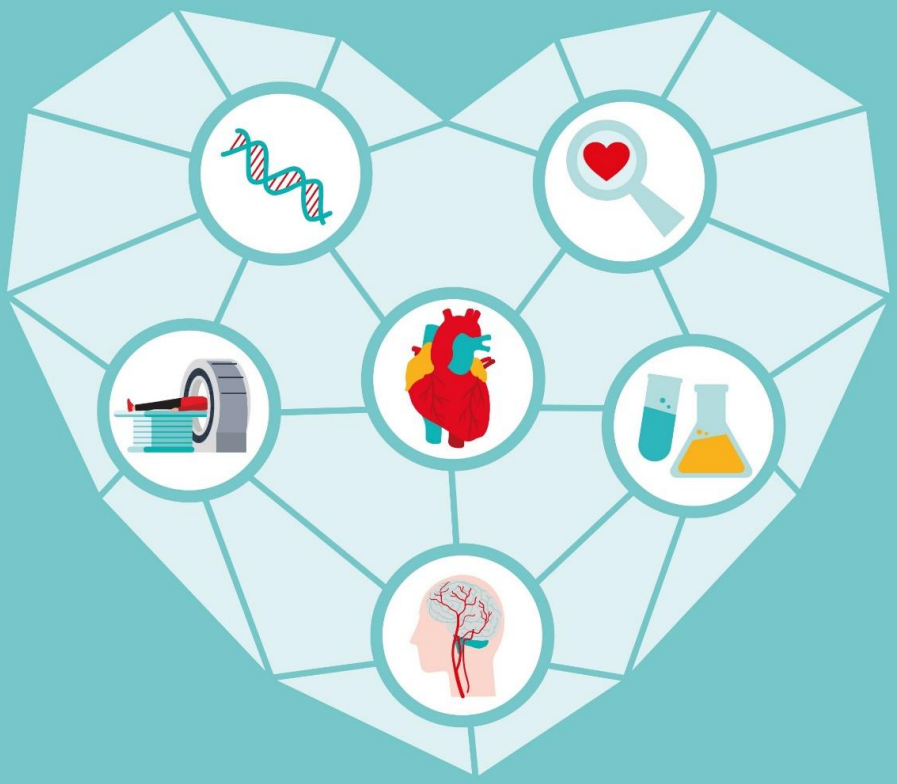

From Innovation to Implementation:

Cardiovascular Public Private Partnership programme 2025

Purpose of this call

This Cardiovascular public-private partnership (PPP) programme focuses on the major challenges associated with cardiovascular health as laid out in the cardiovascular agenda. The aim of the agenda is for cardiovascular health to be measurably better in 2030 than it is today, with the reduction of health inequalities in society as an important spearhead.
This programme makes PPP funds available for cardiovascular PPPs in which academia and private parties work together to achieve the major challenges of the cardiovascular agenda. Three types of projects are supported: novel public-private projects (line 1); expanding existing academic consortia with public-private projects (line 2) and start-up and MKB public-private springboard funding (line 3).

Call summary

Call type:	Open call for programme line 1, invited call for line 2 and 3.
Aim:	New interdisciplinary research projects with private partners, focusing on objectives on the Dutch Cardiovascular Agenda
Total budget for this call:	€ 2.000,000
What can be requested:	Max. € 450,000 per application (line 1 and 2) and € 100.000 (line 3)
Project duration:	1-4 years
Who can apply:	Researchers from Dutch knowledge institutes
Evaluation:	Pre-proposal, office and committee review, full proposal with committee review and interviews.

Timeline programme line 1 and 2

First round

Call open:	Mid March 2025
Pre-application deadline round 1:	13 May 2025
Full application invitation round 1:	Mid-June 2025
Full Application deadline round 1:	19 August 2025
Evaluation meeting round 1:	3rd week of September 2025
Funding decision round 1:	End of October 2025
Expected start project round 1:	April 2026

Second round

Pre-application deadline round 2:	Mid November 2025
Full application invitation round 2:	Mid December 2026
Full Application deadline round 2:	Mid/end February 2026
Evaluation meeting round 2:	Mid/end March 2026
Funding decision round 2:	End of April 2026

NB: Funding for round 2 depends on available budget.

Timeline programme line 3

Call open:	Mid/end March 2025

No deadline for submission pre-applications, on invitation only

Funding decision:	Q3-Q4 2025
Expected start project:	Q1 2026

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General information

Cardiovascular PPP programme

Cardiovascular disease is the second leading cause of death in the Netherlands and the main reason for hospital admissions. Currently, 1.7 million people in the Netherlands live with cardiovascular disease. If we do nothing, this number will grow by 1 million in the coming years. Cardiovascular disease, in the Netherlands alone, yearly results in €7 billion in healthcare costs and an increasing demand on healthcare personnel. With the increasing pressure on healthcare, choices and innovative solutions are essential.

To put a halt to this rising burden of disease, the Dutch Heart Foundation (DHF) has taken the initiative to invite patients, professionals, academics and other stakeholders, amongst which private parties, to create a national agenda for cardiovascular diseases. The aim of the agenda is for cardiovascular health to be measurably better in 2030 than it is today, with the reduction of health inequalities in society as an important spearhead. Each priority on the cardiovascular agenda offers specific challenges and research needs that cannot be achieved without public-private partnerships.

By increased collaboration in this programme between the Dutch Heart Foundation (DHF), the Dutch CardioVascular Alliance (DCVA) and the Netherlands Heart Institute (NLHI) we further strengthen the ecosystem for public-private partnerships in cardiovascular research. Together we guide the initiation of new PPPs, stimulate knowledge exchange, and offer services to facilitate valorisation and implementation of promising research results towards (clinical) practice.

Aim of this programme

With this programme for public private partnerships, we stimulate innovative research projects that are necessary for the next step to translate cardiovascular research findings towards application in health care**.** The programme consists of three lines:

- Programme line 1: Setting up **novel** public-private projects (for new and existing partnerships).
- Programme line 2: Developing/expanding **existing** academic partnerships into strong public-private partnerships (previously known as the matching grant programme).
- Programme line 3: Supporting young companies (micro and small businesses) in their upscaling and achieving concrete and major development milestones that **aim to trigger follow-up investment**.

This brochure contains information on how to submit projects in all lines. Differences in conditions between programme lines are indicated. For additional questions see contact details. Please note that programme line 2 and 3 are on invitation only.

We are explicitly committed to connecting parties to achieve larger and/or new partnerships. This means that, on the one hand, efforts are made to explore the opportunities and possibilities for partnerships. On the other hand, we also explicitly invite researchers from public and private organisations to approach the programme group with innovative ideas. With this programme, we support start-up companies, existing partnerships and new

initiatives to be set up. We invite researchers and companies to join forces and create solutions to the challenges on the cardiovascular agenda.

The partners of the programme group

The Dutch Heart Foundation is working on concrete solutions to improve the heart health of the Netherlands. Our ambition: to ensure that we prevent, recognise and treat cardiovascular diseases earlier. With the invaluable support of our donors, we invest in the best cardiovascular research. We connect cardiovascular researchers, healthcare professionals and patient representatives to drive knowledge and innovations that will benefit patients, those at risk, and our society, faster. Our mission: a healthy heart for all, now and in the future.
The DCVA is a partnership of 23 partners. The DCVA brings together academics, healthcare providers, research funders and representatives of patients and private parties. The goal of DCVA is to reduce the burden of disease due to cardiovascular disease by a quarter by 2030.
The NLHI is the collaboration of the Dutch academic departments of cardiology and aims to develop new strategies for diagnosis, prevention and treatment of cardiovascular disease by stimulating collaboration in academic research.

Programme committee
The programme group has installed a programme committee to govern general aspects of the programme and guide the selection and decision process. The programme committee consist of three external experts with commercial, fundamental research and clinical research expertise and one member from each organization of the programme group. The composition of the programme committee can be found on the website.

