



Clinical Trial Program

October 2026

Version 2.0

Clinical Trial Program summary

The mission of the Dutch Heart Foundation (DHF) is: *A healthy heart for all: now and in the future*. Bringing knowledge to clinical practice is essential for improving the cardiovascular health of the Dutch population. The Clinical Trial Program aims to lower the cardiovascular burden by supporting clinical trials that deliver new or improved prevention, diagnostic, and treatment solutions. Our focus is on trials that can rapidly advance to clinical implementation and make a measurable difference in patients' lives.

Goal

To transform cardiovascular research findings into better care faster, thereby improving outcomes for people affected by cardiovascular disease. The DHF contributes funding to enable impactful trials that might otherwise not be feasible due to their scale or costs. This approach allows us to support a greater number of trials and stimulate collaboration across institutions and disciplines.

Scope

The program provides co-funding for investigator-initiated clinical trials that address urgent cardiovascular challenges and show clear potential for rapid clinical implementation.

Call summary

Call type:	Open call with pre-proposal
Aim:	New and improved solutions for cardiovascular diseases. The results progress rapidly to clinical implementation.
What can be requested:	Max. € 800.000,- cofinancing per trial
Project duration:	2-7 years
Who can apply:	Researchers from all domains, with proven expertise and experience in clinical trials
Evaluation process:	Pre-proposal: Program Committee Clinical Trial Program Full proposal: Clinical Trial Committee
Deadlines full proposals:	Round 1: Tuesday February 10 th 2026 Round 2: Tuesday September 15 th 2026

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

1.1. The Dutch Heart Foundation

Cardiovascular diseases are the second leading cause of death in the Netherlands and the primary reason for hospital admissions. Today, 1.7 million people in our country live with a cardiovascular condition. Without decisive action, this number is expected to rise by another million within just a few years. The Dutch Heart Foundation (DHF) is determined to change this.

Our ambition: By 2030, the heart health of the Dutch population will have measurably improved. This means we aim to achieve that more people stay healthy, and those already affected by cardiovascular disease live longer, healthier lives. That is why we strive to find better ways to prevent, detect, diagnose, and treat cardiovascular diseases. We combine research, data and advocacy, and amplify the voices of patients, professionals, and researchers in dialogue with government and the healthcare sector.

Our mission: a healthy heart for all, now and in the future. Our mission guides our research policy. We invest in excellent Dutch research, open doors for emerging talent, and inspire top scientists to devote their expertise to the cardiovascular field. We also encourage collaboration, both between researchers and between researchers and those who will ultimately benefit from their work.

1.2. National cardiovascular agenda

With rising numbers of people affected by heart or circulatory diseases, society faces immense challenges. In a bid to tackle this burden, we took the initiative to develop a national cardiovascular agenda, together with researchers, patients, health care professionals, and stakeholders, including the Dutch general public, policy makers, volunteers and donors. This resulted in a new agenda with the [7 themes](#) presented below.

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.



1.3. The Dutch CardioVascular Alliance

The DHF strongly believes that collaboration is key to develop innovative and practical solutions that address health challenges. That's 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. Projects funded by the DHF will be supported by the DCVA's collaborative 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. Collaboration to address cardiovascular challenges

At the DHF, we actively encourage long-term collaborations between researchers and stakeholders at both national and international levels. Interdisciplinary cooperation across institutes and backgrounds leads to more robust science and more effective solutions for cardiovascular challenges.

2.1. Network of experts and stakeholders

Each funded trial brings together an interdisciplinary team of experts from various institutions and organisations. Involving relevant stakeholders, including patients and their representatives, enhances research quality and increases the likelihood that results will be implemented swiftly and effectively in clinical practice. Especially for clinical trials, patient involvement in design, evaluation and dissemination is strongly encouraged.

3. Purpose of the Clinical Trial Program

3.1. Background

The DHF established the Clinical Trial Program to address the critical need for clinical research that produces results immediately applicable to medical practice. Clinical trials play an essential role in evaluating the efficacy and safety of existing and novel therapies, as well as innovative strategies for preventing and treating cardiovascular conditions. The outcomes of these trials form the foundation for evidence-based clinical guidelines.

Funding within this program may take the form of national co-funding or international support, such as that provided by partners within the Global Cardiovascular Research Funders Forum (GCRFF). Applicants bear responsibility for securing the full amount of funding necessary to carry out their trial.

