 2

CRITERIA	WEIGHT	DESCRIPTION	CORRESPONDENCE WITH FORM
1 ASSET. Quality of science and novelty of the asset.	25%	<ul style="list-style-type: none"> » Novelty of the scientific approach » Quality and robustness of the experimental support » IPR strategy and feasibility (level of disclosure and protection of key information) 	<ul style="list-style-type: none"> » Brief description of your asset/s » Scientific rationale » Five most important scientific publications » Supporting data » Which IPR status best matches your asset/s » What exactly is protected or what IP strategy to follow
2 NEED. Unmet need addressed by the asset.	20%	<ul style="list-style-type: none"> » Evaluation of the medical need the addresses and the foreseen impact application of the technology » Asset’s potential to be redefined for a specific subset or to be used for other unmet needs » Quality of the value proposition » Correct identification and engagement of stakeholders 	<ul style="list-style-type: none"> » Need or problem to be solved » Your asset’s/assets’ potential to be used for other unmet needs » Value proposition » Identification and involvement of the different stakeholders
3 TEAM. Suitability to develop the project proposed.	15%	<ul style="list-style-type: none"> » Suitability and complementarity of the capabilities of the team to carry out the proposed project » Involvement or identification of profiles with entrepreneurial or management skills » Leadership and management skills of the project leader 	<ul style="list-style-type: none"> » Table of team members » Project leader’s experience and expertise » Complementarity of the team members » Project leader’s and team’s experience in tech transfer and innovation
4 IMPLEMENTATION. Valorisation plan impact and feasibility.	25%	<ul style="list-style-type: none"> » Relevance and feasibility of the milestones to be achieved by participating in the current phase of the programme » Soundness of the development plan: roadmap of activities and milestones that could be achieved within the whole CaixaImpulse Health Innovation Programme and relevance to the viability of the project beyond the programme 	<ul style="list-style-type: none"> » Project milestones » Activities to be performed » Budget » Gantt chart » Other supporting data
5 SOCIAL DIMENSION AND FEASIBILITY. Strategy, needs and expected outcomes.	15%	<ul style="list-style-type: none"> » Social dimension: potential contribution of the asset to improving people’s quality of life, social progress, and human development » Attractiveness of the Asset to the market 	<ul style="list-style-type: none"> » Transformation expectations for society » How do you think that your Asset/s would be attractive to the market?

Stage 3

CRITERIA	WEIGHT	DESCRIPTION	CORRESPONDENCE WITH FORM
1 ASSET. Quality of science and novelty of the asset.	20%	<ul style="list-style-type: none"> » Novelty of the scientific approach » Quality and robustness of the experimental support » IPR strategy and feasibility (level of disclosure and protection of key information) 	<ul style="list-style-type: none"> » Brief description of your asset/s » Scientific rationale » Five most important scientific publications » Supporting data » Which IPR status best matches your asset/s » What exactly is protected or what IP strategy to follow
2 NEED. Unmet need addressed by the asset.	20%	<ul style="list-style-type: none"> » Evaluation of the medical need the asset addresses and the foreseen impact after the application of the technology. » Asset's potential to be redefined for a specific subset or to be used for other unmet needs » Quality of the value proposition » Correct identification and engagement of stakeholders 	<ul style="list-style-type: none"> » Need or problem to be solved » Your asset's/assets' potential to be used for other unmet needs » Value proposition » Identification and involvement of the different stakeholders
3 TEAM. Suitability to develop the project proposed.	15%	<ul style="list-style-type: none"> » Suitability and complementarity of the capabilities of the team to carry out the proposed project » Involvement or identification of profiles with entrepreneurial or management skills » Leadership and management skills of the project leader » Correct identification of the skills the team is lacking and plan to attract them 	<ul style="list-style-type: none"> » Table of team members » Project leader's experience and expertise » Complementarity of the team members » Project leader's and team's experience in tech transfer and innovation » Skills gap analysis
4 IMPLEMENTATION. Valorisation plan impact and feasibility.	25%	<ul style="list-style-type: none"> » Relevance and feasibility of the milestones to be achieved by participating in the current phase of the programme » Soundness of the development plan: roadmap of activities and milestones that could be achieved within the whole CaixaImpulse Health Innovation Programme and relevance to the viability of the project beyond the programme » Quality of the risk analysis and quality of the plan to overcome them » Correct identification of the non-financial support the team would need 	<ul style="list-style-type: none"> » Project milestones » Activities to be performed » Budget » Gantt chart » Risk analysis » Other support » Non-financial support needed » Regulatory roadmap

		» Current state and soundness of the regulatory roadmap proposed by the team	
5 SOCIAL DIMENSION AND FEASIBILITY. Strategy, needs and expected outcomes.	20%	» Social dimension: potential contribution of the asset to improving people's quality of life, social progress, and human development » Attractiveness of the Asset to the market » Sustainability and business plan: market and competitor analysis, market access strategy, financial needs, scale-up and production	» Transformation expectations for society » How do you think that your Asset/s would be attractive to the market? » Exploitation strategy » Market analysis and competitors » Business plan (Optional)

Annex 3.

