**Dutch Kidney Foundation – Health~Holland PPP Call 2024**

**Full Application Form**

*Version 9 July 2024*

This Call for Proposals is an initiative of the team Research, Innovation & Financing (OI&F) of the Dutch Kidney Foundation (DKF) in collaboration with Health~Holland (Top Sector Life Sciences & Health-TKI). The advisory board for this call is the International Scientific Advisory Board (ISAB). The Program Committee (PC) of the DKF is responsible for awarding decisions, Health~Holland will evaluate compliance with the PPS-Subsidy conditions and regulations.

The following conditions apply to this call:

* [PPP Innovation Subsidy regulation](https://wetten.overheid.nl/BWBR0035474/2024-03-16) (part of the *Regeling nationale EZK- en LNV-subsidies*; see chapter 3 '*lnnovatie en Ondernemerschap*' and title 3.2 *'PPS-innovatie'*).
* The DKF Grant Conditions ([*Grant Conditions 1 January 2017*](https://nierstichting.nl/documents/118/grant_conditions_eng.pdf))

Grant conditions are non-negotiable. Applicability of general and other conditions of the applicant, the applicant's institute and of third parties is explicitly excluded.

Applicants receiving a DKF-Health~Holland Public-Private Project Grant are fully responsible for complying with all conditions including the Health~Holland (Top Sector Life Sciences & Health-TKI) conditions. DKF can in no way be held liable if Health~Holland decides to suspend or withdraw the PPS Subsidy. In that case the obligations of DKF to provide the requested funding will be adjusted accordingly. Any repayments of PPS Subsidy to Health~Holland or RVO will be charged on the Participants that received the PPS Subsidy concerned.

Following the conditions, definitions and instructions as provided in this call is expected to lead to compliance with the relevant government regulations. Compliance of proposals is checked by DKF and Health~Holland.The execution of a DKF Call for Proposals, selection of pre-proposals for full application and positive DKF grant award decisions are conditional on DKF revenues and budgetary means as well as the receiving of PPS Subsidy. The DKF explicitly reserves the right to cancel an initiated Call for proposals, to suspend a running procedure or to lower a grant amount in relation to earlier statements.

*The submitted proposal must meet the following conditions:*

* *Do not delete or alter the text and instructions of this form. All texts and instructions must be left intact.*
* *Use Arial 10 pt. filling in this form.*
* *The maximum word counts are fixed limits. The word count is taken into account during the eligibility check of your full proposal.*
* *If you use images, please only insert them in the Project Description (section B). Please only insert references in the item key references (Section B11).*
* *The use of tables is allowed and counts towards the word count. Use Arial 10 pt. Do not insert images of tables to bypass the word count.*
* *You are not allowed to insert (hyper)links.*
* *Make a searchable PDF file upon completing this application form. We do not accept scans of printed PDF documents as full applications.*
* *Include electronic signatures in the searchable PDF file.*
* *Upload the saved PDF file into your digital submission form in* [*MIDAS*](https://midas.nierstichting.nl/)*. Go to MIDAS and log in. Click on To Calls for Proposals – Naar subsidierondes and select the Nierstichting-Health~Holland PPS call full application (invitation only) to submit your full application.*
* *The maximum file size is 5 MB.*

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| 1. **Registration and Project Overview** |

1. **Project title:**
2. **Project acronym (if applicable):**
3. **Contact details of main applicant (project coordinator)**

*If applicable, list all co-applicants from an organisation under the same consortium partner in the designated table.*

|  |  |
| --- | --- |
| **Consortium Partner 1 - Main applicant (project coordinator)** | |
| Name of the organisation |  |
| Department |  |
| Name of contact person, title(s) |  |
| Male/female/other |  |
| Position |  |
| Address for correspondence |  |
| Telephone |  |
| E-mail: |  |
| Type of organisation  (for enterprise definition see Appendix A) | Research organisation  For profit enterprise  Non-for-profit enterprise  Health fund  Other, namely: |
| SME (MKB)   * Type of SME   (for SME definition see Appendix B) | Yes à  Micro  Small  Medium  No  NA |
| Chamber of commerce number or equivalent |  |
| URL of own web page |  |

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| --- | --- |
| **Co-applicants from the same organisation as consortium partner 1 (main applicant)** | |
| Department | Name of contact person, title(s) |
|  |  |

1. **Consortium partners (co-applicants)[[1]](#footnote-2)**

|  |  |
| --- | --- |
| **Consortium partner 2** | |
| Name of the organisation |  |
| Department |  |
| Name of contact person, title(s) |  |
| Address for correspondence |  |
| E-mail: |  |
| Type of organisation  (for enterprise definition see Appendix A) | Research organisation  For profit enterprise  Non-for-profit enterprise  Health fund  Other, namely: |
| SME (MKB)   * Type of SME   (for SME definition see Appendix B) | Yes à  Micro  Small  Medium  No  NA |
| Chamber of commerce number or equivalent |  |
| URL of own web page |  |

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| **Co-applicants from the same organisation as consortium partner 2** | |
| Department | Name of contact person, title(s) |
|  |  |

|  |  |
| --- | --- |
| **Consortium partner 3** | |
| Name of the organisation |  |
|  |  |
| Department |  |
| Name of contact person, title(s) |  |
| Address for correspondence |  |
| E-mail: |  |
| Type of organisation  (for enterprise definition see Appendix A) | Research organisation  For profit enterprise  Non-for-profit enterprise  Health fund  Other, namely: |
| SME (MKB)   * Type of SME   (for SME definition see Appendix B) | Yes à  Micro  Small  Medium  No  NA |
| Chamber of commerce number or equivalent |  |
| URL of own web page |  |

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| --- | --- |
| **Co-applicants from the same organisation as consortium partner 3** | |
| Department | Name of contact person, title(s) |
|  |  |

Etc.