Trials submitted to this program must contribute to the mission of the DHF to lower the burden of cardiovascular disease in the Netherlands. Trials that contribute to the national cardiovascular agenda, and/or knowledge agendas of national societies receive priority.

It is important to note that early-phase clinical trials (Phase 1 or 2) are not eligible for funding under this program. Such trials may instead be supported through other DHF funding mechanisms, including Dekker projects or consortium grants.

3.2. Eligibility criteria

The requirements for the applicant and research team, trial, and other funders of the trial are described below.

Applicants must:

- Demonstrate expertise and a strong track record in clinical trial research, and preferably have experience leading a trial or observational study of comparable size. If this criterium is not fully met, the leadership provides a solid plan to commit this expertise in a leadership capacity for the full duration of the study;
- Be employed by a Dutch knowledge institute or hospital;
- Show a proven ability to secure sufficient co-funding;
- Proactively bring together research funding parties;
- Be embedded in the cardiovascular research field and committed to enable implementation of results in guidelines and practice;
- Manage the Dutch component of the trial and coordinate collaboration among partners;

Eligible trials must:

- Contribute to DHF's ambition to improve cardiovascular health in the Netherlands through prevention, early detection and improved treatment;
- Address an unmet clinical need relevant to people with or at risk of cardiovascular disease;
- Generate results with the potential to change guidelines and clinical practice;
- Test a specific intervention or care pathway (drug, surgery, device, behavioural, dietary, lifestyle or educational program);
- Represent a pharmacological Phase 3 trial or an equivalent non-pharmacological trial;
- Be prospective or registry-based, preferably using an infrastructure such as the Netherlands Heart Registry (NHR). The DHF reserves the right to have your research question reviewed by a relevant registry organisation.;
- Be investigator-initiated and multicentre (academic and/or non-academic hospitals);
- Be national or multinational in scope;
- Involve patients and other stakeholders in a user committee to ensure impact and relevance. More information can be found [here](#) and [here](#);
- Be methodologically and statistically sound;
- Address diversity aspects such as age, sex and gender, socioeconomic status, migration background, and health literacy through adequate design choices, end points, and power and sample size.
- Have at least one other funding partner providing in-cash support;
- Include letters of support from relevant national societies;
- Combine high-quality research with focus on creating [societal impact](#);
- Adhere to the [open science](#) and [open access](#) policy of the DHF;
- Have a governance structure appropriate to its context and goals;
- Collaborate with other DHF-funded projects on related topics.

Pilot studies, Phase 1 and 2 trials, and commercially driven studies are not eligible. If you are unsure whether your trial qualifies, please contact the DHF before submission.

Points of attention for international trials

If your proposal to the DHF is part of a larger international trial, the Dutch contribution must strengthen the national cardiovascular research field and involve more than participant recruitment. Dutch partners should hold significant roles within the project, for example through leadership positions or representation on the international steering committee.

4. Support by the Dutch Heart Foundation

4.1. Budget and duration

The Clinical Trial Program is a co-funding program. This means that the DHF never acts as the sole funder of a trial. When submitting a funding request, applicants must demonstrate that additional in-cash contributions are either secured, under review, or actively being pursued.

Because the program budget is limited, the DHF aims to fund only the part of the project that enables the trial to go ahead. In general, the DHF funds up to 50% of total trial costs, with a maximum contribution of €800.000,- per trial. The Clinical Trial Committee (hereafter referred to as Committee) assesses whether the requested amount is reasonable, based on:

- Total trial costs and costs per patient
- Type and justification of expenses
- Financial contributions from other funders
- Expected clinical and societal impact

For detailed budget instructions, see **Appendix 2**. The budget instructions are also attached to the budget sheet. If private parties become a partner in the consortium, our [guidelines for public-private partnerships in research](#) apply.

Duration

The maximum duration of the trial is 7 years. This includes the start of the project, inclusion, follow-up, and analysis of the primary endpoint.

4.2. Co-funder requirements

The DHF acts exclusively as a co-funder, meaning that at least one additional in-cash funding partner must be involved. Co-funders are expected to comply with the DHF [guidelines](#), which defines principles for funding partnerships.