Background to the Top Sector LSH and programmes

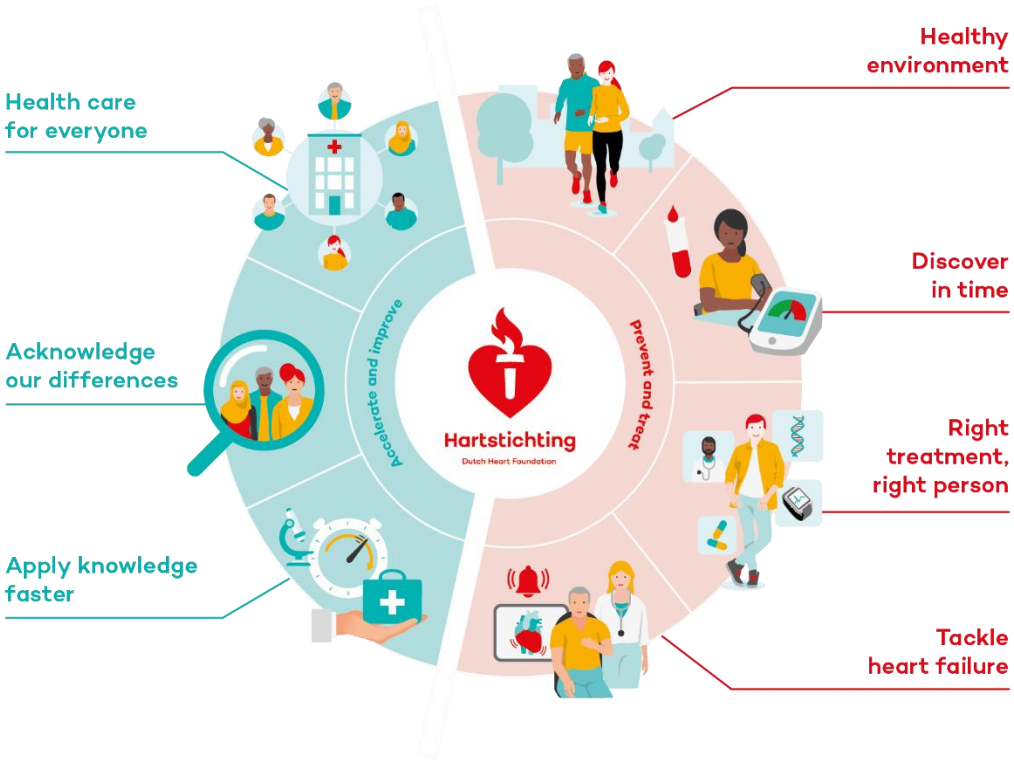
The Top consortium Knowledge and Innovation (TKI) of the Top Sector LSH: TKI-LSH is known as Health~Holland. Health~Holland provides subsidy to financially support PPP programmes. Through PPP Programmes, researchers employed at public institutes and private parties are encouraged to jointly set up projects that develop sustainable innovative products and services within the LSH sector that contribute to the economic growth of the Netherlands. Within a programme, the organising parties are given the opportunity to select PPP projects that contribute to the goals of the Top Sector LSH. This call is part of the granted Cardiovascular Public Private Partnership (PPP) programme.

Social theme 'Health & Care'
The Ministry of Health, Welfare and Sport (VWS) drew up five missions for this social theme. One central mission and four focused missions. The central mission focuses on living in good health longer, while reducing health disparities between people of high and low socioeconomic status. The other four missions contribute to this central mission through changes in the living environment, providing more care in the right place, better prospects for people with chronic diseases and dementia and one aimed at societally disruptive health threats. The Knowledge and Innovation Agenda 2024-2027 (KIA) describes the ambitions and goals for the health and care missions within the field of public-private partnerships. Projects submitted in this call should contribute to the mission of the KIA Health & Care. In addition,

they should contribute to the growth markets and het national technology strategy (see appendix G)

The cardiovascular agenda

With rising numbers of people affected by heart or circulatory diseases, society faces immense challenges. In a bid to tackle this burden, the DHF took the initiative to develop a national cardiovascular agenda, together with researchers, patients, health care professionals, entrepreneurs and other stakeholders, including the Dutch public, policy makers, volunteers and donors. This resulted in a new cardiovascular agenda with 7 themes. New to the cardiovascular agenda – a successor to the research agenda published in 2014 – is the approach, which is broader than funding research. The agenda holds challenging objectives that can only be reached by a combination of research, innovation, policy action and education. It includes, for example, topics such as future-proof health care, promoting prevention, increasing social awareness, and timely recognition of cardiovascular diseases.



Objectives on the cardiovascular agenda

The themes on the agenda were elaborated by seven working groups, consisting of patient representatives, researchers, healthcare providers, entrepreneurs and advisors. Each member participated in a personal capacity and from their own experience. The working groups formulated the ambition, objectives and approach for each theme.

The seven themes on the agenda can be categorised in two clusters:

1. **"Accelerate and improve"**
   This cluster (depicted in blue) consists of the themes *Health care for everyone*; *Acknowledge our differences*; and *Apply knowledge faster*. These themes are focused

on improving the healthcare system and implementing knowledge faster in society and health care.

2. **"Prevent and treat"**
   This cluster (depicted in red) consists of the themes *Healthy environment*; *Discover in time; Right treatment, right person;* and *Tackle heart failure*. These themes focus on prevention of cardiovascular diseases and their complications, on better and personalised treatments for all cardiovascular diseases, and concerted action for heart failure.

Note: Each application submitted in this call must address at least one objective from the **"Accelerate and improve"** cluster, and at least one objective from the **"Prevent and treat"** cluster.

For the complete list of objectives, please see **Appendix A** of this brochure. For further details regarding the themes and objectives on the cardiovascular agenda, please see the full report.

In addition, all projects must also contribute to the ambitions and objectives as elaborated in the Knowledge and Innovation Agenda 2024-2027 social theme Health and Care (see Appendix B for links to more information) of the Top Sector LSH. Projects must also contribute to one or more of the 10 priority technologies from the National Technology Strategy and/or to one or more of the defined growth markets (Appendix B).

Who can apply?

Only applicants who are employed by a Dutch research organisation[1] for the duration of the project can apply. There must be real and effective collaboration with at least one private partner that contributes also in-kind to the project. Upon approval of the research application, the applicant bears the ultimate responsibility for the realisation of the research project.

Programme line 2
Programme line 2 is open to consortia upon invitation. An application should be supported by the host consortium and can be submitted by research leaders and/or work package leaders of the consortium.

Programme line 3
Programme line 3 is open to researchers upon invitation. The aim of this line is to accelerate valorisation, with specific expertise and attention to early startups and private funding for Medtech and Biotech. To give academic spin-offs, so-called micro-SMEs, quick access to private funding to bridge the early funding gap. This fills an essential gap in the startup ecosystem and for new innovations to reach maturity and advance towards the patient.

[1] Definition of research organization according to the Framework for State aid for research and development and innovation: 'research organisation' means an entity (such as universities or research institutes, technology transfer agencies, innovation intermediaries, research-oriented physical or virtual collaborative entities), irrespective of its legal status (organised under public or private law) or way of financing, whose primary goal is to independently conduct fundamental research, industrial research or experimental development or to widely disseminate the results of such activities by way of teaching, publication or knowledge transfer. Where such entity also pursues economic activities, the financing, the costs and the revenues of those economic activities must be accounted for separately. Undertakings that can exert a decisive influence upon such an entity, for example in the quality of shareholders or members, may not enjoy a preferential access to the results generated by it.

How can I apply?

If you are interested in applying for this programme, please contact the DHF (programme line 1 and 2) or the DCVA (programme line 3) to discuss whether your project can be expected to fit in this call. When eligible, we will ask you to submit a pre-application. Only pre-applications with a positive review can be elaborated into a full application. Before submitting your application, we recommend that you visit the DHF website (programme line 1 and 2) or the DCVA website (programme line 3) to check that you have the latest details.

Budget

This programme is supported by PPP Subsidy from the TKI Life Sciences & Health programme 2025. Consequently, specific rules apply for applications submitted in this programme. Please read the guidelines carefully and contact us in case you have any questions.

Overview of the characteristics of projects:

	Minimum duration	Maximum duration	End date before	Budget available in 2025	Minimum PPP subsidy deployed per project	Maximum PPP subsidy deployed per project
Programme line 1 and 2	1 year	4 years	Sept. 30th 2030	€ 1,800,000	€ 150,000	€ 450,000
Programme line 3	1 year	2 years	Sept. 30th 2030	€ 200,000	€ 75,000	€ 200,000

Building a public private partnership takes time, we therefore advise you to carefully consider the planned start and end date of the research project. Before applying for funding, you should thoroughly check if you can meet these timelines.