1. **Supporting organizations and end-users**

*If applicable, list the organizations (not participating in the consortium) that will provide essential support to perform this project or are end-users that ensure optimal alignment of the development and the envisaged end-product. Attach letters of intent (PDF).*

|  |  |  |
| --- | --- | --- |
| **Supporting organizations (e.g. providing research products or knowledge or contribute to the inclusion of patients)** | | |
| Name of the organization / Department | Name of contact person, title(s) | Type of support |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **End-users (***e.g.* future development partners, nephrology experts and kidney patients) | | |
| Name of the organization / Department | Name of contact person, title(s) | Type of support |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Potential conflict of interest**

*Please specify if there are any potential conflict of interests for individual scientists or any of the consortium partner organisations. See Appendix C for more information on conflict of interest. If there is a potential conflict of interest please also indicate how the consortium will manage such conflict.*

1. **Consortium agreement and IP**

*The consortium must at least submit an (unsigned) draft consortium agreement using the mandatory Health~Holland template with the full application; a blank format is not sufficient. The mandatory consortium agreement template can be downloaded from our* [*website*](https://nierstichting.nl/professionals/wetenschappelijk-onderzoek/calls-proposals/nierstichting-healthholland-ppp-call-2024/)*. Any amendments to the consortium agreement template should be discussed with DKF prior to signing the document.*

*Note: The deadline for the fully signed consortium agreement is 1 June 2025*

1. **Start date (dd-mm-yyyy):**

*Note: Final start date: 1 July 2025.*

1. **End date (dd-mm-yyyy):**
2. **Duration of the project (max. 48 months):**
3. **Project summary (max. 300 words)**

*Describe the background, objective, design, and relevance of the project.*

1. **Public summary in Dutch (max. 300 words)**

*Describe the background, objective, design, and relevance of the project in lay language.*

1. **Impact summary (max. 300 words)**

*Describe the expected short- and long-term societal impact (1), economic impact (2) and scientific impact (3) of the project.*

1. **Keywords (max. 5)**
2. **Research category (see Appendix D) (max. 150 words)**

*Please indicate per work package the budget and the applicable type(s) of research (more than one option possible); if more than one type of research is applicable for the work package, please indicate the relative contribution of each category to the WP budget.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **WP** | % of total budget (WP budget/total budget \* 100%) | **Type of Research** | | |
| Fundamental research | Industrial Research | Experimental Development |
| 1 | … % | … % | … % | … % |
| 2 | … % | … % | … % | … % |
| Etc. | … % | … % | … % | … % |

*Provide an explanation for the research type(s) chosen. Use the phrasing provided in the definition of the three types of research (see Appendix D).*

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| **B. Project description** |

1. **Background (max. 350 words)**

*Describe the project background, topic, problem definition and proposed solution. Include citations and list the relevant references under question B.11 “References”.*

1. **State-of-the-art (max. 350 words)**

*Describe the current state-of-the-art in the field. Include a description of how the project expands on this state-of-the-art.*

1. **Hypothesis, aims, and objectives (max. 200 words)**

*Describe the hypothesis, aims, and objectives of the project.*

Hypothesis of the project:

Aims and objectives of the project:

1. **Outline per work package**

|  |  |  |  |
| --- | --- | --- | --- |
| **Work Package 1** | | | |
| Title |  | | |
| Work Package Leader |  | | |
| Consortium partner(s) involved |  | | |
| *Indicate the role and responsibilities of the partners in the activities* |  | | |
| Personnel involved | Name and title | Position | Institute & Department |
|  |  |  |
| Consumables and equipment | | | |
| **Work package description (max. 1000 words)**  *Outline the work plan per work package including hypothesis, aims, objectives, rationale and approach, time schedule, milestones and deliverables.* | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Work Package …** | | | |
| Title |  | | |
| Work Package Leader |  | | |
| Consortium partner(s) involved |  | | |
| *Indicate the role and responsibilities of the partners in the activities* |  | | |
| Personnel involved | Name and title | Position | Institute & Department |
|  |  |  |
| Consumables and equipment | | | |
| **Work package description (max. 1000 words)**  *Outline the work plan per work package including hypothesis, aims, objectives, rationale and approach, time schedule, milestones and deliverables.* | | | |

1. ***Coherence* (max. 200 words)**

*Describe the coherence between the work packages. Include a figure to clarify the coherence.*

1. ***Milestones and deliverables***

*List the total number of milestones and deliverables of the project by checking the correct box.*

Number of milestones:  
1 2 3 4 5 6 7 8 9 10 More, namely:  
  
Number of deliverables:  
1 2 3 4 5 6 7 8 9 10 More, namely:

1. ***Time schedule***

*Include a time schedule (Gantt chart) of the total project, including the timeline(s) for METC (Ethical Review Committee) procedure and/or DEC (Animal Research Ethical Committee) procedure, if applicable*.

1. **Success criteria (max. 200 words)**
2. *Describe the criteria that are utilized to determine success, the criteria should be written according to the SMART-principles (Specific, Measurable, Achievable, Realistic, and Timely) whenever possible, for:*

* *Each individual work package (if more than one)*
* *The overall project*

1. *Describe the go/no-go criteria for each of the above-described work packages*
2. **Risks & Mitigation strategies**

*Fill in the table below. Describe all risks (scientific, operational etc.) relating to the execution of the project, and for each individual WP/deliverable. Describe the mitigation strategy already incorporated in the strategy of execution or the proposed strategy adaptations once risks are encountered.*

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| --- | --- |
| **Risk** | **Mitigation strategy** |
|  |  |
|  |  |
|  |  |
|  | Etc. |

1. **Dissemination (max. 200 words)**

*Describe the activities each consortium partner plans to engage in order to promote the dissemination and implementation (including potential exploitation) of the results. This should not be limited to scientific dissemination. Include, a justification for the chosen approach for each individual consortium partner[[2]](#footnote-3).*

1. **Key references (max. 15)**

*List all authors of a reference when there are six or less; when there are seven or more authors, list the first three, then 'et al'. Avoid using the words 'in press' and ‘submitted’ in references if possible.*

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| 1. **Human subjects, laboratory animals, biological hazards** |

1. **Will the project involve experiments with (material from) human subjects?**

|  |  |
| --- | --- |
| *Human subjects* | **Answer** |
| 1. Use of healthy volunteers. If yes, please fill out question 2. | Yes  No |
| 1. Use of patients? | Yes  No |
| 1. Number of healthy volunteers. |  |
| 1. Number of patients. |  |
| 1. Is ethical approval from a commission needed regarding experimental subjects? | Yes  No  N/A |
| 1. If ‘d’ is answered with ‘yes’: Do you already have ethical approval from a commission to perform the study? | Yes  No  N/A  Requested |

1. ***Specification and justification of experiments with human subjects* (max. 200 words)**

*Describe the following items (if applicable)*: target group features *(diversity and characteristics, regional distribution)[[3]](#footnote-4)*, efforts required from patients (patients and controls) and possible risks of study participation *procedures, e.g. randomisation, blinding*. *Include a power calculation to justify the number of people necessary for the project:*

1. **Will the project involve experiments with laboratory animals?**

|  |  |
| --- | --- |
| *Animal experiments* | **Answer** |
| 1. Use of laboratory animals. If yes, please fill out question 4. | Yes  No |
| 1. Number of animals needed for the total project. |  |
| 1. Is ethical approval from a commission needed regarding experimental subjects? | Yes  No  N/A |
| 1. If ‘d’ is answered with ‘yes’: do you already have ethical approval from a commission to perform the study? | Yes  No  N/A  Requested |

