



Heart for Women: Towards a Healthier Future

Call to shape the future of the national consortium on CVD in women

September 2025

Version 1.0



Short introduction

With this call, the Dutch Heart Foundation (DHF) further invests in improving cardiovascular health in women by reducing knowledge gaps and addressing differences between men and women. Our goal is to improve health outcomes across diverse groups.

Building on the foundation laid by the IMPRESS consortium, we are committed to continuing its work and advancing progress in this field. This network brings together researchers, clinicians and patients to share knowledge and work together. This allows the consortium to not only accelerate knowledge growth, strengthen joint efforts and collaboration in the cardiovascular field, but also to commit to implementing the research results in practice. Continuing this work is essential to further reduce the knowledge gaps and inequalities in healthcare.

We invite researchers to submit innovative ideas for the new consortium – whether they are already part of IMPRESS or new to the network. By inviting the field, we aim to strengthen ongoing efforts and foster broader engagement. During this process, a new leadership team will be established. This call consists of two phases:

1. Open call for project ideas – An invitation for researchers from all domains to submit new project ideas. These will be assessed on relevance, quality and the applicant's track record on sex and gender differences. Together with the continuation of key activities from the current consortium, the selected ideas will further define the scope of the new consortium. The final selection will be based on their impact on women's cardiovascular health, and how projects complement each other and can be integrated into the overall activities. Applicants can indicate whether they wish to take on a leadership role within the new consortium. This call explicitly welcomes contributions from both academic and non-academic institutions.
2. Full proposal for the consortium – The intended future research leaders will be invited to submit a full proposal to establish a consortium that continues and expands existing networks and research activities of IMPRESS.

Call details

Total budget for this call:	Max. € 3 million
Project duration:	4-5 years

Timeline

Call open for project ideas:	September 9 2025
Project idea deadline:	October 21 2025
Invitation for pitch:	October 31 2025
Pitches:	November 12 2025
Invitation for full application	2 nd half of November
Consortium proposal deadline:	February 10 2026
Evaluation meeting:	2 nd half of March 2026
Funding decision:	Early April 2026
Expected start:	within 6 months after approval

Contact person

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1. A healthy heart for all: now and in the future

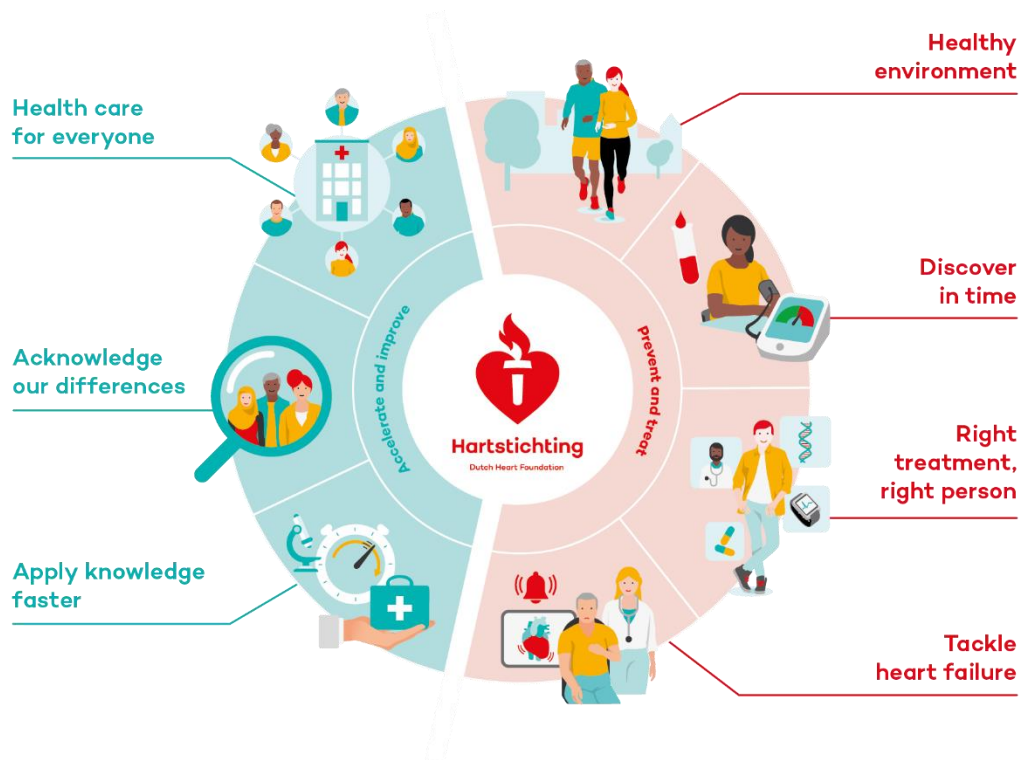
1.1. The Dutch Heart Foundation

Today, 1.7 million people in the Netherlands are living with a cardiovascular disease. Without urgent action, this number will rise with more than one million in the next few years. This drives us to seek new ways to prevent, diagnose and treat cardiovascular diseases. 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.