For the full application, a specific budget form is used in this programme which uses multiple built-in functions and redirects. Therefore, it is important to follow the instructions of the budget form (see the "Instructions" tab of the form).

Research organisations, such as universities, UMCs, universities of applied sciences, TO2s, KNAW institutes and other organisations that meet the definition of research organisation, may fund up to 70% of their **own costs**[2] with PPP subsidy in the case of fundamental and industrial research and up to 60% in the case of experimental development.
Dutch SMEs (for-profit and not-for-profit enterprises[3]) may fund up to 60% of their **own costs** using PPP subsidy to conduct fundamental and industrial research and up to 40% to conduct experimental development. For definitions of the types of research, see Appendix C.
Large enterprises (Dutch and foreign), foreign SMEs, Dutch Enterprises in Difficulty[3] (OIM) and Dutch and foreign other parties are not permitted to apply for PPP subsidy; the expenses they incur should be equal to the in-kind contribution they provide.

[2] All eligible costs incurred by that particular partner, except any in-cash contributions
[3] Each unit, irrespective of its legal form or manner of funding, that carries out an economic activity. See Appendix E: Definition of enterprise.
[3] The definition of enterprise in difficulty is based on the definition as included in the General Block Exemption Regulation (EG) nr. 651/2014, Pb L187/1 (AGVV).

Table 1.A shows these maximums in more detail. Consortia are encouraged to jointly organise the activities and budget within the project, with both research organisations and enterprises contributing equally in terms of content to the project.
Table 1.B illustrates the minimum percentage of **total project costs** that must be contributed by the research organisation(s) and enterprise(s) in the project. Appendix D provides more information about the budget and two calculation examples applying the funding requirements to two different types of consortia.

Table 1.A: Funding by type of research
Partner level

Max % PPP subsidy based on eligible costs partner	Fundamental and industrial research	Experimental development
Research organisation	70%	60%
Dutch SME	60%	40%
Large enterprises, non-Dutch SME, Dutch and non-Dutch other parties	0%	0%

The percentages listed in Table 1.A are percentages taken over the total costs of the organisation in question.

Table 1.B: Minimal contributions
Project level

Minimal contribution based on total project cost	Fundamental and industrial research	Experimental development
Research organisation(s)	min. 10%	min. 10%
For-profit and non-profit enterprise(s)	min. 15%	min. 30%

The percentages listed in Table 1.B are percentages taken over total project costs.

Conditions and points of attention for PPP subsidy:

- Co-funding by private parties that are not enterprises, such as foundations are appreciated. However, this does not count towards the compulsory enterprise contribution. The DHF will not co-fund applications submitted in this programme.
- Research organisations, such as universities, university medical centres, universities of applied sciences, TO2 institutes, KNAW institutes and other organisations that satisfy the definition of a research organisation may apply for PPP subsidy.
- Projects are required to reserve funding (5%) for dissemination activities by the NLHI. Please contact the NLHI for the implementation of this budget.
- The NLHI supports projects in this programme with project coordination services. If a project does not wish to make use of these services, please motivate how project coordination will be organised.
- In the case of a cash contribution from a company, it must be a cash contribution payable to the research organisation in the Netherlands (and not to the project).

- Consortium partners may not send any invoices to the research organisations/ enterprises involved for project related costs.
- The definitions of small and medium-sized enterprises are explained in Appendix E.
- The definition of an enterprise is given in Appendix E.
- The project costs that can be incurred must be directly related to the R&D activities.

Eligibility requirements

The **application** must satisfy at least the following requirements:

- The proposed research must contribute to at least one objective from the "Accelerate and improve" cluster, and at least one objective from the "Prevent and treat" cluster on the cardiovascular agenda.
- The project contributes to achieving the central mission and at least one of the five specific missions within the social theme 'Health & Care', as concretised in the KIA 2024-2027 Health and Care.
- The project fits in one or more of the defined Growth Markets[4] and/or in one or more of the 10 priority key enabling technologies from the National Technology Strategy[5].
  Specific Growth Markets of attention are:
  - Medical technology
  - Innovative and high-quality molecules in the biotech sector

  Specific key technologies of attention are:
  - Biomolecular and cell technologies
  - Imaging Technologies
  - Artificial intelligence and data science
- The project duration must not exceed 4 years (line 1 and 2) or 2 years (line 3) (note the latest possible end date).
- Programme line 1: The project covers fundamental research, industrial research or experimental development, or a combination thereof. Projects only consisting of fundamental research are not preferred.
- Programme line 2 and 3: The project covers industrial research or experimental development, or a combination thereof. Projects may not contain fundamental research.
- The translational and innovative character of the project should be clearly described in the application.
- The project deliverables are innovative products or services that add social and economic value.
- The research described in the application is not already being funded in other ongoing research projects supported by the DHF or other parties.
- The project is not suitable for submission in one of the other funded 2025 PPP Programmes.
- The project is conducted without any interference from the tobacco industry in any form.
- The application and budget are in accordance with the PPP rules.
- The project must start within six months after the letter confirming the grant is awarded.

[4] https://www.rijksoverheid.nl/documenten/rapporten/2023/12/05/dialogic-seo-groeimarkten-voor-nederland
[5] https://www.rijksoverheid.nl/documenten/beleidsnotas/2024/01/19/de-nationale-technologiestrategie

The **consortium** must satisfy the following eligibility requirements at least:

- An application must be jointly submitted by at least one partner from a research organisation and one for-profit enterprise.
- Scientists employed by a Dutch research organisation can apply.
- The research leader and principal investigators involved must be employed at the research organisation for the entire duration of the research project.
- Foreign for-profit enterprises and research organisations are also encouraged to participate in the consortium, as long as the results of the research project benefit the Dutch knowledge infrastructure and economy.
- There is a real or effective collaboration[6], and the partners in the consortium will jointly bear the costs and risks of realising the project.
- If the application links to an existing consortium financed (in part) by the Dutch Heart Foundation, a letter confirming the collaboration with the existing consortium signed by the consortium leader(s) must be included in the application. The form and added synergistic value of the collaboration must be clearly described and substantiated. Collaboration with an existing consortium is required for programme line 2 applications. For programme line 1, collaboration with an existing consortium is a positive asset but is not required.
- The consortium is required to participate in activities for knowledge dissemination with other consortia funded in this programme. The goal is to enhance the impact of the project by stimulating knowledge exchange and discussing and improving impact plans.
- The contribution of all partners must comply with the PPP rules.
- All consortium partners should make an in-kind contribution. This means that all consortium partners at least incur payroll costs and make an in-kind contribution. These costs and contribution must appear on the budget form (Excel).
- The contribution by the parties is confirmed per participant. For each partner, upload a letter of commitment in which a pledge of co-funding and the size of the cash/in kind contribution is stated. The main applicant does not need to upload a letter of commitment. A template letter of commitment can be found in appendix F. Letters of intent will not be accepted.
- All partners adhere to the guidelines for PPP partnerships of the DHF, except for the IP policy (see below). Richtlijnen voor samenwerking met bedrijven | Hartstichting voor Professionals
- The consortium partners are willing to sign the agreement and intra-consortium agreement (see website). By submitting a application, all consortium partners agree with these agreements.

Intellectual property policy

The consortium must reach agreements on the intellectual property (IP) related to the products and services developed in the project. These agreements are recorded in the intra

[6] Definition of 'effective collaboration' according to the Framework for State aid for research, development and innovation: 'effective collaboration' means collaboration between at least two independent parties to exchange knowledge or technology, or to achieve a common objective based on the division of labor where the parties jointly define the scope of the collaborative project, contribute to its implementation and share its risks, as well as its results. One or several parties may bear the full costs of the project and thus relieve other parties of its financial risks. Contract research and provision of research services are not considered forms of collaboration.

consortium agreement. A 'first option right' is among the possibilities. Agreements on IP follow the Kaderregeling betreffende staatssteun voor onderzoek, ontwikkeling en innovatie (specifiek artikel 2.2.2.) and the PPS-Innovatieregeling (Staatscourant 20 oktober 2023, 28651).These state, amongst other matters, that enterprises and other private partners that participate in the project may acquire the IP from the research organization for a market-based fee (minus the amount already invested by them) and that results from which no intellectual property rights can be derived may be widely disseminated. The model intra consortium agreement is available through the DHF website.