1. **Specification and justification of experiments with laboratory animals (max. 200 words)**

*Describe the following items (if applicable):*

* *The nature of the animal interventions and the kind of animals (species, modifications, etc.) used in the project.*
* *Have alternative methods (besides experimental animals) have been considered. In addition, describe whether and which experts have been consulted and whether a systematic review has been performed.*
* *What are the reasons that this project cannot be performed without experimental animals (replacement)?*
* *What are the reasons that this project cannot be performed with fewer animals (reduction) or with less distress and discomfort for the animals (refinement)? Include a power calculation to justify the number of animals necessary for the project.*
* *What are the reasons that this project cannot be performed with a lower species of animals?*

1. **Biological risks**

|  |  |
| --- | --- |
| *Biological risks* | **Answer** |
| 1. Use of recombinant DNA? | Yes  No |
| 1. If ‘a’ is answered with ‘yes’: provide class of recombinant DNA |  |
| 1. Use of radiation (wave and/or particle)? | Yes  No |
| 1. Use of radioactive isotopes? | Yes  No |
| 1. Use of pathogenic micro-organisms? | Yes  No |
| 1. Are required grants, permits and facilities available? | Yes  No  N/A |

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| 1. **Data management** |

**All data management should comply with the FAIR principles: Findable, Accessible, Interoperable, and Reusable.[[4]](#footnote-5) Applicants need to draw up a data management plan if their application is granted. The approval of the data management plan is a condition for the disbursement of the PPP Subsidy.**

**1. Use of pre-existing research data (max. 200 words)**

*Is it possible to answer the research question(s) using existing data and a pre-existing research methodology? If not, or only partially, please explain the added value of the new data and/or methodology to existing datasets.*

**2. Reuse of collected data (max. 200 words)**

*Please elaborate whether data will be collected or generated that is suitable for reuse by other parties. If not, explain why the project will not result in reusable data, or data that cannot be stored, or data that is not relevant for reuse for other reasons (please explain the reasoning).*

**3. Intellectual Property Strategy (max. 200 words)**

*Describe your strategy within the consortium for deciding on protecting or not-protecting knowledge, skills, technology coming forth from this project (e.g. by way of patents, trade secrets, copyrights, trademarks, registered designs). Include the division of ownership according to the rules and regulations of Health~Holland.*

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| 1. **Impact** |

1. **Impact on (future) kidney patients and prevention of kidney disease (max. 200 words)**

*Describe the impact the project will have on the scientific field and the project's significance for renal science and technology: e.g. expected gains in knowledge and advances in research technology; possible advances in theory, methodology, methods and procedures. In addition, describe how the project may benefit further research and other research groups within the field.*

1. **Societal impact (max. 200 words)**

*Describe the expected impact the project will have on society and the LSH sector in particular. Please include a description of the current societal problem the project (with additional follow-up projects) is aiming to solve.*

1. **Economic impact on the Dutch economy (max. 250 words)**

*Describe for instance, the size of the market and amount of FTE generated. Include a cost-effectiveness analysis or value-based-reasoning analysis to support your claims (2). In addition, include a description of how the consortium fits into the current competitive environment (3).*

1. **Expected economic impact on each individual partner (max. 200 words per partner)**

*Describe for instance the projected launch date, projected revenues and projected costs. Include public or other parties where relevant, involved.*

1. **Current and expected TRL-levels (max. 300 words)**

*Indicate the current (1) and expected (2) Technology Readiness Level (TRL; see Appendix E) of the project (level of development/readiness to go to the market), and for each TRL why this is applicable for the project.*

* 1. *Current TRL:*

TRL 1 TRL 2 TRL 3 TRL 4 TRL 5

TRL 6 TRL 7 TRL 8 TRL 9

* 1. *Description of current TRL:*
  2. *Expected TRL:*

TRL 1 TRL 2 TRL 3 TRL 4 TRL 5

TRL 6 TRL 7 TRL 8 TRL 9

* 1. *Description of expected TRL:*

**6. Development Strategy (max. 200 words)**

*It is essential that developed knowledge, skills and technology are brought further into development towards the patient and the public. Describe which steps are needed after finishing the project to realize implementation. Include a schematic representation of the development steps.*

**7. Market introduction, reaching TRL 9 (max. 200 words)**

*Describe who (1) and what (2) is needed to introduce the innovation into the market/clinic (TRL 9). If no additional parties (3) are needed to introduce the innovation to the market/clinic, describe how the consortium is planning on accomplishing this on their own.*

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| 1. **Patientenperspectief** |

*Note for international reviewers: this section is in Dutch and will be reviewed by a patient panel. International reviewers do not have to review this section.*

*Deze sectie van het aanvraagformulier is bedoeld voor de beoordeling vanuit het patiëntenperspectief door patiënt-beoordelaars van de Nierpatiënten Vereniging Nederland. Deze sectie moet de patiënt-beoordelaars helder inzicht geven in alle aspecten van de aanvraag. De tekst moet begrijpelijk zijn voor mensen die niet werkzaam zijn in de wetenschap zonder belangrijke details achterwege te laten. Deze sectie graag invullen in het Nederlands. Nota bene, de term patiënten kan ook betrekking hebben op donoren of naasten. Een vertegenwoordiger van de groep patiënt-beoordelaars zal aanwezig zijn bij de vergadering van de ISAB om het patiëntoordeel toe te lichten.*

1. **Doel en projectbeschrijving (max. 500 woorden)**

*Geef een samenvatting van het voorgestelde project met een probleembeschrijving, de hypothese, het doel en het werkplan.*

1. **Strategie (max. 200 woorden)**

*Beschrijf de volgende punten:*

* *Het groter geheel en hoe dit onderzoek hieraan gaat bijdragen*
* *De benodigde samenwerking(en) en hoe deze essentieel is/zijn om het doel van het voorgestelde project te bereiken*

1. **Relevantie (max. 300 woorden)**

Beantwoord de volgende punten aangaande de directe of indirecte bijdrage aan het oplossen van de behoeften van patiënten of motiveer waarom ze niet relevant zijn.