1.2. National cardiovascular agenda

With the rising numbers of people affected by cardiovascular diseases, society faces immense challenges. In a bid to tackle this burden, we developed a national cardiovascular agenda, together with researchers, patients, health care professionals, and stakeholders, including the Dutch general public, policymakers, volunteers, and donors. This resulted in a new agenda for cardiovascular diseases with the [seven themes](#) presented in the image below.

Figure 1. Themes national cardiovascular agenda



Based on our long-term ambitions, we commit at least half of our research budget to research contributing to the seven themes of the cardiovascular agenda.

New to the cardiovascular agenda – 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.

1.3. Objectives on the cardiovascular agenda

The themes on the agenda were elaborated by seven working groups, consisting of patient representatives, researchers, healthcare providers and advisors. They spoke as experts 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 into 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 against heart failure.

Note: Chapter 2 introduces the context of this invitational call, which contributes to the objectives of *Acknowledge our differences*.

For further details regarding the themes and objectives on the cardiovascular agenda, please see the full [report](#).

1.4. The Dutch CardioVascular Alliance

The Dutch Heart Foundation strongly believes that collaboration is key to develop innovative and practical solutions that address health challenges. That is why we co-founded the Dutch CardioVascular Alliance (DCVA) to bring together leading organisations representing patients, academia, healthcare professionals, industry, and government. Our DCVA partners are

committed to reducing the burden of cardiovascular diseases. Research consortia funded by the DHF will be supported by the DCVA's collaborative infrastructure. The DCVA supports consortium building for this call by organising a network meeting.

Consortia supported by the DCVA enhance knowledge exchange within the alliance and benefit from the expertise, resources, and services available. They will participate in network meetings with other consortia and important stakeholders in the cardiovascular field and contribute to collaborative talent development initiatives. Furthermore, the consortium receives support from the DCVA for the implementation and commercialisation of results, talent development, public affairs and communication, and data infrastructure.

For more information about the DCVA and how it may support your research, please visit: www.dcvalliance.nl, reach out to your contact person at the DHF, or contact us at research@hartstichting.nl.

2. Invitational call: Research on sex- and gender-specific aspects of CVD.

2.1. Background

Cardiovascular disease (CVD) is the leading cause of death among women globally. Yet, CVD in women remains underdiagnosed, undertreated, and understudied. Research and clinical guidelines have long been based on male data, leaving critical knowledge gaps about how cardiovascular disease presents, progresses, and responds to treatment in women.

Biological differences between the sexes, along with sociocultural factors such as gender roles and access to care, influence cardiovascular risk, symptoms, and outcomes. Women are for example more likely to experience delays in diagnosis, might receive no or less effective treatment, and have worse health outcomes. Certain diseases – such as spontaneous coronary artery dissection and microvascular dysfunction – are more prevalent in women, yet remain underrecognized in clinical practice. Women from diverse backgrounds experiencing social or economic disadvantage face compounded risks due to barriers like limited health literacy, language, and healthcare access. These challenges call for inclusive and personalized approaches to prevention and care.

The DHF funds research to reduce knowledge gaps and to build expertise required to effectively address sex and gender differences. As a result, the IMPRESS consortium emerged as a national research and knowledge platform focused on cardiovascular disease in women. This initiative has led to several studies that have advanced our understanding of CVD in

women and a high-impact network that deepens our understanding of sex and gender differences in CVD and accelerate their translation into clinical practice.

The IMPRESS consortium contributed to a deeper understanding of sex-specific mechanisms in cardiovascular disease by identifying the role of inflammation in cardiac remodeling and HFpEF in women, and by studying coronary dysfunction, including ECG predictors and long-term risks. IMPRESS supported clinical practice through the creation of an e-learning for general practitioners, the launch of the NL-CFT registry, and development of non-invasive diagnostic tools. Research in IMPRESS+ also showed differences between sexes and ethnic groups in delays in care, leading to a toolkit that helps people recognize symptoms and seek care sooner.

Despite the progress made in recent years, many challenges remain. There is, for example, an urgent need for minimally invasive diagnostics, evidence-based sex-specific treatment protocols, a better understanding of sex-specific pathophysiological processes shaping better treatment strategies, and greater awareness among clinicians and society of sex and gender differences.

The DHF is committed to improving cardiovascular health for all by promoting awareness, early detection, and personalized approaches that acknowledge differences between people. Within this context, the DHF supports several initiatives under the 'Acknowledge our Differences' programming, aimed at closing knowledge gaps in cardiovascular disease among different populations in the Netherlands.