Submission and Review process

Timelines

Programme line 1 and 2

Call open:	18 March 2025
Pre-application deadline round 1:	13 May 2025 14:00 hr.
Full application invitation round 1:	Mid-June 2025
Full Application deadline round 1:	19 August 2025
Evaluation meeting round 1:	3rd week of September 2025
Funding decision round 1:	End of October 2025
Expected start project round 1:	April 2026

Programme line 3

Call open:	Mid/end March 2025
No deadline for submission pre-applications, on invitation only	
Funding decision:	Q3-Q4 2025
Expected start project:	Q1 2026

The pre-application

Submission of a pre-application

If you are interested in applying for this programme, you are required to contact the DHF. Before you can submit a full application, we ask you to submit a pre-application. This will allow a first eligibility check and a judgement whether the requested budget is available. The pre-application form for programme line 1 and 2 is available via the website (PPP-programma | Hartstichting). Pre-applications are submitted via e-mail: research@hartstichting.nl. The submission of a pre-application for programme line 3 is continuously possible but only after consultation with the DCVA (see contact details).

Note: By submitting your pre-application, you give consent to bring you in contact with other PPP-programmes or applicants with related or relevant pre-applications. No confidential information about the project will be shared.

Review of the pre-application

Submitted pre-applications will be checked for eligibility by the DHF (line 1 and 2)/DCVA (line 3). Eligible pre-applications will be evaluated by DHF (line 1 and 2)/DCVA (line 3) representatives and the programme committee on:

- Contribution to the objectives on the cardiovascular agenda
- Fit with the strategy of TKI-LSH
- Adherence to the PPP requirements

- Availability of requested budget
- For programme line 2: if the pre-application fits with the host consortium.
- For programme line 3: potential to attract follow-up funding or market access

Only if the pre-application is reviewed positively, the applicant is invited to submit a full application. Please be aware that if the number of high-quality and innovative pre-proposals far exceeds the number of to be granted full proposals, a strict selection will need to be applied.

Submission full application

Full applications can only be submitted for line 1 and 2 via the electronic system Cavaris, which can be reached via the website www.cavaris.nl. Registering and logging in to Cavaris is easy via the welcome portal. If you have any questions, please contact research@hartstichting.nl. You can reach the manuals for the application system via: Cavaris manuals.
After filling all the fields, you can upload the additional questions form, the CV format and the budget form in Cavaris. For programme line 3 full applications are submitted via e-mail (see contact details).
See Appendix G for more information about components of the full application.
Appendix I contains a checklist for the submission of full applications.

Review full application

Internal review full application

Within one week after submission the DHF (line 1 and 2)/DCVA (line 3) will check the eligibility criteria. If the application is not eligible but can be amended, applicants are invited to amend the application within 5 working days. If the application is not eligible based on the requirements or if there is not enough budget the application is excluded from the review process.

External review of the full application

After this internal review, the external reviewing process will start.
Programme line 1 and 2: the application will be reviewed by an evaluation committee consisting of members of the International Scientific Advisory Committee (ISAC), national Scientific Advisory Board (SAB) and members of the Committee Societal Quality (CSQ). The members of the committee are selected based on the topic and whether there is a connection to existing consortia. The evaluation committee is supplemented, if necessary, by valorisation and/or implementation experts (e.g. impact officers of the DCVA) and chaired by the chair of the SAB.
The review of the application focuses on the criteria:

1. **Impact,** this includes the health impact, economic value creation and contribution to programme goals (agenda, mission including reducing health disparities, growth markets, key technologies).
2. **Description of work**, this includes the quality of the methodology, feasibility and the available infrastructure.
3. **Strategy for impact creation,** this includes (depending on the phase and size of the initiative) the impact plan, with attention to valorisation, stakeholder involvement, a

sustainable financing model, and strategy for upscaling and implementation.

4. **Collaboration,** this includes the governance of the project, the equal and active involvement of all partners, and coordination with external parties.
5. **Value for money,** in the ranking, the requested budget is considered in relation to the intended impact.

The project must be rated 'good' or above on a 5-point scale from poor to excellent. The evaluation committee selects the best applications for programme line 1 and 2. These will be presented by the applicant in a (video) meeting with the evaluation committee followed by a discussion. Project partners are very welcome during this interview.

In programme line 3, because of the focus on start-up organisations, specific attention is paid to the contribution of the requested funding to obtain one or more milestones that aim to trigger follow-up funding and/or market access: does the outcome of the project contribute concretely to attracting follow-up funding.
For programme line 3 the application will be internally reviewed by at least three members from the DCVA Valorization Team including the F1RST-fund, according to criteria specified above. This is followed by an external review that will specifically assess valorization criteria, including the unmet need, technological development, investability (ability to secure follow-up financing) and market access. This is done through consulting an independent committee consisting of at least three independent experts: clinical or application-oriented, technical or development-oriented, commercial or investment-oriented, under the responsibility of the Valorisation pillar of the DCVA. The committee will give its review based on the written information.

Code of Conduct on Confidentiality and Conflicts of Interest

To ensure a fair assessment and transparency for researchers, the DHF uses a Code of Conduct on Confidentiality and Conflicts of Interest. This code stresses the necessity of confidentiality, identifies possible forms of conflicts of interest, and indicates the steps to be taken to avoid conflicts of interest. Parties subject to the code of conduct are referees, jury members, committee members, members of decision-making bodies and DHF officers. The full text of the code of conduct on conflicts of interest is available on the DHF website.

Decision process

The evaluation committees will advise the programme committee which applications are eligible for funding. A project with a negative recommendation cannot be nominated for funding. The CEO of the DHF makes the final funding decision, based on the advice of the evaluation committee and programme committee and the available funds. If an application is eligible for funding, but not enough funding is available yet, it is possible that the application will be partially funded, or the applicants are invited to submit the application in the next round. In this case, the best strategy will be discussed with the applicants.

Sharing information and personal data

The DHF will share the (pre-)applications including personal data within the programme group. This programme group shall act as joint controllers for the processing of personal data carried out for the following purpose:

The assessment of (pre-)Applications and the monitoring of funded projects.
For the privacy statement of the Hartstichting see Privacy_statement.pdf. of the DCVA see DCVA privacy statement, of the NLHI see NLHI Privacy statement
The programme group is allowed to share non-confidential information from the approved Application, interim reports and final reports in their research information system and, after consultation with and approval by the applicant, make this information public, including using social media.

Complaints procedure

A complaint can be submitted by the applicants after the decision of the DHF has been communicated. A form should be submitted to the Complaints Committee of DHF. It is not possible to appeal against the outcome of the procedure (funded or not funded) but only on execution of the procedure by the DHF. The form can be found on the DHF website. Complaints should be submitted within four weeks after receiving the notice from the DHF. More information about the complaints procedure can be found on the website of the DHF.

Post-decision process

After granting

After granting, the consortium partners must sign two legal documents:

1. A consortium agreement between the DHF and the consortium partners (available on the website) in which the legal and financial conditions are stated. This agreement is non-negotiable.
2. An intra-consortium agreement (ICA) (available on the website) containing paragraphs on IP, organisational and publication arrangements. The ICA becomes part of the consortium agreement. The ICA (not signed) must be submitted two weeks before the committee meeting. The IP paragraphs are non-negotiable.

The consortium is obliged to deliver signed agreements to the DHF office and start within 6 months after receipt of the grant approval letter. We explicitly advise you to read the agreements carefully and discuss them with the consortium partners before submitting your application. Upon submitting an application, all consortium partners are assumed to agree with the agreements.

Monitoring

The DHF will assign a contact person for each project from a member of the programme group. He/she will be in close contact with the research leader to stay informed about the progress and discuss the progress of the project together with a member of the programme group.
Depending on the size of the project, a midterm review can form part of the monitoring.
Monitoring of projects will take place in accordance with the LSH-TKI rules meaning that the research leader shall provide the DHF with (more details are stated in the agreement):

1. within 15 month after the end of each calendar year, a periodic (scientific and financial) report.
2. Within 3 months upon completion of the project:
   a. an integrated final report providing an overview of the progress and results.

b. a final audit of the Research Project costs, including an audit certificate prepared and certified by an independent auditor. The PPP Subsidy may not be used to cover audit costs.
   - If a consortium partner has not used any PPP subsidy or has used less than €125,000, a management statement must be issued regarding the total project costs of that consortium partner.
   - If a consortium partner has used €125,000 or more in PPP grants, an audit report must be issued regarding the total project costs of that consortium partner.

c. An updated project profile including the results of the completed project.