Final score of the remote evaluation

After the remote evaluation process is complete, the system will collect the scores corresponding to the same proposal. The procedure to obtain the final score that will be used for the ranking is as follows:

- » Each expert will assess each proposal and assign a score ranging from 1.00 (min.) to 8.00 (max.) to each sub-criterion. **The scores for each sub-criterion will be given as a number to two decimal places.**
- » By means of the weights associated with each sub-criterion, the system will calculate a weighted score for the proposal ranging from 1 to 8. **This number represents the score that the reviewer awards to a specific proposal and will be rounded to two decimal places.**
- » For each proposal, the CaixaImpulse Health Innovation Programme Office will receive three scores associated with a project, which will undergo a process of normalisation (see the remote evaluation normalisation formula). **The final score for a proposal will be obtained by calculating the average of the three normalised scores and rescaling it to a range from 1 to 8.**
- » If there is a significant discrepancy (over 2.50) among the highest and lowest normalised scores of the experts assessing the same proposal, the proposal will be sent to a fourth expert. The new final score will be calculated as the average of the four scores.

After the evaluation process is complete, the system will collect the scores corresponding to the same proposal. The procedure to obtain the final score that will be used for the ranking is as follows:

Box

NORMALISATION SYSTEM: "BIAS"

Prior to computing the average, the scores are normalised. Scores are normalised according to the standard deviation of the expert when assessing. The intent is to minimise the existence of a harshness or leniency bias among the reviewers. The specific calculations for this procedure can be found in the remote evaluation normalisation formula (step 2 and 3).

REMOTE EVALUATION NORMALISATION FORMULA

A = Proposal
p = peer reviewer
w_s = weight associated to each sub-criterion
s = sub-criterion (1.1, 1.2, 1.3, 1.4, 1.5)
i = editions in which the peer reviewer has participated
 $1 < \text{mark}_{A,p} < 8$
E_A = average score

Step 1: Calculation of the score for each Proposal according to the weighted sub-criteria:

$$\text{mark}_{A,p} = \sum_{s=1.1, \dots}^{1.5} \text{mark}_{A,p,s} w_s$$

Step 2: Normalization of the score according to the peer reviewer mean and standard deviation:

$$\text{normmark1}_{A,p} = \frac{\text{mark}_{A,p} - \text{mean}_p}{\text{Stddev}_p}$$

Goal of the step: to normalize considering the effect of the mean and standard deviation of certain reviewer's scores throughout all the editions of the call in which the reviewer has participated (historic record).

Step 3: Normalization of the score according to the call mean and standard deviation:

$$\text{normmark2}_{A,p} = \frac{\text{normmark1}_{A,p} - \text{mean}_{\text{normmark1}}}{\text{Stddev}_{\text{normmark1}}}$$

Goal of the step: to normalize considering the oscillation in scoring in the current call of all the reviewers compared to each other.

Step 4: Rescale considering the original call mark and the evaluator's historic record:

$$\text{reescmark1}_{A,p} = (\text{normmark2}_{A,p} * \text{Stddev}_p) + (\text{mean}_p + \frac{\text{mean}_{\text{convhist } p} - \text{mean}_p}{k})$$

Where: $mean_{convhist\ p} = \frac{\sum_i n_{A_i} * mean_i}{n_A}$

and k is a corrector factor to tune the impact on the score of the distance between the historic mean of certain evaluator and the weighted mean of all editions the evaluator has participated in.

Goal of the step: to rescale considering the original score of the proposal as well as the historic record of the evaluator and its differences with the weighted mean of all editions in which the evaluator has reviewed.

Step 5: Rescale to the previous range 1 to 8:

$$reescmark2_{A,p} = \frac{reescmark1_{A,p} - \min(reescmark1)}{\max(reescmark1) - \min(reescmark1)} * (\max(originalmark_A) - \min(originalmark_A)) + \min(originalmark_A)$$

Step 6: Corrector factor for peer review with low number of evaluated Proposals:

$$Variation = reescmark2_{A,p} - originalmark_{A,p}$$

$$Corrector\ Factor_{A,p} = \frac{number\ projects_p}{threshold(number\ projects)}$$

; $threshold(number\ projects) = 20$

$$If\ number\ projects_p > threshold(number\ projects) \rightarrow Corrector\ Factor_{A,p} = 1$$

$$correctmark_{A,p} = originalmark_{A,p} + variation * Corrector\ Factor_{A,p}$$

Step 7: Calculation of the existence of discrepancies:

$$d = \max(correctmark_{A,p}) - \min(correctmark_{A,p})$$

if $d > 2.50$, the discrepancy is significant, so a further evaluator will assign a score to the proposal

Step 8: Calculation of the Final Average Score (E_{Agu}) will be the arithmetic average of the corrected score of each remote reviewer.

$$\underline{E_A} = \sum_{p=1}^n 1/n * Correctmark_{A,p1} + \dots + 1/n * Correctmark_{A,pn}$$