2.2. Collaboration to address cardiovascular challenges

The Dutch Heart Foundation (DHF) stimulates long-lasting thematic collaborations between researchers and stakeholders on a national level. Collaborations across disciplines, institutes, and backgrounds will advance scientific knowledge and develop solutions for cardiovascular challenges. A research consortium is a formalised collaboration that connects individuals or organisations to address a common set of questions or goals, using a defined structure and governance model. The DHF also facilitates collaborations between the consortia and other relevant stakeholders to build a wider network and support international collaboration. It is vital that consortia attract additional funding from multiple sources to support the collaboration and network in the long term. For this reason, the DHF and consortia often explore financial support from other organisations with shared goals (co-funding). By involving other funding organisations, we stimulate consortia to expand their programmes' horizons and drive their results closer to implementation and ultimate patient benefit.

2.3. Aim

With this invitational call, the DHF aims to sustain and further strengthen the collaborative structure and strong national expert network on CVD in women that has been established by the IMPRESS consortium. This consortium was initiated and funded by the DHF and part of the DCVA network. The goal is to advance interdisciplinary collaboration, expertise, and addressing urgent research areas particularly focusing on sex- and gender-specific aspects of cardiovascular health. The DHF aims to support the further development of a comprehensive platform that integrates research and implementation projects to create societal impact. The consortium's efforts will contribute to addressing critical knowledge gaps, improving health equity and accelerating the implementation of evidence-based clinical pathways. The consortium will continue its most promising areas of research, such as those focusing on coronary dysfunction. Based on the submitted project ideas the consortium will further expand its scope by addressing other important themes related to sex- and gender-specific cardiovascular health.

2.4. Objectives

Building on the results of IMPRESS, the outcomes of their field consultation, and the advice of the DHF Scientific Advisory Board, the new consortium has the following objectives:

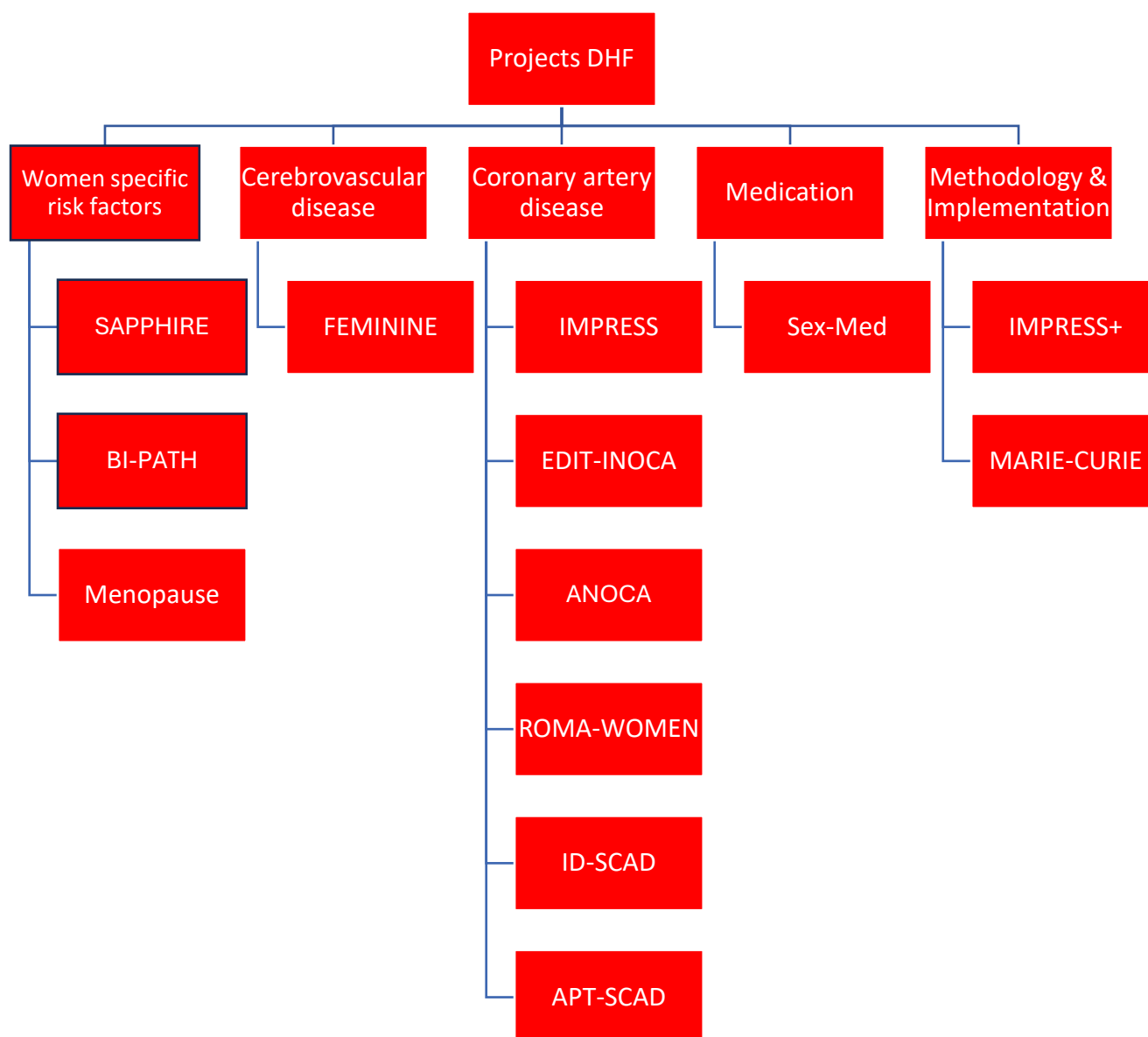
1. **Contributes** to the [ambition and strategic goals](#) of the DHF and to the theme 'acknowledge our differences' of the [national cardiovascular agenda](#), while also supporting other relevant themes and objectives of the agenda where applicable.
2. **Strengthen and expand the national expert network** on CVD in women to foster interdisciplinary collaboration and expertise across various research domains. By collaborating with other consortia and research projects in areas such as cardiovascular risks related to pregnancy, menopause, and the intersection of cardiovascular and cerebrovascular health in women. Especially with research projects funded by the DHF on CVD in women mentioned in figure 2.
3. **Address critical knowledge gaps** in sex- and gender-specific cardiovascular research by proposing challenges across the entire care continuum. The field is invited to propose key challenges related to prevention, early detection, treatment, rehabilitation, coronary dysfunction and other female-specific risk factors or diseases. These ideas may also relate to various care settings, including primary, secondary, or tertiary care. The final scope of the consortium will be determined based on the relevance, quality and thematic focus of the key project ideas that will be selected.
4. **Stimulate the development of evidence-based interventions** and diagnostic or treatment pathways to improve cardiovascular health outcomes for women,