*a. Beschrijf op welke manier het onderzoek:*

* *Aansluit bij behoeften van huidige en toekomstige patiënten*
* *Direct of indirect bijdraagt aan de verbetering van gezondheid*
* *Direct of indirect bijdraagt aan kwaliteit van leven, zelfredzaamheid en maatschappelijke participatie*
* *Direct of indirect bijdraagt aan de zorg in het algemeen*

*b. Benoem de uitkomstmaten op patiëntniveau (bijv. gezondheid, kwaliteit van leven, zelfstandigheid. Denk aan Patient Reported Outcome Measures (PROMs).*

1. **Innovativiteit en creativiteit (max. 200 woorden)**

*a. Geef aan wat dit voorgestelde project innovatief maakt*

*b. Geef aan wat dit voorgestelde project creatief maakt*

1. **Haalbaarheid en risico’s (max. 200 woorden)**

*Beschrijf de volgende punten:*

* *In- en exclusiecriteria*
* *Belasting voor de deelnemers (bijv. ondergaan van de behandeling/diagnostiek, invullen van vragenlijsten, duur van het onderzoek) ten opzichte van de standaard behandeling. Voeg bij voorkeur een flowchart of een tabel toe waarin alle tijdspunten en handelingen staan weergegeven*
* *Risico’s van deelname aan het onderzoek voor de deelnemers*

1. **Patiëntenparticipatie (max. 200 woorden)**

*Benoem de betrokkenheid van patiënten (ervaringsdeskundigen) bij het onderzoek, anders dan als deelnemer aan de studie. Geef aan in welke fasen de betrokkenheid terug te zien is (bijv. opzet van het projectplan, uitvoering van het onderzoek), en hoe deze wordt gefaciliteerd. Geef details over de ervaringsdeskundigen (bijv. aantal, kenmerken) en hun rol.[[5]](#footnote-6)*

1. **Resultaat en evaluatie patiëntenparticipatie (max. 200 woorden)**

*Beschrijf kort wat het betrekken van ervaringsdeskundigen bij dit projectplan heeft opgeleverd. Benoem en motiveer daarnaast welke suggesties van ervaringsdeskundigen niet verwerkt zijn in het projectplan.*

1. **Informatie, begeleiding en communicatie (max. 200 woorden)**

*a. Geef aan op welke manier deelnemers informatie ontvangen over deelname aan het onderzoek en op welke wijze de begeleiding van deelnemers tijdens het onderzoek geregeld is.*

*b. Beschrijf op welke manier er terugkoppeling plaatsvindt van resultaten naar de individuele deelnemers.*

*c. Beschrijf het plan om de resultaten van dit onderzoek landelijk/wereldwijd te verspreiden.*

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| 1. **Collaboration and synergy in the consortium** |

**1. Benefits of individual consortium partners to the project (max. 150 words)**

*Describe how and why each individual consortium partner and its applicants add value to the project. Include a description of why the consortium partners are better equipped to execute the project than other, similar parties.*

**2. Benefits of the project to consortium partners (max. 150 words)**

*Describe how each of the individual consortium partner benefits from participating in this project (1). In addition, describe how the project fits into the strategic mission of each individual consortium partner (2).*

**3. Responsibilities of consortium partners and collaboration activities (max. 150 words)**

*Describe the responsibilities of each individual consortium partner within the project. In addition, describe the decision structure and how the consortium plans to collaborate and create synergy within the consortium (communication, sharing results, progress meetings, etc.)*

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| 1. **Budget specification** |

**Fill in the Health~Holland budget form. Use the version of the budget form specific for the Dutch Kidney Foundation – Health~Holland PPP Call 2024. Other versions of the budget form will not be accepted.**

**1. Deployment of PPP Subsidy**

*Indicate for each consortium partner (1) their total costs; (2) the amount of PPP subsidy that they will use; (3) the percentage of costs that will be financed using the PPP subsidy; (4) the amount of (private) cash that they will use and (5) the activities that will be financed using the PPP subsidy.*

*Notes:*

* *Total costs include all the costs made by the partner, including the costs covered by the in kind contribution, PPP subsidy or in cash contributions to be received from another party. Own in cash contributions to the project are not included as a cost.*
* *Each consortium partner must incur payroll costs (in kind) as part of the collaboration.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Partner** | **Total Costs** | **PPP Subsidy** | **% PPP Subsidy** | **Used cash** | **Activities** |
| ***Name Consortium Partner 1*** |  |  |  |  |  |
| ***Name Consortium Partner 2*** |  |  |  |  |  |
| ***Name Consortium Partner 3*** |  |  |  |  |  |
| **Etc.** |  |  |  |  |  |
| **Total sum\*** |  |  |  |  |  |

**\****Make sure that the above table is in accordance with the budget form, including the total sum of costs and the total sum of PPP.*

**2. Budget specification (max. 300 words)**

*Please provide a justification and specification of the costs in the budget form per work package or deliverable. Only referring to the budget form is not sufficient.*

**3. Have the consortium partners requested/received any additional grants for this project or overlapping activities?**

**Yes** **No**

*If yes, please specify grant supplier(s), grant name(s), total amount requested/received per grant (in €) and status (applied/granted) in the TKI-LSH budget form.*

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| 1. **KIA, VWS Mission** |

**1. VWS missions: central mission (max. 250 words)**

*Describe how the project contributes to the Central Mission of the Ministry of Health, Welfare and Sport (VWS) (below) according to the SMART principles. Consult, reference and use at least one of the aspects described in the* [*Theory of Change*](https://online.fliphtml5.com/gedjp/iwgv/#p=36) *of the central mission. Include a description on how the project outcome, including the outcome of eventual follow-up projects, aids in reducing health disparities between people with high SES and low SES (1), use the* [*Key Principles to reduce health disparities*](https://www.pharos.nl/gezondheidsverschillen-duurzaam-aanpakken/) *in your answer. In addition, include a description on how, at the end of the project, the concrete contribution to the mission can be measured/evaluated.*

***Central Mission:*** *By 2040, all people in the Netherlands will live at least five years longer in good health, while the health disparities between the lowest and highest socio-economic groups will have decreased by 30%.*

*Argumentation:*

**2. VWS missions: mission I – mission V (max. 300 words)**

*Describe how the project contributes to one or more of the underlying missions of the Mission of the Ministry of Health, Welfare and Sport (VWS) (below) according to the SMART principles. In addition, if the project contributes to more than one mission, indicate which of the missions the project mainly contributes to (select one).*

*Consult, reference and use at least one of the aspects described the* [*Theory of Change*](https://online.fliphtml5.com/gedjp/iwgv/#p=42)*of the missions. In addition, include a description of how, at the end of the project, the concrete contribution to the mission can be measured/evaluated.*

***Mission I:*** *By 2040, the burden of disease resulting from an unhealthy lifestyle and living environment will have decreased by 30%.*

***Mission II:*** *By 2030, the extent of care provided to people within their own living environment (rather than in health-care institutions) will be 50% more than today or such care will be provided 50% more frequently than at present.*

***Mission III:*** *By 2030, the proportion of people with a chronic disease or lifelong disability who can play an active role in society according to their wishes and capabilities will have increased by 25%.*