Eligible co-funders include:

- Knowledge institutes (universities, university medical centres)
- Non-academic hospitals
- (Inter)national health foundations
- Government funders (e.g., ZonMw)
- Private partners such as pharmaceutical or MedTech companies
- Investment funds

Tip: Contact the DHF before applying to verify the eligibility of a potential co-funder or to clarify specific partnership conditions.

5. Submission, funding decision and agreement

5.1. Submission of a pre-proposal

All applicants must first submit a pre-proposal before being invited to submit a full proposal. The pre-proposal form can be downloaded from the DHF website and submitted at any time via an email to research@hartstichting.nl. Pre-proposals are assessed by the program committee that consists of DHF representatives and scientific advisors.

Assessment focuses on:

- Alignment with DHF's goals and ambitions
- Availability of funds within the program

If positively reviewed, applicants receive an invitation to submit a full proposal. Only pre-proposals that pass this stage can proceed to full submission.

5.1.1. GCRFF Expression of Interest

DHF collaborates with international partners through the [Global Cardiovascular Research Funding Forum \(GCRFF\)](#). This initiative supports multinational, investigator-initiated clinical trials that include research groups from at least three GCRFF member countries. Before submitting an Expression of Interest (Eoi) to the GCRFF, applicants must first send a pre-proposal to the DHF. The DHF and its advisors will evaluate whether the trial aligns with DHF's mission and budget priorities. Once the pre-proposal is positively reviewed, an Eoi may be submitted to the GCRFF for international assessment. If endorsed, applicants can then submit a full proposal to the DHF.

More information: [GCRFF Multinational Clinical Trials Initiative | Hartstichting voor Professionals](#).

5.1.2. Points of attention for international trials

All requirements of this call - including patient involvement and stakeholder participation - also apply to international trials.

Additionally:

- The Dutch Principal Investigator (PI) must be a full member of the trial's leadership team.
- If the lead applicant's proposal is rejected by their national funder, DHF may delay or terminate its own evaluation in favour of other trials with earlier start dates.
- Applicants must keep the DHF informed about any developments in funding decisions by other organisations.

5.2. Full proposals

Applicants who pass the pre-proposal phase will receive access to the online application system Cavaris (www.cavaris.nl), where full proposals are submitted. Cavaris provides all necessary templates, forms and guidance for completing the proposal (see **Appendix 1**).

5.3. Deadlines for submission

Submission type	Deadline (14:00 CET)
Full proposal – Round 1	Tuesday, 10 February 2026
Full proposal – Round 2	Tuesday, 15 September 2026

Late submissions will not be accepted.

5.4. Evaluation and Decision process

Eligibility Check

After submission, the DHF performs an eligibility check to ensure that:

- The proposal aligns with the program's purpose;
- All required sections and budget details are complete;
- The correct format and templates are used.

If minor issues can be corrected quickly, applicants will be invited to revise the proposal. The DHF may request additional information when necessary. If issues cannot be corrected, the proposal will be deemed ineligible.

Review process

Depending on the availability of reviews from other funders, the DHF will decide to:

- Use existing external reviews (to avoid duplication) or initiate new external peer reviews, and
- Ask committee members to review the proposal.

Applicants will have the opportunity to respond to comments from reviewers and committee members through a rebuttal, which will be forwarded – along with all other materials – to the Committee.

Committee Assessment Meeting

During its assessment meeting, the Committee evaluates all eligible full proposals (including review reports and rebuttals), considering:

- Clinical relevance and societal impact
- Scientific and statistical quality
- Feasibility (with focus on inclusion)
- Reviewer feedback and applicant rebuttals

The Committee then provides a ranked funding advice to the DHF. Proposals that are eligible for funding will be ranked by the Committee based on their relevance in meeting the goals and ambitions of the DHF. In doing so, the Committee also takes into account how the proposed studies contribute to a coherent and diverse portfolio of DHF-funded clinical research. The Committee provides the DHF with a substantiated and well-documented funding advice.