The final PPP grant payment[7] will take place when the above documents have been received and approved by the DHF.

The consortium is obliged to clearly state the support of Health Holland, the Heart Foundation, DCVA and NLHI in all (scientific) publications, lectures, (poster) presentations and/or interviews that arise from a Project. This concerns both attribution and (where possible) display of the logos (available on request).

Contact

Before submitting a pre-application please first contact the main contact person: Karin Eizema, k.eizema@hartstichting.nl, 070-3155566.

Contact persons per programme group member:
Dutch Heart Foundation: For specific questions about programme line 1 and 2 please contact Karin Eizema, k.eizema@hartstichting.nl, 070-3155566.
Dutch CardioVascular Alliance: For specific questions about programme line 3 please contact Luc Schoppink, l.schoppink@dcvalliance.nl 06-34578030.
Netherlands Heart Institute: For questions about project management services please contact Eelco Soeteman, , eelco.soeteman@heart-institute.nl 088-2333607.

For question about Cavaris please contact research@hartstichting.nl. You can reach the manuals for the application system via: Cavaris manuals.

[7] Please note: the documents required for the final report may be subject to change, depending on any new requirements from RVO

Appendix A: objectives on the cardiovascular agenda

Below, all objectives on the cardiovascular agenda are listed, grouped per theme. For further details regarding please see the full report.

Note: Each application must address at least one objective from the **"accelerate and improve"** cluster, and at least one objective from the **"prevent and treat"** cluster.

Health care for everyone (HC) – "accelerate and improve" cluster

HC1.1 Better integration agreements between lines of care, between inpatient and outpatient care and within and between regions, with compliance guaranteed

HC1.2 Greater use of patient-centred outcome measures based on artificial intelligence and data analysis in care pathways, with an emphasis on the triage and referral process

HC2.1 Care processes and deployment of resources are better aligned within and between regions

HC2.2 More opportunities, such as digital infrastructure and financial resources, are created to support remote care, particularly to reduce physical check-ups in hospitals

HC3.1 More patients are aware of, and understand, their own objective health status

HC3.2 More patients are actively taking responsibility for their own care by following advice with and without medication

HC3.3 Patients' loved ones are more actively involved in the entire care process, where possible

HC3.4 Patients, specifically those with limited health understanding and/or a vulnerable socio-economic position, are appropriately supported by healthcare providers to influence their own health

Acknowledge our differences (AD) – "accelerate and improve" cluster

AD1.1 A growing scientific basis on the relation between different individual characteristics of people and their cardiovascular health

AD1.2 Target groups with different personal characteristics are being researched

AD1.3 Personal characteristics of the study population are taken into account if collecting survey data

AD1.4 The composition of research teams is diverse to increase representation and support for research

AD2.1 Knowledge on reaching different groups is exploited in care, education, and research

AD2.2 Available knowledge on the causes, risk factors, complaints, symptoms, course, and treatment of cardiovascular disease in different groups is utilised in care, education and research

AD2.3 Knowledge about the causes, risk factors, complaints, symptoms, course, and treatment of cardiovascular disease in different groups is a regular part of healthcare education and further training

AD2.4 In guidelines and decision-making aids related to cardiovascular diseases, where relevant, a section on the relationship between personal characteristics and the cardiovascular disease is included

AD2.5 It is clear to everyone which healthcare professional in cardiovascular care has expertise on person-specific characteristics

Apply knowledge faster (AK) – "accelerate and improve" cluster

AK1.1 Researchers are supported in finding and engaging with relevant stakeholders;

AK1.2 Together with stakeholders, clear agreements are made on everyone's role in the route to knowledge application

AK1.3 In co-creation with patients, the problem and question are defined, the research is designed, and the knowledge gained is applied in practice

AK2.1 It is known what existing knowledge there is on cardiovascular disease and how it is or is not used in practice

AK2.2 A method is available to identify all knowledge generated from projects and appreciate whether the knowledge should be further exploited

AK3.1 Researchers are provided with a roadmap of paths for applying different types of knowledge with the necessary stakeholders

AK3.2 Researchers are intensively supported in applying knowledge in practice with targeted activities, tools, and information

Healthy Environment (HE) – "prevent and treat" cluster

HE1.1 A healthier food environment through healthier food offerings in stores and environments, pricing measures, product improvement, and reduction of marketing and advertising of unhealthy food

HE1.2 A healthier living environment that discourages smoking and vaping and encourages exercise

HE1.3 A healthier school and study environment that encourages healthy eating, adequate exercise, and good mental health of students

HE1.4 A healthier healthcare environment through better nutrition and more encouragement of exercise

HE1.5 An improved living environment through better air quality, less noise, less pollution and sufficient greenery and heat resistance

HE2.1 New laws and regulations contribute to protecting and promoting health, i.e. integrated health policies ('health in all policies')

HE2.2 Concrete steps are being taken to legislate health objectives

HE2.3 Health protection has a broad definition that makes many more parties in fields other than public health feel responsible

HE2.4 There is acknowledgement that commitment to underlying goals and values of systems is necessary through clear understanding on how systems operate and integrate across various policy domains

HE3.1 The healthcare system, currently primarily focused on curing diseases, will become co-responsible for and equipped to protect and promote health

HE3.2 Prevention will receive an appropriate funding model

Discover in time (DT) – "prevent and treat" cluster

DT1.1 Healthcare providers are familiar with the most common risk factors for cardiovascular disease and know how to act to reduce this risk

DT1.2 Healthcare providers are aware of the higher risk of cardiovascular disease in people with severe mental illness and those with specific chronic and reproductive conditions, as described in the CVRM guidelines and know how to act to reduce this risk

DT1.3 People with severe mental illness and those with specific chronic and reproductive conditions, as described in the CVRM guidelines, are aware of their greater higher risk of cardiovascular disease and know how to lower this risk

DT1.4 People with a vulnerable socio-economic position or migration background are familiar with the most common risk factors, know how to act to reduce this risk, and receive support to do so

DT2.1 The emotional impact of early detection in the target population is clear and how it should be taken into account

DT2.2 It is clear what the health benefits and cost-effectiveness are of early detection of cardiovascular disease or a high risk thereof

DT2.3 It is known how early detection can be implemented effectively

DT3.1 Early detection and follow-up are tailored to different target groups

DT3.2 People with good health knowledge can identify their specific risk of cardiovascular disease and, if possible, engage in more self-management

DT3.3 Effective and efficient opportunistic screening for cardiovascular disease is carried out by primary and secondary care

DT3.4 Of those with inherited cardiovascular disease in the family, at least 75% undergo screening with predictive genetic testing

'Right treatment, right person' (RT) – "prevent and treat" cluster

RT1.1 There are validated decision aids for people with cardiovascular disease and healthcare providers, and healthcare providers and patients systematically use them to decide together

RT1.2 The majority of healthcare providers have received training in collaborative decision-making

RT1.3 For healthcare providers, sufficient time is available for shared decision-making

RT1.4 People with cardiovascular disease and healthcare providers are satisfied with the way co-determination has been implemented

RT1.5 There is knowledge about the health effect of applying prediction models for starting, stopping, or not treating at all

RT1.6 Four in five patients take medicines to prevent or treat cardiovascular disease as decided together by healthcare provider and patient

RT2.1 A reliable and clinically applicable prediction model integrating all currently known relevant factors is available for all patients with common syndromes

RT2.2 Predictive models estimate the risk of all health outcomes relevant to patients

RT2.3 Sufficient representative healthcare data of patients with cardiovascular disease are available to aid development of new prediction models, and enrich and calibrate existing ones

RT2.4 Innovations in modern statistics and artificial intelligence are implemented in prediction models used in healthcare practice

RT3.1 We are better able to recognise the causes of cardiovascular disease and use this knowledge to tailor treatment

RT3.2 We know of more characteristics that determine the effect and side effects of a treatment

RT3.3 Treatments are routinely evaluated in practice cohorts to identify possible differences in safety and effectiveness between patients

"Tackle heart failure" (HF) – "prevent and treat" cluster

HF1.1 Half of the adult Dutch population knows what heart failure is; its severity and symptoms

HF1.2 Healthcare providers working in primary care recognise all people at high risk of heart failure

HF1.3 All healthcare providers recognise the symptoms of heart failure, resulting in 80% of people with symptoms getting a diagnosis