***Mission IV:*** *By 2030, quality of life for people with dementia will have improved by 25%.*

***Mission V:*** *By 2035, the population is better protected from socially disruptive health threats.*

Principal mission the project contributes to (select one):

Mission I

Mission II

Mission III

Mission IV

Mission V

Secondary mission the project contributes to (if applicable):

Mission I

Mission II

Mission III

Mission IV

Mission V

Not applicable

*Argumentation:*

|  |
| --- |
| 1. **Patient/end-user participation & Inclusivity** |

**1. Inclusivity and end-user participation (max. 500 words)**

*Inclusivity entails paying attention to diversity and differentiation of the target groups concerned, including characteristics as sex, age, socio-economic status (SES), level of education, migration, cultural background, and sexual orientation, to the extent these are relevant for the theme of the project.*

1. *To what extent does the (health) problem affect men, women and/or other relevant subgroups. Describe and substantiate how the project takes into account relevant differences between people (e.g. according to sex and/or gender) in the design, execution, analyses conclusions and publication of your research. If there are no relevant differences, substantiate this*
2. *Please describe how citizens in their role as patients, end users, clients, and/or loved ones are involved in the design, execution, and dissemination/implementation of the project.*

|  |
| --- |
| 1. **KET’s and KEM’s** |

**1. Key Enabling Technologies (KET’s)**

1. *Indicate on which of the* [*Key Enabling Technologies*](https://www.kia-st.nl/_asset/_public/KIA-ST/Bijlagen/TNO-NWO-Herijking-Sleuteltechnologieen-apr-2023.pdf) *the project applies to*

|  |  |
| --- | --- |
| **Key Enabling Technologies** | **yes/no** |
| Advanced materials | Yes  No |
| Chemical technologies | Yes  No |
| Digital and information technologies | Yes  No |
| Engineering and fabrication technologies | Yes  No |
| Life science and biotechnologies | Yes  No |
| Quantum technologies | Yes  No |
| Nanotechnology | Yes  No |
| Photonics and optical technologies | Yes  No |
| Not applicable | Yes  No |

1. *Name the applicable underlying* [*subcategories*](https://www.nwo.nl/sleuteltechnologieen) *of the Key Enabling Technologies the project applies to.*

**2. Key Enabling Methodologies**

1. *Indicate which of the* [*Key Enabling Methodologies*](https://kems.nl/kem-categorieen/) *the project applies to*.

|  |  |
| --- | --- |
| **Key Enabling Methodologies** | **yes/no** |
| 1. Vision and imagination | Yes  No |
| 1. Participation and co-creation | Yes  No |
| 1. Behaviour and empowerment | Yes  No |
| 1. Experimental environments | Yes  No |
| 1. Value creation and upscaling | Yes  No |
| 1. Institutional change | Yes  No |
| 1. System change | Yes  No |
| 1. Monitoring and effect measurement | Yes  No |
| 1. Not applicable | Yes  No |

|  |
| --- |
| **Statement by project coordinator** |

When submitting your full application form, please do not forget to upload the required budget form file (Excel), letter(s) of commitment and (concept) consortium agreement.

Please tick the boxes where applicable:

By submitting this form, I declare that I have completed this form truthfully and I declare that I have informed the correct official(s) of my employing organisation of this submission.

I hereby declare that the obligatory letter(s) of commitment of the other consortium partner(s) has/have been uploaded separately.

I hereby declare that the application is checked according to **Appendix H**.

Name:

Place:

Date:

Please note: Information provided in relation to this application will be treated confidentially by Health~Holland and the Dutch Kidney Foundation. Health~Holland has to inform the Netherlands Enterprise Agency (RVO.nl) on the participants of the project and the in cash and in kind contribution of the consortium partners, in order to claim the requested PPP Subsidy. RVO.nl will also treat this information confidentially. Upon granting, the project coordinator will receive a request to provide a project profile, including a summary of the project and other basic project details (see Appendix F) that will be published on the Health~Holland [website](https://www.health-holland.com/project) and for other communication purposes. Other content of the project will not be communicated beyond Health~Holland.

Upload the your application documentation into your digital submission form in [MIDAS](https://midas.nierstichting.nl/). Go to MIDAS and log in. Click on To Calls for Proposals – Naar subsidierondes and select the *Nierstichting-Health~Holland PPS call full application (invitation only)* to submit your full application.For any questions regarding submission, please contact the Dutch Kidney Foundation at [research@nierstichting.nl](mailto:research@nierstichting.nl) or phone +31(0)35 697 8011.

Attachments to be uploaded:

* TKI-LSH Pilot Call budget form (Excel format).
* Letters of commitment of **all** parties involved, each stating the parties’ in kind and in cash contribution (seperately) to the project. Only the main applicant does not need to upload a letter of commitment. See Appendix G for a template of a letter of commitment.
* Letters of intent from supporting organizations and end-users.
* Signed copy of the consortium agreement and IP settlements agreed upon in this project. If a signed consortium agreement is not yet available, a concept agreement must be submitted. The fully signed consortium agreement should be delivered no later than **1 June 2025**.

**Appendix A: Definition of enterprise**

*English*

According to established case law from the European Court of Justice, an enterprise is any unit that carries out economic activity irrespective of its legal status and manner of funding.

In this regard, the following points are important:

* The legal status (e.g. a private company or a foundation) of the entity is not important;
* A for-profit status is not required, competition on the market is sufficient (economic activities). This means that the entity participates in economic dealings and that there is business funding. Business funding means that the funding cannot consist entirely of grants, gifts and endowments. A turnover needs to be made and there has to be income from economic activity;
* An entity that carries out both economic and non-economic activities will only be designated as an enterprise with respect to the economic activities;
* The European Court of Justice has further determined that entities that (legally or de facto) fall under the authority of the same main entity should be viewed as a single enterprise;
* Having a Dutch ANBI or charitable status (serving the common interest, no profit-making status, 90% rule) means that such an entity with ANBI status cannot also be an enterprise. That is because an entity with ANBI status enjoys fiscal advantages that a business does not enjoy.

With respect to economic activity, the following aspects are, amongst others, considered in line with the Dutch Tax and Customs Administration:

* Registration with the Dutch Chamber of Commerce (KvK);
* Having a Dutch VAT (BTW) number and/or corporate income tax (VPB) number;
* Goods and/or services are delivered;
* The remuneration received for these is more than symbolic;
* The entity participates in the economic arena and enjoys income from this.

*Nederlands*

Volgens vaste rechtspraak van het Europees Hof van Justitie is een onderneming elke eenheid die een economische activiteit uitvoert ongeacht haar rechtsvorm en wijze van financiering.