particularly for those who face additional barriers to prevention or care. E.g. interventions focused on lifestyle, access to care, tailored diagnostic tools, or care pathways.

5. **Accelerate the implementation of research findings** into practice, ensuring they lead to visible societal impact and improved cardiovascular health outcomes for women. E.g. scaling up successful approaches, including implementation of the consortiums findings , embedding innovations in care systems, or strengthening collaboration with healthcare providers and communities.
6. **Address biological and sociocultural differences between people** to ensure that every individual – regardless of sex, gender, background and personal circumstances – receives the most effective cardiovascular care. This is critical to reducing disparities in life expectancy, quality of life, and perceived health.
7. **Enhance education** and support the continuous development of professionals and stakeholders in cardiovascular care, ensuring they are equipped to address sex- and gender-specific challenges and include women both in fundamental and clinical research.
8. Ensure a central and continuous **role for patients and other stakeholders with experiential knowledge** in all the activities of the consortium. Citizen science approaches are encouraged.

These objectives aim to sustain a platform that continues to improve women's cardiovascular health.

Figure 2. This figure provides an impression of current DHF-funded projects that specifically address sex- and gender-related aspects of cardiovascular disease. Projects are listed by thematic focus. Clicking on a project will take you to more detailed information.



2.5. Consortium building to create impact

In addition to the objectives of the consortium mentioned above, the following requirements must also be taken into account:

A consortium:

- Consists of at least three partners based in the Netherlands. At least one of these partners is a university or university medical centre. Other eligible partners are

universities of applied sciences (in Dutch: *hogescholen*), public research institutes, public knowledge organisations, and hospitals.

- Works on topics that cover prevention, early recognition and treatment of cardiovascular disease and takes initial steps to bring solutions to healthcare and/or society
- Combines a high-quality scientific programme with focus on creating [societal impact](#)
- Has clear and feasible short- and longer-term goals and deliverables
- Has a clear strategy and comprehensive plan of activities to achieve these goals
- The activities are carried out by an interdisciplinary team, organised into work packages
- Has a governance structure that fits the context and goals of the consortium
- Works together with patients and other relevant stakeholders in a user committee to understand user needs and create more impact. View this website for more information about [patient participation](#). More information about user committees can be found on the [website](#) of the DHF
- The DHF adopts the Impact Plan approach to stimulate impactful collaborations and guide 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.
- If private parties become a partner in the consortium at some point during its lifecycle, our [guidelines for public-private partnerships in research apply](#).

2.6. Network of experts

Consortia bring together an interdisciplinary and translational team of experts from different institutions and partner organisations. With funding for thematic consortia, participants build and engage a relevant network of researchers and end users. The networks that are created by consortia are generally broader than the core scientific programme that is funded.