HF1.4 All healthcare providers deploy appropriate diagnostics, reducing the time between recognition and diagnosis, from days to weeks instead of weeks to months

HF2.1 More knowledge on the pathophysiology of the development of heart failure, in particular HFpEF and underlying disease states

HF2.2 More knowledge about the function and origin of the pathophysiology of the right ventricle

HF2.3 More knowledge on early detection of HFpEF and right ventricular failure

HF3.1 We treat heart failure with impaired pump function (HFrEF) better, according to guidelines, and by being better at implementing existing therapies;

HF3.2 It is clear why some patients with heart failure are not treated according to guidelines and we use this knowledge to optimise treatment

HF3.3 The caregiver and heart failure patient have the right conversation at the right time in the context of pro-active care planning: focusing on patients' and loved ones' daily lives and the palliative phase

HF3.4 Half of heart failure patients are connected to a telemonitoring programme

HF3.5 Seamless heart failure care is the standard as financial barriers are overcome

Appendix B: Links

- RVO - Verklaring geen onderneming in moeilijkheden
- Missiedocument 2024-2027
- Kennis- en Innovatieagenda 2024-2027
- Kennis- en Innovatieconvenant 2024-2027

Laws and regulations

- Definities Onderzoek & ontwikkeling uit het EU Steunkader
- Kaderregeling betreffende staatssteun voor onderzoek, ontwikkeling en innovatie
- Regeling nationale EZK- en LNV-subsidies
- Kaderbesluit nationale EZK- en LNV-subsidies
- PPS-Innovatieregeling Staatscourant 20 oktober 2023
- Verordening (EU) nr. 651/2014 van de Commissie van 17 juni 2014
- definitie onderzoeksorganisatie
- definitie daadwerkelijke samenwerking: (Hoofdstuk 1.3, artikel 16.h).
- https://www.rvo.nl/subsidies-financiering/pps-innovatie/definities
- dialogic-seo-groeimarkten-voor-nederland
- https://www.rijksoverheid.nl/documenten/beleidsnotas/2024/01/19/de-nationale-technologiestrategie

Appendix C: Definitions of the types of research and TRL's[8]

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 component 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 of 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.

Technology Readiness Levels The TRL is an indication of the type of research, but the definition of type of research prevails.

TRL level	Definition	Type of research
TRL 1	Basic principles observed	Fundamental research
TRL 2	Technology concept formulated	Fundamental research
TRL 3	Experimental proof of concept	Fundamental research
TRL 4	Technology validated in lab	Fundamental/industrial
TRL 5	Technology validated in relevant environment (industrially relevant environment in the case of key enabling technologies (KET))	Industrial research
TRL 6	Technology demonstrated in relevant environment (industrially relevant environment in the case of KET	Industrial research
TRL 7	System prototype demonstration in operational environment	Industrial res./experimental dev.
TRL 8	System complete and qualified	Beyond the scope
TRL 9	Actual system proven in operational environment	Beyond the scope

[8] In case of drug development, pre-clinical research in animals falls within the research category 'industrial research'. In principle, 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.

Appendix D: Explanation of budget categories and calculated examples

Eligible costs

Only those costs that are directly related to the R&D activities within the project (eligible costs) can be entered on the budget form. Examples include: scientific staff, technicians, support staff, consumables and the use of equipment specifically required for the project (depreciation system). Historical cost should be used when entering the cost of consumables. Entering commercial rates is not permitted. For an explanation of the (calculation of) eligible costs see the Commission Regulation (EU) No. 651/2014 of June 17, 2014, Article 25 and the Framework Decision National EZK and LNV Grants, Chapter 4, Article 10-14.

1. Labor costs

Parties that use PPP subsidies are obliged to use one of the wage cost systems prescribed by the Framework Decision on National Economic Affairs and Climate Policy and Agriculture. Parties that do not use PPP subsidy are not required to use one of the payroll costing systems prescribed by the Framework Decision on National EZK and LNV Grants. These parties may also use their own hourly rate. A condition is that the calculation of the costs takes place on the basis of a customary and verifiable method and is based on business principles and standards that are considered acceptable in society and that the participants in a collaborative project apply systematically. On the budget form, these parties should choose "fixed hourly rate" and adjust the standard hourly rate of EUR 60 to an hourly rate that is customary and verifiable for them.

When entering the wage costs, one of the following options can be used:

1. Integral cost system
2. Wage costs + 50% direct storage system
3. Fixed rate

1. Integral cost system (Article 12 of the Framework Decision on National EZ Subsidies)

This method is especially suitable for large organizations that regularly apply for subsidy from RVO.
The IKS method must be approved by RvO.

2. Wage costs + 50% direct storage system (Article 13 of the Framework Decision on National EZ Subsidies)

The direct wage costs of project employees will be increased and increased by a 50% mark-up.
Direct costs consist of the costs directly attributable to the employee conducting the research, such as gross salary, employer's contributions, pension charges, bonuses (if laid down in the employment contract), etc.
The annual cost is divided by 1650 hours to get the hourly rate

3. Fixed hourly rate of € 60 (Article 14 of the Framework Decision on National EZ Subsidies)

A fixed hourly rate of € 60 per hour.

NB! An organization may only use one of the above methods!

It must be possible to submit an hour administration for all rates. In an integrated cost system and wage costs plus surcharge, the underlying documents can be submitted to substantiate the amount of the rate.

2. Cost of Material and Tools

Materials from stock

You can increase the cost of the consumption of materials that were not purchased specifically for the project if you register the consumption. Use historical purchase prices. If you do not have an administration of the consumption of materials from stock, you cannot allocate the costs directly to the project.

3. Cost of using machines and equipment

Purchased for the project only.

You enter the costs of equipment that you buy and use especially for a project or certain eligible activities under 'Cost of use of machines and equipment'. These are costs of which the amount can be demonstrated on the basis of an invoice. However, for the determination of the eligible costs, you must deduct the residual value of the equipment from the purchase price (depreciation system). For the determination of the residual value of equipment specially purchased for a project, the residual value is determined on the basis of linear depreciation with a (minimum) depreciation period of 5 years. This is an accounting residual value.

Not purchased solely for the project

If you did not purchase the machine or equipment solely for the project, you may only include the depreciation charges or lease instalments if a conclusive time registration is kept. The costs are then included in proportion to the time during which the machine or device is used for the project, related to the normal occupancy. If you use an integral cost system, you can only enter costs here if the costs are not part of the integral cost rate.

4. Costs attributable to third parties

If some of the activities are subcontracted, those costs due to third parties can be allocated to the project and entered on the budget form. Care should be taken to ensure that the costs due to third parties are in proportion to the rest of the budget. Should this cost category be particularly high, this could influence and is part of the evaluation committee's assessment.

Examples of ineligible costs

An overview of costs that are ineligible is given below. Therefore, these costs may not be entered on the budget form.

- Patent applications and costs for retaining a patent (patents purchased at arm's length conditions or for which external parties grant a licence are eligible for funding);
- Auditor's statement;
- Bench fee (Note: costs for consumables are eligible);
- Travel within the Netherlands;
- Supporting personnel who are not directly involved in the R&D activities, such as a project auditor, business developer, administrative employee;
- Preparation of a business case;

- Costs related to open access publishing
- Costs related to implementation of the developed innovation;
- Conducting effectiveness studies (Health Technology Assessment, HTA);
- Overhead;
- Non-Scientific Dissemination. However, scientific dissemination, including attending a scientific conference is eligible;
- Project management tasks that are not directly related to the specific R&D activities, such as: escalating to a steering group, drawing up a risk management model, drawing up reports to satisfy funding requirements, administrative accountability. Project management tasks that are directly related to the R&D activities (e.g. discussions with employees, analysing technical risks, drawing up research reports, drawing up specifications) are eligible for funding

Calculated examples of project budgets using PPP Subsidy

Calculation example 1 - Research organization and Dutch SME.

The calculation example assumes a project consisting entirely of industrial research.