Hierbij zijn de navolgende punten van belang:

* De juridische status (b.v. BV of een stichting) van de eenheid is niet van belang;
* Er is géén winstoogmerk vereist, concurrentie op de markt is voldoende (economische activiteiten). Dit houdt in dat er wordt deelgenomen aan economisch verkeer en er ondernemingsfinanciering plaatsvindt. Ondernemingsfinanciering betekent dat de financiering niet volledig kan bestaan uit subsidies, giften en schenkingen. Er zal omzet en inkomsten uit economische activiteit moeten plaatsvinden;
* Een eenheid die zowel economische als niet economische activiteiten verricht, wordt alleen met betrekking tot de economische activiteiten aangemerkt als onderneming;
* Het EU Hof van Justitie heeft verder bepaald dat entiteiten die (juridisch of feitelijk) onder de zeggenschap staan van dezelfde entiteit, als één onderneming dienen te worden beschouwd.
* Het hebben van een ANBI-status (algemeen belang dienen, geen winstoogmerk, 90% regel) sluit uit dat een entiteit met ANBI-status ook een onderneming is. Een entiteit met ANBI-status geniet namelijk fiscale voordelen welke een onderneming niet heeft.

Bij economische activiteit wordt, in lijn met de Belastingdienst, onder andere gekeken naar:

* Inschrijving KVK;
* Het hebben van een BTW-nummer en/of VPB-nummer;
* Er worden goederen en/of diensten geleverd;
* Hier staat een meer dan symbolische vergoeding tegenover;
* Men neemt deel aan het economisch verkeer en daar komen inkomsten uit.

**Appendix B: European Commission Recommendation 2003/361/EC regarding SME definition**

1. **Micro-enterprises** are defined as enterpris­es that employ fewer than 10 persons and whose annual turnover or annual balance sheet total does not exceed EUR 2 million.
2. **Small enterprises** are defined as enterpris­es that employ fewer than 50 persons and whose annual turnover or annual balance sheet total does not exceed EUR 10 million.
4. **Medium-sized enterprises** are defined as enterprises that employ fewer than 250 per­sons and either have an annual turnover that does not exceed EUR 50 million, or an annual balance sheet not exceeding EUR 43 million.

For more details ‘The revised User Guide to the SME definition’ can be downloaded [here](https://ec.europa.eu/docsroom/documents/42921).

Or use the European [SME Wizard](https://ec.europa.eu/growth/tools-databases/SME-Wizard/smeq.do;SME_SESSION_ID=O7sad7FQJ5Yv57HLXygn8qU6Ru3fbfplFT6I0g0MuPKEcCyss4su!-1930018156?execution=e1s1)*.*

**Appendix C: Conflict of Interest**

*This Appendix is also available in Dutch and can be requested by sending an email to* [*tki@health-holland.com*](mailto:tki@health-holland.com)

According to Articles 28.d and 29.c of the Framework, applicable to the PPP Subsidy regulation, research organisations are to receive a remuneration equivalent to the market price for the intellectual property rights arising from their activities during the course of a project. The absence or inadequacy of agreements pertaining to a remuneration based on the market price, leads to the indirect granting of state aid to the participating private parties.

‘A remuneration equivalent to the market price’ creates a best-effort obligation between the parties involved. It means that the research organization and the participating private parties must make an effort to negotiate this remuneration on so-called ‘arm’s length’ terms. Arm’s length conditions mean that the terms of the remuneration do not deviate from those which would be agreed upon in a private setting, between independent parties. Any transaction resulting from an open, transparent and non-discriminatory procedure will be deemed to comply with the arm’s length procedure.

Every project has the potential for a conflict of interest between the research organization and one or more private companies. A conflict of interest can exist on a personal level or on an organizational level. The presence of a conflict of interest means that the arm’s length conditions are potentially not met. Promptly upon identification of an objective conflict of interest, the consortium and Health~Holland should be notified. A pertinent example is when the director of a participating company, also has an employment relationship with the participating research organization.

Potential COI kan arise in multiple ways, including but not limited to:

*Individual potential COI*

* Does the Principal Investigator in the Project have any financial interest in (one of) the industrial participant(s)? If so, how many shares, options and/or other financial benefits do you (or your relatives) have rights to?
* Does any other Institutional investigator involved in the Project have any financial interest in the industrial participant(s)? If so, how many shares, options and/or benefits do you (or your relatives) have rights to?

Examples of financial interest may be: the PI or its direct family member have shares, options and/or other participation in any of the Industrial participant(s); the PI receive benefits from patent applications licensed to the Industrial participant(s) or is an inventor listed in any patent application licensed or filed by the industrial participant(s) directly or indirectly related to the subject matter of the Project application.

* In the last 12 months, did any commercial entity or any of the entities that are participating in the Project paid for or reimbursed you (or your employer) for consulting services, salaries or otherwise? If so, do such payments exceed €10.000 per year? If so, will the company benefit from the outcome of the Project?

*Institutional potential CoI*

To the best of your or your Consortium Partners’ knowledge

* Are any of the Consortium Partners in the Project affiliated or associated with another Consortium Partner in the Project? If so, how?
* Does any Consortium Partner have directly or indirectly any shares, options and/or any other participation in another Consortium Partners despite of not being an affiliated entity? If so, how many shares, options and/or participations?
* Or, if the financial interest as stated in the two points above does not apply, would a Consortium Partner exercise any control on any of the other Consortium Partners’ decision making? If so, how?
* In the last 12 months, did any commercial entity or any of the entities that would be a Private partner in the Project paid for or reimbursed any sponsored research or services to the Research Organization(s) to the same research group(s) involved in the Project? If, so does such payments exceed €10.000 per year? If so, will the company benefit from outcome of the Project?

Health~Holland will not subjectively assess the conflict of interest. Health~Holland will assess whether the performance of the consortium will be hindered or compromised by the existence of such potential conflict of interest. Health~Holland will therefore require full transparency if and when an objective conflict of interest arises or is likely to arise. ‘Objective’ means that potentially, a conflict of interest can occur, regardless of whether a party or person can derive any benefit or disadvantage from it.

It is up to the parties concerned – and in particular the directors of the participating companies – to recognize, interpret and report such an objective conflict of interest. This obligation to report may already exist at the time of the Match Call application being made. And thus, a notification should be made upon submission of the Match Call application.

Such a notification must be accompanied by the response to the following questions:

* What are the motivations to indicate the presence of a conflict of interest?
* Has the director concerned weighed up the interests?
* Has the potential conflict of interest been adequately addressed?
* Is there a transparent procedure in place to ensure that the director can abstain from involvement in certain decisions (which may involve a conflict of interest)?
* How are the arm’s length conditions adequately met?
* Has the director provided for the involvement of other researchers who can make these decisions without bias?
* Can the director involve his or her fellow director(s) in the decision-making process and is it possible in the management relationship for the director concerned to abstain from taking management decisions (four eyes principle)?