Funding Decisions

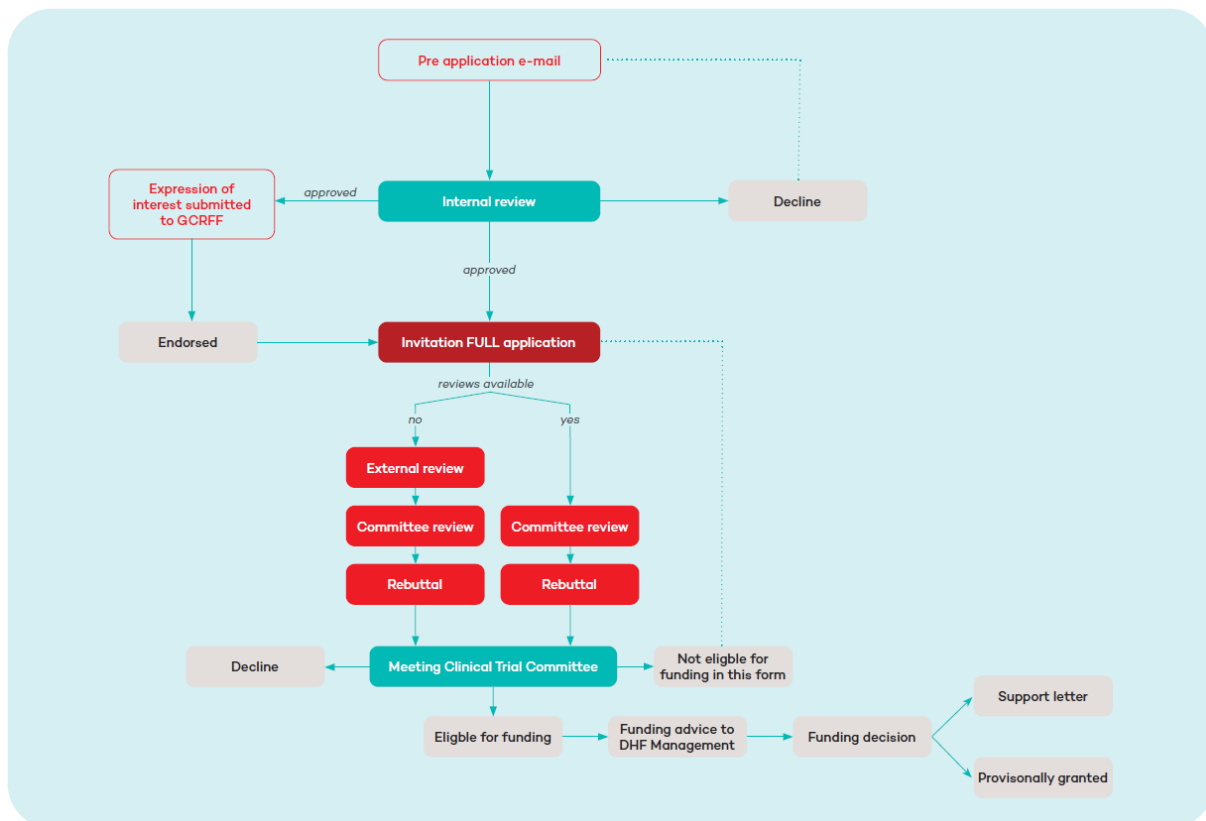
Based on the Committee's recommendations, the full proposals are categorised as:

1. **Declined:** Major issues remain that cannot be resolved.
2. **Not eligible in current form:** Issues can be resolved; resubmission is possible.
3. **Eligible for funding:** Scientifically sound, high impact, and aligned with DHF's mission.

The board of the DHF makes the final funding decision, taking into account:

- Available program funds
- Ranking of proposals
- Confirmed co-funding from other partners
- Expected trial start date

If approved, the DHF contacts the applicant to discuss next steps and support options. This program allows for individual trajectories based on the specific circumstances and requirements of the partners involved.



Additional Conditions

Before DHF funding can be released:

- Funding for the inclusion and follow-up of at least 70% of the required participants (including those recruited in other countries for multinational trials) must be secured. Evidence of secured co-funding must be provided in the form of formal funding letters from the respective co-funders. The DHF will ultimately determine whether the 70% funding threshold has been met.
- The DHF sets a deadline for confirming additional funding and requests regular updates on progress.

5.5. 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 employees. The full Code of Conduct is available on our [website](#).

5.6. Complaints procedure

A complaint regarding the procedure can be submitted by applicants after the final 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). The form can be found on the DHF website. 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](#).

