Matching Grant

for Impulse Consortia

The Dutch Heart Foundation (DHF) finances national thematic consortia that bring together excellent research groups and the drive to find high impact solutions for cardiovascular challenges. With the Matching Grant, additional funding from private parties can be attracted. These extra funds allow the consortia to extend their work and to maximize the chance for implementation of new solutions in (clinical) care for cardiovascular patients.

Please contact your contact person at the DHF if you consider to apply for the Matching Grant.

Dutch Heart Foundation
Hartstichting

Index

General information

Aim of the Matching Grant

With the Matching Grant, the Dutch Heart Foundation (DHF) aims to maximize the chance for appropriate and fast implementation of new solutions in (clinical) care for cardiovascular patients and creates opportunities for attracting additional investments by private partners. The DHF promotes valorisation/ implementation and stimulates the involvement of appropriate stakeholders in the consortium by making funds available to match investments from private parties up to € 500.000. By creating opportunities for a consortium to collaborate with a private party we aim to stimulate the development of new solutions and the rapid introduction of these solutions in clinical care.

Background of the Matching Grant

The Dutch Heart Foundation aims at long-lasting stimulating thematical collaboration on a national level thereby creating opportunities for developing solutions for cardiovascular challenges. This leads to thematic consortia, a high quality research landscape and high impact solutions. And thereby contribute substantially to our ambition to drastically reduce the cardiovascular burden of disease. The main characteristics of such consortia are:

- A consortium works on finding solutions for a clearly defined, high impact cardiovascular healthcare problem.
- A consortium has a clear impact plan on how to work towards the described solution(s); which steps will be taken, which stakeholders are essential in this process and what are the underlying assumptions to critical decisions. This process of both valorisation and implementation activities has to be well thought out, described and regularly actualised.
- A consortium is a collaborative (research) network that is committed to create a sustainable collaboration beyond the scope of a single funding program. The consortium strives to attract funds from multiple sources to create sustainable funding that enables the network on the long term to keep working on bringing promising solutions towards clinical practice and society.

With the Impulse Program, the DHF aims to support well performing thematic consortia to follow-up on promising results without delay Consortia within this program are interdisciplinary in nature, have a national coverage of excellent expertise and are internationally competitive. Often, creating maximal impact goes beyond the work described in the Impulse Program and requires substantially more funding than available in the Impulse Program. By introducing the Matching Grant as part of the Impulse Program we stimulate thematic consortia to bring their results or solution a step closer to implementation by involving other parties in their mission. Consortia can apply for a Matching Grant simultaneously to applying for an Impulse Grant, or later during the course of the programme.

Support by the Dutch CardioVascular Alliance
In 2018 the Dutch CardioVascular Alliance (DCVA) was established. The DCVA is committed to reduce the cardiovascular disease burden by 25% in 2030 by focussing on earlier recognition of disease and rapid translation of excellent science into health improvement. Thereby focussing on supporting the cardiovascular community in aligning research policies and funding and supporting consortia in valorisation, implementation, talent development and data infrastructure.
Combined, the Impulse Program, Matching Grants and the national infrastructure provided by the DCVA allow for great opportunities for thematic consortia to jointly work on not only finding, but also the further

development and implementation of their solutions in health care. Consortia applying for a Matching Grant can make use of the expertise of the Valorisation pillar of the Dutch CardioVascular Alliance for advice or support in creating valuable collaborations with private parties.

About the Dutch Heart Foundation
The Dutch Heart Foundation is a Netherlands-based charity aimed to reduce the burden of cardiovascular disease and keep hearts healthy through stimulating (collaboration in) cardiovascular research and enhancing knowledge and awareness on these devastating diseases. The DHF depends solely on funds from the general public. The DHF works together with scientists, clinicians, patients, partners and many volunteers on solutions to detect cardiovascular disease earlier and to treat it better and faster. The DHF stimulates research and innovation, provides support and information to (at-risk) patients and wants to save extra lives in the event of a cardiac arrest.