The network:

- Brings together experts focused on a specific health care problem or theme with relevance for cardiovascular diseases.
- Initiates, expands, or consolidates collaboration on this topic in the Netherlands
- Supports international collaboration on this topic
- Is an open, inclusive, and diverse community

- Exchanges knowledge, ideas, and expertise on this topic
- Supports talented early- and mid-career researchers to expand their network and develop their research and leadership skills. More information on talent development can be found [here](#)
- Welcomes all academic talents that commit to collaborate and contribute to the goals of the consortium by sharing resources and expertise, creating a mutually beneficial collaboration
- Develops a short- and long-term funding strategy that creates synergy rather than competition between researchers and research groups
- Contributes to collaboration and knowledge exchange in the cardiovascular field by participating actively within the DCVA
- Contributes to cardiovascular health through innovative science, translation and implementation activities, and aims to benefit the wider community (e.g. research, healthcare, policy)

2.7 Consortium leadership team

The consortium appoints two or three research leaders. Additionally, the leadership team consists of work package leaders, an impact coordinator and a talent coordinator. A person can have multiple roles (e.g. a research leader can also be the impact coordinator).

The criteria for research leaders, work package leaders, and the talent and impact coordinator are listed below. The leadership team is encouraged to involve mid-career scientists and to create an environment that prepares them to become future leaders.

Criteria research leader

- Has inspiring and proven collaborative capacities and is able to oversee all activities of the consortium
- Is open and motivated to collaborate with relevant Dutch research groups, health care professionals and scientific organisations as well as patient representatives
- Is managing the consortium, responsible for the performance of and collaboration within the consortium, including young talent management
- Represents (a substantial part of) the research topic on both a national and international level
- Has a tenured position at a knowledge institute throughout the entire duration of the research programme
- Preferably has proven expertise in leading a project of comparable size
- Has the capability to attract additional funding

- Has an excellent track record, evident international reputation and has the potential to successfully face European competition at their level
- Ensures that the consortium will contribute in a sustainable way to the research field

Criteria work package leader

- Has inspiring and proven collaborative capacities and is leading part of a subproject within the consortium i.e. a work package
- Must be employed at one of the consortium partners throughout the entire duration of the research programme. If not, specific details must be provided of what measures will be taken to deal with this
- Must be capable of making/guaranteeing agreements on behalf of the institute where she/he is employed (likely in consultation with the head of the department)

Criteria talent coordinator

- Meets the criteria of a work package leader mentioned above.
- Pays attention to the career prospects and future of talents within the cardiovascular field in general and the consortium in particular
- Demonstrates affinity with or experience in (encouraging) talent development in the cardiovascular field; preferably has knowledge of existing talent development initiatives
- Has a proactive, committed and open attitude towards the talent programme and the talents
- Is a connector with excellent communication skills who encourages collaboration
- Generates creative and innovative ideas focussed on talent development
- Stimulates participation in the talent programme and broadens the perspective of talents

Criteria impact coordinator

- Meets the criteria of a work package leader mentioned above.
- Supports the consortium by ensuring that there is a continuous strong connection between research and practice by coordinating and performing activities to achieve societal impact
- Demonstrates affinity with or has experience in developing an impact plan, including stakeholder mapping and setting benchmarks
- Demonstrates affinity with or has knowledge of commercialisation and implementation strategies
- Leads, stimulates, supports and ensures further development and evaluation of the impact plan together with the consortium partners and other relevant stakeholders.

i.e. health care professionals, industry, community, patients, local authorities, Impact Officer of the DCVA and the Technology Transfer Office (TTO)

- Has a proactive, committed and open attitude and excellent communication skills to develop, manage and strengthen the network of stakeholders
- Aligns the interests and roles of the different stakeholders to achieve the goals of the impact plan

Leadership team

In addition to the individual criteria, the leadership of a consortium is assessed as a team.

Points of assessment for the leadership team are:

- Research leaders have complementary disciplinary backgrounds, preferably with a balanced and relevant representation of the different research phases required to translate results to clinical or societal implementation (fundamental, translational, clinical, and implementation research). They also collectively represent the full scope of the consortium.
- Research leaders are appointed at different organisations
- The team of research leaders, work package leaders, talent coordinator and impact coordinator have the expertise to oversee the whole scope of the consortium and the composition of the team is a good reflection of the cooperating centres. Expertise both relates to the different disciplinary backgrounds, and the type and phase of research activities: from fundamental science to translational and clinical research, and to commercialisation, implementation and dissemination activities
- The team of research leaders, work package leaders, talent coordinator and impact coordinator represent different perspectives (e.g. in gender, age and background)
- The team of research leaders shows complementary leadership styles relevant for the different roles the leadership of a consortium must play: enhancing collaboration and networking, delivering world class science, and creating societal impact

Building towards a sustainable consortium

We expect the consortium leadership – the future research leaders and the work package leaders – to develop a long-term funding strategy that ensures sustainability of the consortium's activities. This includes working together with the academic field, and where appropriate with the DHF and DCVA partners, to attract additional funding during the course of the consortium. The consortium proposal should outline how additional funding will be pursued to expand impact and secure the continuity of collaboration beyond the initial DHF

funding period. Also, projects recently funded by the DHF that fit the scope of the newly formed consortium will be asked to commit to and collaborate with this consortium.