5.7. Agreements

The standardised agreements for 2026 are provided in the Documentation tab in Cavaris under 'General Information'. Depending on the number of partners, a consortium agreement or 'toewijzing in contractvorm' is applicable. Typically, more than one Dutch partner results in a consortium agreement. When only one party is involved, the 'toewijzing in contractvorm' applies. By submitting a trial proposal, the applicant accepts these agreements. We will inform the applicant which agreement will be applicable to the full proposal.

The agreement includes a table with milestone payments. Although we follow a standard format, it is possible to propose alternative milestone payments. These will be assessed by the committee. Please use the template provided under 'Documentation'.

For trials with multiple national partners, it is required to also enter into an Intra Consortium Agreement (ICA), including sections on intellectual property, organisational arrangements, and agreements on publications resulting from the project. The ICA will become part of the consortium agreement. A template for the ICA can be provided.

For international trials, we also request a collaboration agreement between the Dutch PI and international research leaders of the trial. This agreement includes sections such as data sharing and management, leadership position of the Dutch PI, and publications.

6. Contact details

For general information about the Clinical Trial Program, applicants can contact Joost Leenders (j.leenders@hartstichting.nl or 070-3155508) or Femke van der Horst (f.vanderhorst@hartstichting.nl or 070-3155528) For questions related to Cavaris email to research@hartstichting.nl.

Appendix 1: Submitting a full proposal

Grant management system Cavaris

The proposal must be submitted using Cavaris (www.cavaris.nl), the online application system of the DHF. You can find the manual for Cavaris [here](#). In case of any questions, please contact research@hartstichting.nl. Cavaris requires you to fill in your personal details before submission can take place. Many fields of the submission are mandatory. If any mandatory field is left empty, your proposal cannot be submitted.

General directives for a proposal

General Information

This section contains general information about the research proposal, applicant, and project partners. Please upload your CV in PDF format, according to the provided template found under 'Documentation'. As applicant, you sign for the proposal in this section under 'Acceptance Conditions' and confirm that you agree with the conditions. You can find the conditions under 'Documentation'. Project Partners are also invited to sign the proposal. Project Partners include partners that receive funding directly from the DHF. Sites that are only responsible for (a part of) the inclusion should not be added as Project Partner. More information about this can be found under 'Signing the application'.

Summaries

Provide an English abstract of your proposal, which will be used by reviewers to determine whether they can assess your proposal or not. After granting, we will publish this abstract on the DHF [professionals website](#). In addition, we ask you to provide a Dutch layman summary that can be used for public communication and fundraising. Please make sure no confidential information is disclosed in your summaries.

Budget

Please use the excel template which can be downloaded in Cavaris. In this file, you can find detailed instructions and a 'tutorial' to help you complete your budget costs. Funding can be provided by the DHF (in cash), the institute (in cash and/or in kind) or private parties. Costs can be divided into personnel costs and other costs,

When completing the budget sheet, think about including the following costs:

- Project design and Set-up
- Regulatory and Ethics review
- Monitoring
- Quality assurance
- Trial Master File handling & administration
- Safety
- Data management
- Statistics
- Project management
- Patient involvement
- Investigational Product handling
- Site costs

The budget sheet should contain costs for the part of the project for which DHF funding is requested and the in-kind contribution of the 'knowledge institution'. Please note that an in-kind personnel contribution is mandatory.

The following costs are **not eligible** for reimbursement:

- 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
- Conference visits

Impact

Please indicate the relevance of the clinical trial in relation to a specific cardiovascular health problem. Describe the long-term vision and ambition of the trial - how will the results of the trial contribute to improving cardiovascular health? Also describe the short-term ambitions. Moreover, we ask applicants to describe which elements of the proposed work are unique and innovative and how the work contributes to the specific goals of this call.

Description of work

In this section, describe the hypothesis and objectives of your project, followed by a detailed description of milestones. Provide a timeline on how you plan to carry out your research and include a SWOT analysis (strengths, weaknesses, opportunities, and threats) and contingency plan. You can upload the protocol and supporting figures and references in 'additional uploads'.