The duty to provide adequate answers to the above questions rests exclusively with the consortium parties involved. This means that the consortium parties involved have the duty to assess whether and to what extent the potential conflicting of interest has been adequately addressed and whether they are satisfied with the precautionary measures that the director(s) concerned have taken.

If, as a result of a conflict of interest, situations occur that violate the arm’s length conditions, the (consortium) parties involved are liable for the resulting damage. Such damage may include the consequences of establishing that indirect state aid has been granted to one or more participating undertakings.

For the sake of completeness, Health~Holland recommends involving legal support from the consortium partners, preferably from the research organization, in order to adequately address a potential conflict of interest.

**Appendix D: Definitions of the three types of research[[6]](#footnote-7)**

**Fundamental research** means experimental or theoretical work undertaken primarily to acquire new knowledge of the underlying foundations of phenomena and observable facts, without any direct commercial application or use in view.

**Industrial research** means the planned research or critical investigation aimed at the acquisition of new knowledge and skills for developing new products, processes or services or for bringing about a significant improvement in existing products, processes or services. It comprises the creation of components parts of complex systems, and may include the construction of prototypes in a laboratory environment or in an environment with simulated interfaces to existing systems as

well as of pilot lines, when necessary for the industrial research and notably for generic technology validation.

**Experimental development** means acquiring, combining, shaping and using existing scientific, technological, business and other relevant knowledge and skills with the aim of developing new or improved products, processes or services. This may also include, for example, activities aiming at the conceptual definition, planning and documentation of new products, processes or services. Experimental development may comprise prototyping, demonstrating, piloting, testing and validation of new or improved products, processes or services in environments representative of real life operating conditions where the primary objective is to make further technical improvements on products, processes or services that are not substantially set. This may include the development of a commercially usable prototype or pilot which is necessarily the final commercial product and which is too expensive to produce for it to be used only for demonstration and validation purposes. Experimental development does not include routine or periodic changes

made to existing products, production lines, manufacturing processes, services and other operations in progress, even if those changes may represent improvements.

**Appendix E: Technology Readiness Levels**

|  |  |
| --- | --- |
| **TRL** | **Definition** |
| TRL 1 | Basic principles observed |
| TRL 2 | Technology concept formulated |
| TRL 3 | Experimental proof of concept |
| TRL 4 | Technology validated in lab |
| TRL 5 | Technology validated in relevant environment (industrially relevant environment in the case of key enabling technologies) |
| TRL 6 | Technology demonstrated in relevant environment (industrially relevant environment in the case of key enabling technologies) |
| TRL 7 | System prototype demonstration in operational environment |
| TRL 8 | System complete and qualified |
| TRL 9 | Actual system proven in operational environment (competitive manufacturing in the case of key enabling technologies; or in space) |

**Appendix F: Project page content for Health~Holland website**

**Health~Holland Project Page**

|  |
| --- |
|  |

**An overview of all public private projects and partnerships supported by the Top Sector Life Sciences & Health**

**The Top Sector Life Sciences & Health (LHS) wants to illustrate all its currently accepted and ongoing public private projects and partnerships to our international audience throughout the world. Therefore, the Health~Holland website will be complemented by the new Health~Holland** [**project page**](https://www.health-holland.com/project)**. This page will provide an overview of all the projects and partnerships hosted in the Top Sector LSH from the start of the top sector approach. To successfully launch our new project and partnership webpage, we ask you to provide us with a correct, clear, and legible content on your public private partnership’s project (all in British English).**

**Project page content**

Health~Holland wants to collect content on your public private partnership’s project. Can you provide us with the following aspects on your partnership/project:

1. **Project number**

HH-PPS-…….

1. **Clear popular title**

This title (max. 10 words) appears above the project. No use of abbreviations.

1. **Clear scientific title**

No use of abbreviations and the title must be understandable for the lay public. In addition, the project acronym can be mentioned.

1. **One liner**

The one liner (max. 15 words) includes a short summary of your project, acts as a trigger to read more or describes the relevance of the project.

1. **Short summary of the project**

A short summary of two sentences (max. 50 words) that includes a brief explanation of the project. This summary will be visible on the project page and helps the reader to decide whether to continue reading about the project. The text has to be both informative and excitatory to continue reading. Please do not use jargon or abbreviations that the lay public may not understand.

1. **Public summary**

The public summary consists of 250 to max. 300 words. The summary is intended for a broad audience with a secondary education language level. In short, the public summary describes the who, what, where, when, why and how of the project. Focus on the core message of the project instead of elaborating on explanations and background information.   
  
Health~Holland would like you to follow these guidelines:

* First paragraph: short summary of the whole project (see point 4) with a highlight on the (newly) established public private partnership.
* Second paragraph: introduction on the societal/economic impact and relevance of the health/disease/vital functioning/etc. and why innovation is necessary. Make use of numbers, statistics, or rankings to illustrate the relevance of the project to the lay public.
* Third paragraph: explanation of the project’s approach and conceptualisation, and how this innovative solution will contribute to the previously described societal challenge(s).
* Fourth paragraph: description of deliverables and, if the project is finished, an illustration of the (end)results.

1. **Keywords**

Define a maximum of five clear keywords.

1. **Consortium partners**

Indicate all partners that contribute and send us the original logos of their organisation/company.

1. **Start date of the project**
2. **End date (intended) of the project**
3. **Project duration**
4. **Image (free of copyright)**

The image will be used to illustrate the project, this can include a picture of the laboratory, consortium partners, target audience, product, innovation, building, university, or ambience of the project. It is important that the image is free of copyright so Health~Holland is able to use it in their communication channels.

1. **Link**

If possible a link to a webpage with more information.