Consortium partners	Costs
Research organization X	€ 600,000
Dutch SME Y	€ 400,000
Total	**€ 1,000,000**

Consortium partners	Max. % PPP subsidy	Max. € PPP subsidy
Research organization X	70%	€ 420,000
Dutch SME Y	60%	€ 240,000
Total	**66%**	**€ 660,000**

**Percentage of PPP subsidy is calculated over the total cost of the partner in question.*

Minimal required contributions	% of total cost*	Minimal contribution (€)
Research organization(s)	10%	€ 100,000
Enterprises (for-profit and non-profit).	15%	€ 150,000
Open amount to be freely funded based on cost and minimum required contribution	***=€1.000.000 (cost) - €660.000 (max. PPP subsidy) - €250.000 (min. contributions)***	**€ 90,000**

** Percentages for minimal required contributions are calculated over the total cost of the project.*

Funding per partner

Consortium partners	Total cost	In kind	In cash	PPP subsidy
Research organization X	€ 600.000	€ 180.000	€ 0	€ 420,000
Dutch SME Y	€ 400.000	€ 160.000	€ 0	€ 240,000
Total	**€ 1.000.000**	**€ 340.000**	**€ 0**	**€ 660,000**

In this example, the open fundable amount of € 90,000 is divided between the research

organization and the SME, with both parties using their maximum allowable amount of PPP subsidy.

Calculation example 2 - Consortium consisting of four parties

The calculation example assumes a project consisting entirely of industrial research.

Consortium partners	Cost
Research organization X	€ 500,000
Dutch SME Y	€ 150,000
Large enterprise Z	€ 250,000
Hospital A	€ 100,000
Total	**€ 1,000,000**

Consortium partners	Max. % PPP subsidy	Max. € PPP subsidy
Research organization X	70%	€ 350,000
Dutch SME Y	60%	€ 90,000
Large enterprise Z	0%	€ 0
Hospital A	0%	€ 0
Total	**44%**	**€ 440,000**

**Percentage of PPP subsidy is calculated over the total cost of the partner in question.*

Minimal required contributions	% of total cost*	Minimal contribution (€)
Research organization(s)	10%	€ 100,000
Enterprises (for-profit and non-profit).	15%	€ 150,000
Open amount to be freely funded based on cost and minimum required contribution	***=€1,000,000 (cost) - €440,000 (max. PPP-subsidy) - €250,000 (min. contribution)***	**€ 310,000**

**Percentage of PPP subsidy is calculated over the total costs of the project.*

Funding per partner

Partijen	Total cost	In kind	In cash	PPP subsidy
Research organization X	€ 500,000	€ 125,000	(€ 25,000)*	€ 350,000
Dutch SME Y	€ 150,000	€ 60,000	€ 0	€ 90,000
Large enterprise Z	€ 250,000	€ 250,000	€ 50,000	€ 0
Hospital A	€ 100,000	€ 75,000	(€ 25,000)*	€ 0
Total	€ 1,000,000	€ 510,000	€ 50,000	€ 440,000

**The numbers in parentheses mean that these partners receive and use the private cash to cover part of their costs. In this case, the in cash contribution from the Large Enterprise is divided between Research Organization X and Hospital A.*

Appendix E: Definition of enterprise and SME definition

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.

European Commission Recommendation 2003/361/EC regarding SME definition
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.

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.

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.
Or use the European SME Wizard.

Appendix F: Letter of commitment template

[Use headed paper of party]

[Name and address of the main applicants' duly authorised representative ("bestuurlijk verantwoordelijke")]

[Date]

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 the Heart Foundation grants the PPP Subsidy as applied for by the main applicant, [first name and family name], [position] at [name organisation].

[Name legal entity] is aware that it is mandatory for the consortium to use the most recent version of the intra consortium agreement (ICA) of the Heart Foundation. [Name legal entity] is aware that only minimal non-essential changes to this template are permitted and agrees to the content of the model ICA regarding Foreground and intellectual property. As consortium partner we will share responsibility for a prompt completion of the ICA. I also declare that I have read and agree to the PPP agreement belonging to this grant

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

Yours sincerely,

_____

Name:
Position:
Date:

Appendix G. Information for the full application

Impact

With this programme, the programme group aims to create societal impact by focusing on creating and implementing solutions for cardiovascular healthcare problems. Scope, size and impact of the healthcare problem are important factors that contribute to realizing the ambition of the cardiovascular agenda and should be the starting point of the project.

The consortium must clearly indicate which elements of the ambition are addressed in the project application and which parts are beyond the scope of the current application. In case additional funding is required, a strategic plan on how to acquire these funds should be part of the application. It should be explained how the consortium contributes to the cardiovascular agenda and the strategy of LSH-TKI. (can be explained in the section: 'Contribution to relevant research agendas' of the application in Cavaris). The contribution of the application to the 10 priority technologies from the National Technology Strategy and/or in one or more of the defined growth markets (see below) must be explained in the 'Additional questions' form, which must be submitted as an attachment to the application.

For programme line 2 projects: Describe how the application contributes to the objectives and outcomes of the current consortium, builds on findings of the consortium and has a clear added value to the goals of the consortium. How does it contribute to the reduction of the cardiovascular burden of disease?

Acknowledge our differences

The central mission of the social theme Health and Care is that "by 2040, all people in the Netherlands will live at least five years longer in good health and the health differences between the lowest and highest socio-economic groups will have decreased by 30%". It is important to focus research and innovation efforts on what makes innovations effective for people in vulnerable situations and with a health disadvantage. This is aligned with the aim of the cardiovascular agenda: cardiovascular health will be measurably better in 2030 than it is today, with the reduction of health inequalities in society as an important spearhead. Health inequalities are defined as avoidable differences in health outcomes between groups – such as differences in how long we live, or the age at which we get preventable diseases or health conditions. There is ample evidence that social factors, including education, employment status, income level, gender and ethnicity have a marked influence on how healthy a person is. Therefore, these aspects need to be taken into account in research and innovation.

Under the Impact section in the application form, it should be described how the research accounts for differences between people. In the 'Description of Work' you can provide more details on how you will achieve this. It is desirable to address as many differences as possible, such as age, sex and gender, socioeconomic status, migration background, and health literacy. Describe how you address the reduction of health inequalities in the appropriate question in the form 'Additional questions'. Also, describe the activities necessary to engage specific groups and any potential barriers that may arise during the research. For inspiration: The website Gendered Innovations offers guidelines on how to consider sex and gender differences at every step of the research process.. The ROCKET-principles have been drawn up to promote active interaction with people in a low socio-economic position. For more

information on conducting inclusive research, see the APH Quality Handbook: Inclusive Recruitment in (Qualitative) Research.
It is allowed to hire an external centre of expertise in the field of reducing health disparities. These costs are, within the duration of the project, eligible and fundable with PPP subsidy.

Social theme 'Health & Care'
The Ministry of Health, Welfare and Sport (VWS) drew up five missions for this social theme. One central mission and four focused missions. The central mission focuses on living in good health longer, while reducing health disparities between people of high and low socioeconomic status. The other four missions contribute to this central mission through changes in the living environment, providing more care in the right place, better prospects for people with chronic diseases and dementia and one aimed at societally disruptive health threats. The Knowledge and Innovation Agenda 2024-2027 (KIA) describes the ambitions and goals for the health and care missions within the field of public-private partnerships. Projects submitted in this call should contribute to the mission of mission of the KIA Health & Care. In addition they should contribute to the growth markets and het national technology strategy.

Growth markets for the Netherlands
To give the Netherlands an innovative, sustainable and strong economy, the Ministry of Economic Affairs believes it is important to invest in the promising growth markets where there are the greatest opportunities in the future to strengthen Dutch earning capacity and where the Netherlands is good at. Within the LSH sector, 'medical technology' and 'innovative and high-quality molecules in the biotech sector' are described as promising growth markets

National Technology Strategy (NTS) and key methodologies
The National Technology Strategy defines building blocks for a strategic technology policy in the form of priority key technologies where the Dutch knowledge field and business can make a positive impact and which are essential for the future. For almost all of these key technologies, application in the medical world plays an important role to further develop and market the technologies. The most telling examples for the LSH sector are the key technologies: 'Biomolecular and cell technologies', 'Imaging technologies' and 'Artificial Intelligence and Data Science'. In addition, the Top Sectors are encouraged to make targeted technological contributions to solving societal challenges. The Top Sectors together with the ministries and knowledge institutions are realizing these efforts through the Knowledge and Innovation Agenda for Key Enabling Technologies (KIA-ST). The research agenda Key Methodologies research agenda (KEM) is part of the KIA-ST. It sets out a broad interpretation of the concept of key methodologies (KEMs) and presents the most relevant categories of KEMs for mission-driven innovation. The KEMs constitute the new toolbox needed for the creation of societal innovation in the form of models, strategies, processes, and tools. More information can be found on the KEM website.