3. Procedure

In this chapter, we introduce the two-step procedure of this call and the available funding. The procedure is designed to engage different research fields in forming a new consortium. It aims to bring together relevant expertise and align the expectations of the current IMPRESS consortium and DHF in shaping a new consortium. The procedure consists of two phases: a project idea phase and a consortium formation phase.

1. **Project ideas** – An invitation for researchers from all domains to submit new project ideas. These will be assessed on relevance, quality and the applicant's track record on sex and gender differences. Together with the continuation of key activities from the current consortium, the selected ideas will further define the scope of the new consortium. The final selection will be based on their impact on women's cardiovascular health, and how projects complement each other and can be integrated into the overall activities. Applicants can indicate whether they wish to take on a leadership role within the new consortium. This call explicitly welcomes contributions from both academic and non-academic institutions.
2. **Proposal consortium** – Invitational call to establish a consortium that continues and expands existing networks and research activities of IMPRESS.

In the first phase, the DHF, together with the initiators (in Dutch: *kwartiermakers*, the current research leaders of IMPRESS) and a guidance committee define the scope of the new consortium by selecting those project ideas that contribute most to the objectives as set out in section 2.4. This phase will also result in the formation of a new leadership team. In the second phase, this leadership team will be invited to develop a consortium proposal, using the selected project ideas as foundation. This will result in a full consortium proposal that will be assessed by the ISAC-CSQ. The following paragraphs describe all steps of the procedure in more detail and highlight several points of attention.

3.1. Two step approach to consortium initiation

Phase 1 – Open call for project ideas:

- Researchers are invited to submit a project idea to the DHF either individually or in small teams. They should also indicate whether they wish to take on a leadership role

within the new consortium (see section 2.7 about the leadership team). This call explicitly welcomes contributions from both academic and non-academic institutions.

- The DHF, together with the initiators (in Dutch: *kwartiermakers*, the current research leaders of IMPRESS) and a guidance committee, will individually review and score the submitted project ideas and select a number of them to be pitched.
- Based on the pitches, a final selection of project ideas will be made by the parties mentioned above. Please note that the final selection will not solely be based on the individual scores of submitted projects. Instead, the goal is to create a coherent set of projects, ensuring complementarity and alignment with the overall objectives (see section 2.4). This means that projects will be chosen not only for their individual excellence (e.g. relevance, quality, track record on sex and gender differences), but also for how they fit together with the continuation of key activities from the consortium to form a coherent, scientifically excellent and impactful new consortium.
- The final set of selected project ideas, together with the continuation of key activities from the current consortium, will define the scope of the new consortium.

Criteria project ideas

To ensure added value and alignment with the objectives of the consortium, the following criteria for project ideas should be considered. Project ideas:

- align with the objectives of the consortium as described in paragraph 2.4.
- build on existing knowledge, address remaining knowledge gaps, and accelerate the translation of knowledge into practice. Implementation research and initiatives that promote the adoption of evidence-based approaches in clinical care are encouraged.
- clearly demonstrate that the project is relevant and urgent for improving cardiovascular health in women, while also being innovative and feasible.
- fit into a coherent and synergistic consortium that aligns with and complements the current DHF research portfolio on CVD in women (see Figure 2), while also introducing clearly defined new research directions that build on and broaden the existing focus areas.
- make clear how patients and other stakeholders with experiential knowledge are actively involved and consulted in all stages of the project, from design to implementation and dissemination. The roles and insights of each stakeholder are clearly described. See for more information: [this website](#) and the DHF [policy on user involvement](#).
- are accompanied by a letter that motivates the applicant's commitment to a national thematic collaboration on CVD in women and clearly describes how the applicant will

contribute to this initiative. Applicants are expected to have a proven track record in the field of sex and gender differences in CVD, for example through scientific publications, leadership in relevant research projects, or contributions to guidelines, policy, and implementation. Applicants should also indicate and motivate whether they wish to take on a leadership role within the new consortium (see section 2.7 about the leadership team).

Phase 2 – consortium formation:

- In this phase, based on the advice of the guidance committee and the initiators, the DHF will appoint 2-3 intended research leaders and invite them to submit a full consortium proposal. The criteria for selecting the intended research leaders can be found in section 2.7.
- These research leaders, in close collaboration with the broader research field and future work package leaders, will write the full proposal. This proposal will further define the scope of the new consortium by integrating the selected project ideas and the guidance committee's advice, while ensuring alignment with the objectives outlined in this brochure.
- The full proposal will be assessed by representatives of the International Scientific Advisory Committee (ISAC) and the Committee for Societal Quality (CSQ) of the DHF — together referred to as the evaluation committee.

Further details on the procedure can be found in chapter 5.

3.2. Budget and duration

General

The duration of the project is a minimum of four and a maximum of five years. The available budget for the consortium is €3 million, including VAT where applicable. Individual project ideas may not request more than € 500.000,- of DHF funding*.