In 2014, the first national cardiovascular research agenda was developed together with the Dutch general public and major stakeholders, including (at-risk) patients, healthcare professionals, scientists. This resulted in the following five research priorities (link to our website):

1. Earlier recognition of cardiovascular diseases
2. Cardiovascular disease in women
3. Better treatment of heart failure and arrhythmias
4. Acute treatment of strokes
5. New ways to keep up a healthy lifestyle

Based on the research agenda and in line with our partners in the DCVA (www.dcvalliance.nl), the DHF further strengthened her focus in finding and implementing new possibilities to detect and solve cardiovascular diseases at an earlier stage. Preventing damage due to cardiovascular disease as early as possible is essential to reduce the increase in chronic CVD and the accompanying loss in quality of life. Therefore, it is important to detect CVD earlier and develop better treatments to prevent, lower and/or repair (early) damage.

Who can apply?

Consortia that are part of the Impulse Program or consortia that have been notified by the DHF can apply for a Matching Grant. An application should be supported by the whole consortium and can be submitted by research leaders and/or work package leaders.

Please contact the DHF if the consortium considers to apply for the Matching Grant. Based on the proposed co-financing, the DHF will give specific requirements for applying. Timely informing the DHF will also allow the DHF to forecast the requested budget.

How can I apply?

If you are interested in applying for this program please contact the DHF in order to first discuss whether or not your project can be expected to be eligible and to determine whether there is sufficient budget available for your intended application.

Before submitting your application, we recommend that you visit the DHF website (https://professionals.hartstichting.nl/samenwerking-en-financiering/financiering/consortiumfinanciering/matching-grant) to check that you have the latest version of this brochure and the appendices.

Private Matching

Depending on the source of the private funding, the DHF decides on how it can help to finance the project. The funds available for this grant are in principle Public Private Partnerships (PPP) allowance funds provided by Health~Holland and require a collaboration with an industrial partner. Also other types of co-financing are allowed such as:

- Private donations
- Donations or investments by (investment) funds or foundations.
- Co-funding by participating in a large (inter)national thematic consortium (e.g. NWA)

In case co-financing comes from multiple (public) partners or if you want to apply for a Matching Grant as part of a large (inter)national thematic consortium other requirements as described in this brochure may apply. Please contact the DHF to discuss the possibilities.

Duration and budget

Duration

The end date of this Matching Grant could be later than the end date of the consortium. In that case, the consortium needs to explain how the matching project will be continued after the end date of the consortium has passed. Duration and end date might depend on the PPP rules.

Budget

The funds available for this grant are in principle PPP allowance funds from Health~Holland. In some cases funds might also come from own resources of the DHF. Timely informing the DHF will allow us to budget the requested amount in the requested year or in light of budget constraints in the consecutive year.
The maximum contribution of the DHF for a Matching Grant is € 500.000. The request should be done preferable for the total amount. If this is not possible, please contact us, so we can discuss if a part of the amount can be requested.

Matching

For projects funded using PPP allowance, the Health~Holland PPP rules for financing apply.
In case the DHF uses its own resources, the contribution of the private party will in principle be matched 1:1. However, based on the type of co-financing other ratios may apply.

In case of own resources DHF

The specific requirements of the DHF will be leading. This means e.g.:

- DHF provided personnel categories have to be used for all personnel that is appointed on this project.
- for this project no talent budget has to be reserved.

In case of PPP allowance

Of the total eligible project costs, a maximum of 50% of the PPP Allowance may be used. Given the nature of the Matching Grant, projects that only consist of Fundamental research are not to be expected. Combination of research types within one project are allowed. More about the ‘types of research’ can be found in Appendix B.

Table 1: funding model by type of research

Type of research	Fundamental research	Industrial research	Experimental development
Maximum % PPP Allowance to de deployed	**75%**	**50%**	**25%**
Research organisation(s)	**min. 10%**	**min. 10%**	**min. 10%**
For-profit enterprise(s) **- large** **- SME****	**min. 15%** **- min. 2/3rd in cash*** **- may be fully in kind**	**min. 30%** **- min. 2/3rd in cash*** **- may be fully in kind**	**min. 45%** **- min. 2/3rd in cash*** **- may be fully in kind**

The table above shows the minimum percentage that a research organisation must contribute and the minimum percentage that a for-profit enterprise must contribute (in cash and/or in kind). In the case of industrial research and experimental development, the columns do not add up to 100% but to 90% and 80%, respectively. In these cases, the parties are free to decide how to obtain the remainder of the project funding required.