Description of Work
Part of the application is a clear and solid description of the anticipated scientific impact and the expected contribution of the project to reducing the burden of cardiovascular disease. The work packages of the application are coherent and synergistic. The aims and the description of work must be feasible in terms of project duration and available budget.

Route to Societal Impact

The aim of the programme to significantly reduce the burden of cardiovascular disease is ambitious. Solely focussing on defining a clear healthcare problem and the design of a (research) application that addresses this problem by finding a solution is not sufficient to realize this ambition. To create real societal impact, results should be implemented into healthcare routines and in society. The Impact Plan approach stimulates impactful collaborations and guides the translation of science into healthcare practice. An Impact Plan contains both commercialisation (in Dutch: *valorisatie*) and implementation activities and includes collaboration with relevant stakeholders. It also describes the steps that need to be taken in order to reach the ultimate impact goals of the consortium. The DHF and DCVA Impact Officers can support the consortium by organising an Impact Plan workshop at crucial points in the course of a consortium's lifecycle.

For programme line 2 projects: The consortium has already developed a strategy to translate their research findings towards solutions (valorisation) and thereafter introduce these solution(s) into clinical practice (implementation). Describe how this project contributes to bringing results of the consortium to the next step.

In programme line 3, because of the focus on start-up organisations, extra attention is paid to the contribution of the requested funding for follow-up funding and/or market access: Does the outcome of the project contribute concretely to attracting follow-up funding?

Talent Development

There is no separate talent development programme possible within this programme. Please fill in the application form (section Talent Development): 'not applicable in agreement with DHF'. Costs made for visits of conferences or courses necessary to execute the research are eligible for reimbursement and can be included in the budget under Cost of Travel and Lodging.

External Collaboration

The consortium describes their collaboration with other consortia/research groups working on relevant healthcare problems, relevant stakeholder organizations and end users. Possible stakeholder organizations are, for example, partner organisations of the DCVA.
The application includes a description of which stakeholders are involved (including names), both national as well as international. The application also includes how support is created and how patient groups and societal stakeholders are involved.

User committee

The committee advises the consortium on the steps needed to bring results to clinical practice and monitors the use of the acquired knowledge. Describe in the application how collaboration with stakeholders will be organized, what expertise is needed and how this expertise is present in the described composition of the committee. It is strongly advised to reach out to the envisioned user committee members already in an early stage (application phase). By doing so, they can provide feedback to the application and align expectations. Patients are an essential part of an user committee. The consortium can contact patient organisation Harteraad for more information about patient participation. More information

about user committees can be found on the website of the DHF. Please also take note of our user committee guidelines. It is advised to reserve budget for the user committee.
For programme line 2 projects: The project is part of the current consortium. Therefore, the progress of the project will be presented and discussed in the user committee of the consortium. The user committee can be expanded in response to this project.
The DHF may participate in the user committee, this will be discussed after granting support of the project.

Data management

A well-organized data infrastructure is essential for excellent science. The DHF promotes this by focussing on the following aspects:

- Sustainable use and re-use of data
- Registry-based research
- Data communities
- Biobanks

Projects funded are strongly encouraged to make use of the services of the DCVA. The data infrastructure team of the DCVA can be contacted via data-infrastructure@dcvalliance.nl.
A project application should include a detailed description in the application on how the acquired data will be handled (data stewardship). Therefore, the consortium is strongly advised to involve a data-expert in their consortium and is obliged to allocate resources for data management in the budget. After having been awarded the grant, the consortium will be asked to hand in a Data Management Plan (DMP). A DMP is a dynamic document and will also be used to monitor progress on data management.

Open access

In addition to data management, all publications funded by this programme should be published in an open access journal. You can check whether your organisation has made agreements with traditional publishers on open access via the open access.nl website This website offers an overview of more than 8,000 journals in which corresponding authors from Dutch universities and UMCs can publish in open access for free or at a discount. Costs associated with open access publishing are non-eligible project costs.
More information about data management policy and support can be found on the website of the DCVA and DHF.

Mandatory additional uploads:

- Letters of commitment of all partners except the applicant.
- The 'Additional Questions' form. This form can be downloaded from the General Information page of the call in Cavaris.
- Each participant needs to upload a Curriculum Vitae. See for the format Appendix H.
- Signed 'Verklaring geen onderneming in moeilijkheden' for every SME that applies for PPP Subsidy. Template to be downloaded from RVO - Verklaring geen onderneming in moeilijkheden
- Applications for programme line 2: a letter confirming the collaboration with the existing consortium signed by the consortium leader(s).

Other uploads
Figures and references can be added by an additional upload.

Signing
All applicants and partners need to sign the application. By signing, the applicant declares to have completed the form truthfully and declares that the correct official(s) of his/her employing organisation of this submission are informed. Additionally, the applicant declares to have read and agree to the agreements and that the obligatory letter(s) of commitment of the other consortium partner(s) has/have been submitted separately.
By signing, the consortium partners declare to have read and agree to the agreements and that they authorise the applicant to submit the application form and to handle any further correspondence. We explicitly advise applicants to carefully read the agreements and discuss them with the consortium partners before submitting the application.

Intra Consortium Agreement
The intra-consortium agreement (ICA) (available in Cavaris and on the DHF website) contains paragraphs on IP, organisational and publication arrangements. The ICA becomes part of the consortium agreement. The ICA can be amended but the IP paragraphs are non-negotiable. The ICA (not signed) must be part of the submission or submitted two weeks before the committee meeting. You will receive a separate e-mail with this deadline after the committee meeting is planned.

Appendix H: Curriculum Vitae

Provide the following information of all partners in the consortium. State relevant information for the application. **Maximum of 2 A4 per CV.**

Name:
Year of birth:
Current job title:
Affiliation: *(mention all institutions/organisations to which you are affiliated)*
Role in the consortium: *(e.g., research leader, WP leader, consortium partner, end user representative etc)*

Profile *(max 5 sentences*)
Introduce yourself in short. Explain which qualities and expertise you add to the consortium. Think of this summary as a snapshot of your skills, knowledge, accomplishments, and ambition.

A. Scientific track record
1. Five most impactful scientific achievements, please explain shortly the impact of these achievements to the field and/or patients.
2. Scientific honours and awards.
3. Scientific grants, please explain the impact of these grants e.g. on your line of research.

B. Professional track record
1. Relevant professional positions and activities: (e.g., management, board or advisory tasks, clinical tasks, teaching etc.).
2. Other experience and professional memberships (e.g. membership of a scientific society, membership of boards, participation in user committees, etc.)

C. Societal track record
1. Relevant societal positions and activities: (e.g. advisory role, volunteer work, organisation of events, collaboration with patients, communication activities for a broad public etc.)
2. Five most impactful non-scientific outputs, e.g. policy documents, implementation in guidelines, newspaper articles, etc. Please shortly explain the impact of these outputs.

D. Valorisation track record
1. Relevant positions and activities for valorisation and implementation of research (e.g. collaboration with industry, IP rights claimed, contribution to start-up companies, seed money/commercialisation grants, etc.).

Appendix I: 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 has a duration of a maximum of 48 months, the end date should be before September 30th 2030
- ☐ The starting date is within six months after the awarding letter will be received
- ☐ The chamber of commerce number or equivalent is listed for all consortium partners
- ☐ Effective collaboration takes place and is clear from the application. This means, for example, that the project is realized at joint cost and risk
- ☐ All consortium partners should make an *in-kind* contribution. This means that all consortium partners should at least incur payroll costs
- ☐ Research organisations may finance a maximum of 70% of their costs (e.g. man 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. man 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 provided format; a letter of intent is not sufficient
- ☐ If the application links to an existing consortium financed (in part) by the Dutch Heart Foundation, a letter confirming the collaboration with the existing consortium signed by the consortium leader(s) must be included in the application. Mandatory for applications in line 2.
- ☐ The consortium must submit an (unsigned) draft intra-consortium agreement (ICA) using the mandatory DHF template preferably with the submission of the application. If this is not possible the ICA (unsigned) must be submitted two weeks before the committee meeting.
- ☐ The budgeted costs are directly related to the R&D activities, and do not include non-eligible costs.
- ☐ All questions on the application form are answered.
- ☐ All SME's that apply for PPP Subsidy must submit a signed version of *'Verklaring geen onderneming in moeilijkheden'*

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