** Please note that the requested amount for project ideas is indicative only. A detailed budget allocation will be developed under responsibility of the intended research leaders during the full consortium proposal phase.*

Budget full consortium proposal

Please make sure that budget is allocated to all activities described in the full consortium proposal. When no budget is allocated, please motivate in the proposal how the consortium will acquire additional funding.

Further budget directions will be discussed with the intended research leaders after the selection of the project ideas. For an indicated budget please keep in mind the following remarks:

1. The DHF uses fixed salary categories that have been agreed upon in the '[Agreement for Funding Scientific Research](#)' and are based on the collective labour agreement of the Universities of the Netherlands.
2. At least 10 percent of the budget will be made available for talent development activities. You can find more information here: [Talentontwikkeling: wat kunnen we voor jou doen?](#).
3. Some other costs are not eligible for reimbursement for example:
 - Equipment (computers, measuring instruments, analytical equipment, etc.).
 - General (laboratory) facilities (overhead) and associated costs. This includes, among others, training costs and staff travel expenses.
 - Software, etc.
 - Publication costs.

3.3. Timeline

The timeline for this procedure is:

Call for project ideas:	September 9 th 2025
Project idea deadline:	October 21 st 2025
Invitation for pitch:	Week of 3 November 2025 (exact date will follow)
Pitches:	Week of 11 November 2025 (exact date will follow)
Consortium proposal deadline:	February 10 th 2026
Evaluation meeting:	2 nd half March 2026 (expected)
Funding decision:	Early April 2026
Expected start:	within 6 months after approval

4. Submission of project ideas and the full consortium proposal

4.1. Submission of project ideas

The deadline for submission of project ideas is: **21st of October 2025, 14:00h (CET)**.

Project ideas can be submitted via email: research@hartstichting.nl. You will receive a confirmation e-mail within 24 hours. If you do not receive a confirmation your application is not submitted. Please contact the contact person immediately (see chapter 6).

Only project ideas that use the prespecified format and match the maximum size requirements will be taken into consideration. The required format can be downloaded from [this webpage](#).

For more information on completing the fields and on specific points of attention included in the project idea, please read appendix 1 carefully.

4.2. Submission of the full consortium proposal

The deadline for submitting the full consortium proposal is: **10th of February 2026, 14:00h (CET)**.

This phase starts when the intended research leaders are invited to submit a full consortium proposal. During this phase the guidance committee meets with the research leaders approximately two times to answer concerns and questions, and to provide feedback on points of attention in the process.

The consortium application must be submitted by the research leaders using Cavaris (www.cavaris.nl), the online application system of the DHF. Further instructions will follow.

5.1 Guidance committee

To support and advise the DHF on the objectives and outlines of this brochure, and in the development of the consortium, and to act as advisor for the research leaders a guidance committee is installed. This committee generally consists of members of the Scientific Advisory Board of the DHF, the Scientific Advisor of the DHF and a representative of the DCVA. The guidance committee can provide input during the whole process leading to the final application. In this procedure the guidance committee is also responsible for providing feedback in the selection of the project ideas. The composition of the guidance committee is published and updated regularly at [this webpage](#).

4.2 Evaluation committee

All requests for consortium (co-)funding are evaluated externally and independently by an Evaluation Committee that consists of members from the International Scientific Advisory Committee (ISAC) and the Committee for Societal Quality (CSQ) of the DHF. The evaluation committee consists of scientific members and end users of research (i.e., patients, citizens, healthcare professionals). This committee is key in the assessment and selection of research proposals and is also involved in monitoring the progress of the granted consortia.

4.3 Evaluation of project ideas

After submitting a project idea, a first eligibility check will be performed by the DHF. The DHF, initiators (current research leaders of IMPRESS) and the guidance committee will select the most promising project ideas. Selected candidates will be invited to pitch their ideas. Based on these pitches, a selection will be made of projects to be further developed within the consortium proposal.

4.4 Evaluation of the consortium proposal

After submitting the full application through Cavaris, a first eligibility check will be performed by the DHF. Members of the evaluation committee will review the proposal on the main criteria. The evaluation committee uses the goals, scope, objectives and specific directives in this brochure to assess the consortium application. In summary the main criteria are:

- Impact (societal and scientific – in relation to the objectives laid-out in this brochure).
- Description of work (feasibility, innovativeness, clarity).
- Route to Societal Impact (the quality of the impact plan).
- Internal and External collaborations.
- Talent Program.
- Budget.

Members of the evaluation committee, or if necessary, additional external reviewers, will evaluate the proposal on specific aspects. The applicants receive a compilation of the reviews. Depending on the reviews, a rebuttal can be requested from the applicants before the assessment meeting.

Applicants are requested to present and discuss their proposal during an assessment meeting. More detailed information about the procedure and the meeting will be provided after the eligibility check of a submitted proposal.