The Description of Work should at least contain the following elements:

- *Trial Design*: Please specify how the trial design matches the strategy.
- *Patient population*: Target population, main eligibility criteria, and number of subjects in total and in the Netherlands.
- *Investigational product & comparator*: Describe the treatments or interventions, including dosages, mode of administration, duration of treatment, and, if applicable, the registration and reimbursement status of the medicine (www.medicijnkosten.nl)
- *Outcome variable(s) & assessment*: Describe the primary effectiveness/efficacy endpoint, secondary endpoints and safety assessment, and describe the outcome assessment and type.
- *Statistical considerations*: Provide sufficient details about the sample size (superiority vs non-inferiority, alpha, beta, clinically relevant difference), detail the population(s) for the analyses planned (intention to treat, per protocol, safety), primary analysis (define the time point, variable, test that will be used, details of any adjustments), secondary analyses.
- *Economic evaluation*: Describe the design of the economic evaluation, preferably from a social perspective. The performed cost-effectiveness analysis (KEA) and/or budget impact analysis must be in line with the Guideline for conducting economic evaluations in healthcare from Zorginstituut Nederland.

GANTT Chart

- *Timetable:* Please provide a breakdown of key trial timelines, including preparation phase, inclusion phase, follow-up phase, and analysis. Please be realistic about your planning. Also include in your breakdown the costs paid by the DHF.
 - Consider granting letter for funding = month 0
 - Trial start date = month X (take into account time for personnel recruitment, contract negotiations etc)
 - Ethical approval = month X (take into account time for preparation etc)
 - First Patient First Visit (FPFV) = month X (take into account time for initiation, any additional set-up activities)
 - Last Patient First Visit (LPFV): month X
 - Last Patient Last Visit (LPLV) primary outcome: month X
 - Database lock for primary analysis: month X
 - Final report and manuscript submitted (primary outcome): month X
 - Last Patient Last Visit long term follow-up (if any): month X
- *Recruitment and feasibility:*

The feasibility of a trial is a key component and will be assessed during the review process. Please provide:

 - Number of sites and number of patients seen in each of the participating sites last year, number of patients that may be eligible for the proposed research, number of patients that may participate.
 - Planned recruitment rate (breakdown of patient numbers recruited per month for the duration of the recruitment phase)
 - A structured SWOT analysis:
 - Describe details of any potentially competing trials and highlight any potential issues that may hamper recruitment.
 - Give a realistic impression of the possibilities and limitations for the conduct of the trial.

For international trials: provide the recruitment considerations for both the Dutch part of the trial and for the overall trial.

Diversity

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.

Describe how differences between people are addressed in your proposal. It is desirable to address as many differences as possible, such as age, sex and gender, socioeconomic status, migration background, and health literacy. Also, describe the activities necessary to engage specific groups and any potential barriers that may arise during the research. For clinical trials it is important that the trial population is a good representation of the target population and therefore power calculations and other statistical considerations should allow for studying diversity aspects.

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](#).

Data management

The DHF has an Open Access policy to ensure that research data is reusable and reproducible. Describe how you will collect and analyse data, how you will store the data during and after the project, and how the data will be made available for reuse. For international trials, arrangements should be made for using data and results in the Netherlands. When using existing data, please describe which data sets you will be using and how this data is reused. After being awarded the grant, applicants will be asked to hand in a Data Management Plan (DMP). The DMP is a dynamic document and will also be used to monitor progress on data management.

More information about data-management policy and support can be found here on the website of the [DHE](#) and [DCVA](#). Projects 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.

(Pre-)Clinical studies

Indicate how many patients or healthy subjects (in the Netherlands) you wish to include, their sex, what type of intervention is involved and whether ethical approval is required. Legal requirements associated with human-related research can be found [here](#).

Route to societal impact

To improve the cardiovascular health in the Netherlands, knowledge generated within DHF funded research projects should either prevent cardiovascular disease from occurring or improve the care for (future) cardiovascular patients. This requires an impact strategy that can involve both commercialisation and implementation activities and includes collaboration with relevant stakeholders.

Indicate what steps you will take to make sure your results will benefit the care of future cardiovascular patients. What is needed to ensure that the results are taken forward by relevant parties for further development into clinically useful products (drug or devices)? Is specific valorisation/commercialization expertise required and who will be involved in this process? Also describe how results will change the guidelines, the process towards implementation in guidelines, and the relevant parties needed to ensure uptake of the results into clinical practice.

Describe how you plan to communicate results to professionals and the public, e.g., strategy, activities, and target group. If you involve target groups (including patients, healthcare professionals and other stakeholders), you must also specify how their advice will be incorporated throughout your project from start to finish.