Conditions (PPP Allowances):

- The conditions for a PPP project are described in the Health~Holland "TKI LSH Match Regulation for public-private partnerships ". We recommend that you start by reading these conditions.
- Private parties such as foundations are not "for-profit enterprises". Co-funding by these parties does not count towards the compulsory company contribution based on which the PPP Allowance can be granted;
- For an explanation of the funding model by type of research, see Table 1;
- The definitions of small and medium-sized enterprises (SME definitions) are explained in brief in Appendix A;
- The project covers fundamental research, industrial research or experimental development, or a combination thereof. For definitions of the types of research, see Appendix B;

Eligibility requirements

The application must satisfy at least the following eligibility requirements:

- A solid letter of commitment between the applicant and the private partner(s) is obliged. In the letter the total in cash and in kind contribution to the project should be stated. Also the added synergistic value of the collaboration (e.g. exchange of data or infrastructure, increase interaction) must be described and argued. For definitive granting a collaboration agreement with the private partner(s) is obligatory.
- The proposal must address all questions in the application form.
- Proposals should be written in English with a minimum font size of 10 points Arial.
- The proposal may not exceed the indicated number of pages (excluding the budget sheet and letters).
- The proposed project(s) should be of added value for to the consortium and an application for a Matching Grant should be supported by the research leaders.
- The minimum amount requested for a Matching Grant is: €150.000

I case a project will be funded using PPP-allowance funds, a project must satisfy at least the following eligibility requirements:

- The results of the research project benefits the Dutch knowledge infrastructure and economy. Foreign for-profit enterprises and research organisations are allowed to participate.
- The contribution of all partners have to comply with the PPP rules as set forth by Health~Holland (in case of PPP funding).
- There is a real collaboration and the partners in the project will jointly bear the costs and risks of realising the project.
- Besides a possible cash contribution, all project partners should make an in-kind contribution. This means that at least all project partners incur payroll costs. These costs must also be visible on the budget form (Excel).

Important features of the project

Impact

Describe how the proposal contributes to the objectives and outcomes the current consortium, builds on findings of the consortium and has a clear added value to the consortium. How does it contribute the reduction of the cardiovascular burden of disease?

Scientific excellence

The proposal includes a clear and solid description of scientific plan. The proposal and scientific program must be innovative and the aims and plan of work have to be feasible.

Route to Societal Impact

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 Matching Project contributes to bringing results of the consortium to the next step. What is the involvement of the private party and how will the involvement be sustainable in future?

Short-term ambitions (outputs and outcomes) and a long-term impact ambition (2030-2040) must be included. For the short-term ambition (three to four years), clear objectives, deliverables and milestones need to be formulated.

Valorisation and implementation strategy

Part of this so called ‘Route to Societal Impact’ is a valorisation and implementation strategy.

How do the results from this project fit into the valorisation and implementation strategy of the consortium? If this project does not fit in the earlier described strategy of the consortium, please describe the steps you will take to ensure the results will be brought towards clinical application.

User committee

This Matching Grant 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 Matching Grant.

Points of attention

The following points of attention apply for all projects financed by the Dutch Heart Foundation.

Diversity

The research proposal must address differences in cardiovascular disease between men and women in both sex and gender. The term ‘sex’ refers to the biological attributes that distinguish male from female and the term ‘gender’ refers to men and women’s socially constructed roles, identities and behaviours. Visit the website http://genderedinnovations.stanford.edu/methods-sex-and-gender-analysis.html for tools that can be used to integrate sex and gender aspects in research applications. Apart from sex and gender differences, also consider other aspects of diversity, e.g. age, social background, ethnicity, in all activities of the project and described them in the proposal.

Open access & open science

The DHF has the ambition that all publications funded by the DHF are published in an open access journal. Find out more on our policy in open access by visiting our website: (https://professionals.hartstichting.nl/onze-missie/goed-onderzoek/data-en-infrastructuur). Include a detailed description in the proposal, on how the acquired data will be handled (data stewardship). Therefore, the project is strongly advised to involve a data-expert in their project and is obliged to allocate resources for data management in the budget. After having been awarded the grant, the project will be asked to hand in a Data Management Plan (DMP; will be provided by the Durrer Center). The DMP is considered to be a dynamic document and will also be used to monitor progress on data management.

Agreements

Upon submission we expect that all partners are informed and agree with the conditions layed out in the agreements sent together with this brochure (see below).
We explicitly advise the applicants to carefully read the agreements and discuss them with the project partners before submitting the proposal.