5.5. Decision process

The evaluation committee will advise the DHF whether the consortium is eligible for funding. With scores ranging between very good to excellent the consortium will be eligible for funding. With lower scores and/or serious doubts about (parts of) the proposal, the committee can advise to revise or reject the proposal. The management board of the DHF makes the final funding decision, based on the advice of the evaluation committee. If a proposal is eligible for funding, but not enough funding is available yet, it is possible that the consortium will be partly funded, or that the funding decision will be postponed allowing additional acquisition of funds.

5.6. 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 reviewers, committee members, members of advisory- and decision-making bodies and DHF officers. The full text of the Code of Conduct is available on our [website](#).

5.7 Complaints procedure

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

5.8 Agreements

The final allocation of funding is based on an agreement. The standardised agreement for this call can be requested upon interest. The consortium must start no later than six months after the grant is awarded, otherwise the allocated funding will be forfeited.

Necessary agreements:

- A funding agreement between the DHF and the consortium partners. This agreement will be available in Cavaris as part of the call for a proposal. By submitting your proposal, you agree with this agreement.
- An Intra Consortium Agreement (ICA) between the consortium partners, including sections on intellectual property, organisational arrangements, and agreements on publications resulting from the project. The ICA will become part of the consortium agreement. The draft ICA must be submitted two weeks before the evaluation meeting. A template for an intra-consortium agreement can be requested upon interest.
- The funding agreement and ICA must be signed and returned to the DHF within 6 months of receiving the provisional funding allocation. The consortium is obligated to provide the signed agreements and commence within 6 months of approval.

5. Contact details

For general information about the program, you can contact the responsible contact person for this procedure directly. This contact person will act as secretary to the guidance committee and to the evaluation committee involved.

Contact person: Joost Leenders at j.leenders@hartstichting.nl or 070 31 555 08. For questions related to Cavaris, you can contact research@hartstichting.nl.

Appendix 1: Submission of a project idea

1.1. Fields in the project idea and further explanation

For the project idea we invite you to describe the following aspects of your idea in short:

1. **Relevance:** Describe how your project idea aligns with the objectives and developing scope of the new consortium, the strategy of DHF and with the national cardiovascular agenda. Explain why the idea is relevant, urgent, innovative, and feasible for improving cardiovascular health in women. Indicate up to three consortium objectives your idea primarily supports and briefly note the target population, care setting(s), and how it complements the current DHF research portfolio.
2. **Description of Work:** provide a draft of the description of work by including the following sections in a maximum of 1 A4: Introduction and short background (knowledge gap, urgency, added value), central hypothesis and research questions, methods and innovative aspects, expected results and societal impact and involvement of patients and stakeholders with experiential knowledge during the design and execution of your project.
3. **(Potential) contributing partners:** fill out the table in the format and briefly explain the roles of each partner. For this consortium we explicitly invite also non-academic partners to apply and participate, for example top-clinical hospitals, cardiac rehabilitation centers or higher education institutions. Work packages should be multi-centered interdisciplinary.
 - **Institute of applicant or lead institute:** a Dutch organisation that carries the responsibility for the project and the dissemination and exploitation of the project results. The lead institute is the employer of the applicant.
 - **Participating organisation:** a Dutch organisation that carries substantive responsibility for a part of the program, the dissemination and/or exploitation of the results. A participating organisation that benefits from the net income or earnings of the organisation cannot be funded by the DHF, unless all of the net income or earnings are used for the stated purpose of the organisation to increase the social impact and/or public good.
 - **Infrastructure organisation:** user groups of the Infrastructure initiative must justify their support and commitment for using the Infrastructure initiative, by describing which kind of scientific research will be performed.
 - **Co-funding organisation:** contributes to the form of a financial and/or material donation for the execution of the project.

Collaborations with the above-mentioned partners can be either private or public:

- **Public partners** can exist of institutes that are from the government, or include Universities, Medical Centres (UMC or top clinical teaching hospitals) or research institutes that are affiliated with NWO, KNAW, NKI, etc.
 - **Private parties** include any individual, partnership, company, corporation, or other entity, which is not a government agency or owned in any part by a government agency.
- 4. Budget indication:** provide a general indication of your expected total project budget and expected amount of funding from the DHF in the table in the provided format. Project ideas can request up to €500.000 of DHF funding. The selected project ideas will be integrated in the consortium proposal and adjusted to fulfil the overall budget requirements.
- 5. Motivation letter:** attach a separate letter of a maximum of 1 A4 to motivate your commitment to a national thematic collaboration on CVD in women and how you will contribute to this initiative. Describe the expertise, networks, data or other infrastructure, in-kind and if applicable in-cash support you will contribute to this initiative if selected. Indicate whether you are interested in taking a coordinating role within the new consortium.
- 6. CV:** attach your CV (maximum of 2 A4) using the provided template. Applicants are expected to have a proven track record in the field of sex and gender differences in CVD, demonstrated for example through scientific publications, leadership in relevant research projects, and contributions to guidelines, policy or implementation.