As part of the route to impact an early Health Technology Assessment (HTA)-expert should be consulted for advice on a realistic strategy. The outcome of the consultation and analyses are part of the proposal.

Valorisation strategy

Commercialisation is typically described as the commercial utilization of scientific results in clinical practice. Depending on the specific solutions a trial is working on, valorisation can have different forms. The trial should present the steps needed to bring a solution towards clinical practice. This does not necessarily have to take place within the timeframe of the project. The applicant should describe the envisioned end product(s), the intended target group(s), and the impact of the product(s) on care. In addition, the trial should indicate which stakeholders are essential to involve in this process and the budget required to guarantee a successful next step. An assessment whether this strategy for commercialisation is realistic and both time and cost effective, will be part of the evaluation of the proposal.

Implementation strategy

Applicants are asked to develop a strategy on how results can or will be implemented into daily clinical practice. The DHF stimulates researchers and clinicians to implement new solutions in daily practice at hospitals and other healthcare institutions. To find treatment that is less intrusive or stressful and helps lowering healthcare costs, new methods and instruments are needed to help find signs of disease and measure progress. Caregivers must be trained in working with them safely. Planning and organising this at an early stage of research helps creating fast tracks in this domain. Expertise and collaboration are key to develop and implement novel preventive and other therapies for cardiovascular disease. To increase the chances of your results being adopted into clinical practice as efficient as possible it is essential to involve relevant scientific, clinical and/or societal organisations at early stages of the project. Describe a strategy how to implement new knowledge in cardiovascular healthcare practice. This strategy includes describing who will be involved, how implementation will be executed and how implementation activities will be organized (also by others) and a stakeholder analysis.

User committee

Relevant stakeholders are involved via a user committee. This committee advises the trial on the steps needed to bring results to clinical practice and monitors the use of the acquired knowledge. Describe in the proposal how collaboration with stakeholders will be organized, what expertise is needed and how this expertise is represented in the committee. Moreover, applicants are urged to establish a user committee that embodies diversity by bringing together individuals with differing backgrounds, experiences, and perspectives.. It is advised to reach out to the envisioned user committee members already in an early stage (proposal phase). By doing so, they can provide feedback on the proposal and align expectations. Patients are an essential part of a user committee. The trial can contact the DHF 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](#).

Collaborations

Describe the governance and organization of the trial. Moreover, indicate what management and operational structure is in place and how and with whom you will collaborate.

Talent development

The Clinical Trial Program does not have a Talent Program. You can state in the mandatory field: 'not applicable to this call'.

Additional uploads:

Please upload the following documents as PDF:

- Mandatory
 - Support letter(s) from relevant scientific societies
 - Protocol
 - Additional questions (provided under 'Documentation') including:
 - Overview of total trial costs and contributions from other funders
 - Overview of (planned) recruitment
 - Justification of requested budget
 - Reviewer suggestions
 - Milestone payments
- When available
 - Figures (in one combined PDF) and references
 - Assessments and outcomes of other funders
 - Support letter(s) from committed sites
 - Funding decisions made by other funders
 - Existing contracts with other funders

Signing the proposal

The proposal should be signed by the applicant and Project Partners. By signing the proposal, the Project Partners endorse and support the proposal.

You can invite a Project Partner to sign your proposal on the left side in the red menu under 'Invitations'. This person will receive an email with an invitation to sign. They must register on our application system to be able to sign. The signing of the proposal consists of two steps: first the invitation needs to be accepted by the Project Partner after which the actual signing takes place. The Project Partner can sign at any time while the proposal is being written and does not have to wait until the proposal is fully ready to submit. A Project Partner can view the proposal but cannot change it. You will receive an email notification once all required signers have signed the proposal.

After completing all fields and uploading all necessary documents, you can sign for approval at acceptance conditions. For questions about signing the proposal, please consult the Cavaris manual or contact us at research@hartstichting.nl.

Confirmation of submission

You will automatically receive a confirmation email when your proposal has been successfully submitted to the DHF. If this does not happen, your proposal has not been received by us. In that case, please contact us as soon as possible. Proposals cannot be submitted after the deadline and will not be considered for evaluation. If you have any problems with submitting your proposal, please contact us before the deadline.