**Project page filters**

Health~Holland makes use of several filters to facilitate the search of projects. Can you select filters that address your public private partnership’s project:

1. **Objective:** prevention, cure or care (select one)
2. **Kind of research:** fundamental, industrial or experimental development
3. **Missions of the Top Sector LSH:** 
   1. Central Mission: By 2040, all people in the Netherlands will live at least five years longer in good health, while the health inequalities between the lowest and highest socio-economic groups will have decreased by 30%.
   2. Mission I: By 2040, the burden of disease resulting from an unhealthy lifestyle and living environment will have decreased by 30%.
   3. Mission II: By 2030, the extent of care provided to people within their own living environment will be 50% more than today or such care will be provided 50% more frequently than at present.
   4. Mission III: By 2030, the proportion of people with a chronic disease or lifelong disability who can play an active role in society according to their wishes and capabilities will have increased by 25%.
   5. Mission IV: By 2030, quality of life for people with dementia will have improved by 25%.
   6. Mission V: By 2035, the population is better protected from socially disruptive health threats.
4. **Major TKI-LSH roadmap of project:** (select one)
   1. molecular diagnostics
   2. imaging & image-guided therapies
   3. homecare & self-management
   4. regenerative medicine
   5. pharmacotherapy
   6. one health
   7. specialized nutrition, health & disease
   8. health technology assessment & quality of life
   9. enabling technologies & infrastructure
   10. global health, emerging diseases in emerging markets
5. **Minor TKI-LSH roadmap of project:** (select one)
   1. molecular diagnostics
   2. imaging & image-guided therapies
   3. homecare & self-management
   4. regenerative medicine
   5. pharmacotherapy
   6. one health
   7. specialized nutrition, health & disease
   8. health technology assessment & quality of life
   9. enabling technologies & infrastructure
   10. global health, emerging diseases in emerging markets
6. **Key Enabling Technologies of project:** (select one)
   1. Advanced materials
   2. Chemical technologies
   3. Digital technologies
   4. Engineering and fabrication technologies
   5. Life science technologies
   6. Quantum technologies
   7. Nanotechnologies
   8. Photonics and light technologies
   9. Not applicable
7. **Operating in:** bio(pharma), medical technology or healthcare (select one)
8. **Technology readiness level (TRL) of project:** select the current and predicted TRL (see attachment A)

Current TRL: -1- -2- -3- -4- -5- -6- -7- -8- -9-

Predicted TRL: -1- -2- -3- -4- -5- -6- -7- -8- -9-

**Comments**

If you have any comments or questions, please note here.

**Editorial rights**

Health~Holland will perform a check on the submitted text prior to publication. If we have any questions regarding the provided content, we will contact you before we publish the content of the project. For more information, please contact [communication@health-holland.com](mailto:communication@health-holland.com).

**Appendix G: Template Letter of Commitment**

***LETTER OF COMMITMENT***

*for the*

***[name of] PROJECT***

Dear [main applicants’ duly authorised representative],

I, [first name and family name], in my capacity of [position in the organisation (has to be a duly authorised person)] at [name legal entity] hereby confirm that [legal entity] is committed to contribute to the [project name] project, on the condition that Stichting LSH-TKI grants the PPP Subsidy as applied for by the main applicant, [first name and family name], [position] at [name research organisation].

[Name legal entity] is aware that it is mandatory for the consortium to use the most recent updated version of the model consortium agreement of Health~Holland. [Name legal entity] is aware that only minimal non-essential changes to this template are permitted and agrees to the content of the model consortium agreement regarding Foreground and intellectual property.

[Name legal entity] will contribute € [•] in cash towards the project costs in accordance with the budget in the project proposal and budget form.

[Name legal entity] will provide an in-kind contribution of [description of the contribution], representing a monetary value of € [•] and further detailed in the project proposal and budget form.

Yours sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

Position:

Date:

**Appendix H: Checklist application form**

The consortium must consist of at least one research organisation and one for-profit enterprise.

The main applicant is located in the Netherlands.

The project meets the requirement for the maximum project duration (48 months).

The starting date is before (or at) 1 July 2025

The chamber of commerce number or equivalent is listed for all consortium partners.

Effective collaboration takes place. This means, for example, that the project is realised at joint cost and risk.

The project consists of fundamental research, industrial research or experimental development, or a combination thereof. A description of the three types of research is provided in Appendix D.

All consortium partners should at least incur payroll costs.

All consortium partners should make an *in kind* contribution.

Research organisations may finance a maximum of 70% of their costs (e.g. person hours, consumables and the use of equipment etc.) with PPP subsidy in the case of fundamental/industrial research and a maximum of 60% of their costs in the case of experimental development.

Dutch SMEs may finance a maximum of 60% of their costs (e.g. person hours, consumables and the use of equipment etc.) with PPP subsidy in the case of fundamental/industrial research and a maximum of 40% of their costs in the case of experimental development.

The research organisation(s) must contribute at least 10% of the total project costs.

Depending on the type of research the enterprise(s) must contribute at least 15% to 30% of the total project costs.

All parties, with the exception of the main applicant, must submit a letter of commitment using the template provided by Health~Holland; a letter of intent is not sufficient.

The consortium must submit an (unsigned) draft consortium agreement using the mandatory Health~Holland template; a blank format is not sufficient.

The consortium is aware that in case the project is awarded the PPP Subsidy, the consortium agreement should be completed (after approval of the final version by Health~Holland) and signed by 1 June 2025.

The budgeted costs are directly related to the R&D activities, and do not include non-eligible costs, for example: bench fee costs, travel within the Netherlands, supporting/project management tasks that are not directly related to the project’s R&D activities.

All questions on the application form are answered.

The right versions of the full application form, budget form (Excel), template letter of commitment and template consortium agreement specific to the Dutch Kidney Foundation – PPP Call 2024 have been used.

1. In case of a potential conflict of interest (at a personal or organizational level), please disclose the situation using the guidelines in Appendix C. [↑](#footnote-ref-2)
2. Note: non-scientific dissemination costs are not eligible for funding withing the PPP Subsidy program, therefore, costs relating to this dissemination may not be incurred on the official budget form. [↑](#footnote-ref-3)
3. For more information please consult: [*DCRF toolkit to improve study participation in research*](https://dcrfonline.nl/geen-categorie/dcrf-toolkit-helpt-deelnemerswerving-in-onderzoek-te-verbeteren/)*;* <https://www.zonmw.nl/en/article/faq-sex-and-gender-research> [↑](#footnote-ref-4)
4. For more information please consult: <https://www.dtls.nl/fair-data/fair-data/> [↑](#footnote-ref-5)
5. *Meer informatie: 1)* [*‘De rol van patiënten in onderzoek’*](https://www.nvn.nl/media/1139/de-rol-van-patienten-in-onderzoek_wetenschappelijk.pdf) *(NVN); 2) ‘*[*Een 10 voor patiëntenparticipatie’*](https://www.zonmw.nl/uploads/tx_vipublicaties/Een_10_voor_patientenparticipatie.pdf) *(ZonMw); 3)* [*‘Kickstarter voor onderzoekers’*](https://participatiekompas.nl/kickstart-voor-onderzoekers?) *(PGOsupport).* [↑](#footnote-ref-6)
6. In case of drug development, pre-clinical research in animals falls within the research category ‘industrial research’. In principle, the clinical phases 1 and 2 fall within the research category ‘experimental development’. Phase 3 clinical trials (and beyond) are seen as competitive development and fall outside the scope of the PPP Subsidy Regulation. [↑](#footnote-ref-7)