Appendix 2: Budget instructions

Budget form

You can download the Excel template from Cavaris. Fill in the budget form and then upload it. Clearly indicate what you are requesting from the DHF, what the co-funding is from various partners and/or from another source of funding. This will create a comprehensive financial budget for your project. It is important that you use the correct salary categories. These are specified in the budget form. The DHF will calculate the final amount to be awarded to you after the project has been approved.

General comments:

- The amounts entered in this section should logically follow from the descriptions in the proposal. These descriptions should justify in words what is being allocated in monetary terms in this section.
- The DHF uses fixed salary categories for personnel costs that can be funded. These salary categories are based on the 'Akkoord bekostiging wetenschappelijk onderzoek 2008'. This agreement was reached to set out clear and reciprocal obligations with regards to employees appointed by institutions to carry out research funded by NWO, ZonMw and the collaborating Dutch healthcare funds (SGF). For the full text of this agreement, please visit the NWO website: www.nwo.nl/akkoord-bekostiging-wetenschappelijk-onderzoek-2008.
- Private parties can provide an in-kind or in-cash contribution, but they cannot request costs.
- The co-funding or collaboration with private partners must adhere to our guideline for collaboration with companies: [Richtlijnen voor samenwerking met bedrijven | Hartstichting voor Professionals](#).
- The DHF reserves the right to exclude the following costs from subsidy:
 - cost types insufficiently related to research activities
 - costs that are not clearly described, and/or
 - costs that cannot be found in the descriptions.

Filling in General Information

Before entering the items, we ask you to first fill in a number of fields. This includes the name of the applicant and the institution that will receive the funding. Furthermore, we ask you to indicate the names of partner organizations that are being funded or provide co-funding. When filling in the various cost categories, you will then see these organization names in the dropdown menu. Please note that copying and pasting information may disrupt the underlying formulas. Therefore, we kindly ask you to use the dropdown menu instead.

Filling in the Cost Categories

You are required to provide a comprehensive budget. Make a distinction between:

- a) DHF Requested (Hartstichting): This is what you are requesting from the DHF.
- b) Contribution knowledge institute (in kind): This is the amount that the knowledge institutions contribute to this project. It should be a substantial but realistic amount. This can include salary for permanent appointments, supplementation of salary costs for appointed personnel, facilities of the institution, etc. Upon approval of the proposal, it will be stipulated that the knowledge institutions will actually contribute these amounts throughout the entire duration of the program.

- c) Contribution private party and other funding instruments (in kind or in cash): This is the amount that private parties and/or co-funders contribute to this project. Upon approval of the proposal, it will be stipulated that these parties will actually contribute these amounts throughout the entire duration of the program.

N.B. The way in which companies can claim costs is through the role of subcontractor of a knowledge institution. The difference between a partner and a subcontractor is that a partner shares responsibility for the execution of the program. A subcontractor performs one or more tasks on behalf of a knowledge institution and is not otherwise involved in the research.

Requested costs

1. Personnel

Only the salary categories used by the DHF can be requested. Other costs such as material costs should be included under 'Other costs'. You can specify the type of personnel you wish to request using the dropdown menu. Determine the personnel input based on the employment percentage (FTE) and the number of person-months: 1 year = 12 person-months. The budget will be automatically filled in.

We have salary categories for the following positions:

Category	Function
Category A:	PhD student
Category B:	Postdoc, PhD/qualified medical researcher: conducting scientific work
Category C:	Non-scientific support staff MBO (e.g., project assistant, secretarial staff)
Category D:	Non-scientific support staff HBO (e.g., research analyst, research nurse, data manager, biotechnician, dietitian, social worker, policy officer, quality officer, etc.)
Category E:	Non-scientific support staff University level (e.g., psychologist, policy advisor, quality advisor, statistician)
Category F:	Clinical PhD student/medical researcher

2. Other costs

Do not use general expense categories here; instead, estimate the actual costs (dropdown menu). Items such as miscellaneous or unforeseen expenses are not accepted. Estimate the costs associated with the use of existing facilities (= in-kind contribution).

- Other expenses: These costs must be related to (research) activities and should therefore be specified. The DHF reserves the right to exclude cost categories that are not sufficiently related to the research activities from funding.

The following costs are not eligible for reimbursement:

- 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
- Conference visits