Submission of the (pre-)application

The request for the Matching Grant can be part of a current proposal and requested budget, but it can also be submitted within the duration of the consortium. In case the proposal is submitted within the duration during the term of the consortium, DHF asks you to submit a pre-application. Please, always contact DHF first before starting a pre-application. This will allow the DHF to budget the requested amount in the requested year or in light of budget constraints in the consecutive year. If the DHF does not have available funds there is a possibility that the project will be partly funded or the funding decision will be postponed.

Eligibility check by DHF

The DHF will check after submission:

- if the pre-application is in line with the purpose of the Matching Grant;
- if the applicant has correctly addressed all elements in the pre-application and the budget;
- if the application is eligible in terms of the format used.

The DHF may decide that the pre-application is not eligible. If necessary the DHF seeks external advice before making a decision. If the proposal is eligible, the DHF decides whether the Matching Grant could be financed by own resources or by using PPP allowance. This decision has consequences for the budget requirements of the projects.Next the applicant is requested to submit a full application and receives the application forms that fit the funding source.

Submitting a full application

A full application consists the following documents:

- Application form with necessary appendices
- Budget sheet

In case of PPS allowance: The project partners are willing to sign the PPS agreement and intra consortium agreement (see website).
In case of Resources of DHF: The project partners are willing to sign the amendment on the consortium agreement and amended intra consortium agreement.
Please note: upon submitting a proposal all project partners agree with these agreements and amendments.
The project must start within six months after the awarding letter was received.

Review process of the full application

Eligibility check by DHF

The DHF will check after submission:

- if the application is in line with the purpose of the Matching Grant;
- if the applicant has correctly addressed all elements in the application and the budget;
- if the application is eligible in terms of the format used.

If the application is not eligible but can be amended on short notice, the DHF will invite the applicants to amend the application. When this is not possible, the DHF will reject the application.

External review

if a Matching Grant proposal is submitted during the course of the consortium, the proposal will be evaluated by the ISAC/Committee Societal Quality and by valorisation and/or implementation experts (depending on the type of application). Evaluation is done in writing or by teleconference with a delegation of ISAC/CSQ and valorisation/implementation experts (e.g. impact officers of the DCVA). The applicant will be given the opportunity to react to the comments (rebuttal).
The review of the application focusses on the criteria: Is there a real and sustainable collaboration with the private partner, the added value of the project to the consortium, contribution to impact of the current consortium and feasibility of the project.

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 https://professionals.hartstichting.nl/gedragscode.

Decision process

The committee will advise whether the application is eligible for funding. With scores ranging between very good to excellent the application will be eligible for funding. The management board of the DHF decides on the allocation of funds, based on the advice of the committee and the available funds.

Post decision process

After granting

After granting, the project partners have to sign two legal documents:

DHF resources:

1. An amendment on the consortium agreement between the DHF and the consortium partners in which the legal and financial conditions are stated.
2. An amendment on the intra consortium agreement (ICA) containing a.o. paragraphs on IP, organisational and publication arrangements.

PPS allowance

1. A PPS 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 a.o. paragraphs on IP, organisational and publication arrangements. The ICA becomes part of the consortium agreement. The ICA must be submitted two weeks before the committee meeting (will be communicated when the procedure starts). The IP paragraphs are non-negotiable.

The applicant is obliged to deliver signed agreements to the DHF office and start within 6 months after receipt of the grant approval letter.

Monitoring

The contact person of the current consortium will be in close contact with the applicant to stay informed about the progress and discuss issues around the project.
Monitoring depends on whether proposal is financed by own resources of the DHF or by PPS allowance.

<u>Financed by own resources of DHF</u>
When the Matching Grant is financed by own financial resources of DHF, the monitoring of the Matching Grant will be part of the monitoring of the consortium.

The PPS allowance rules mean that the applicant shall provide the DHF (more details are stated in the agreement):

1. within 1 (one) month after the start of each calendar year, with a periodic (scientific and financial) report.
2. within 1 (one) month upon completion of the Research Project, an integrated final report providing an overview of the progress and results of the entire Research Project.
3. within 1 (one) month upon Completion of the Research Project a final audit of the Research Project costs, including an audit certificate prepared and certified by an independent auditor. The PPP Allowance may not be used to cover audit costs.

Please be aware that an hour registration is mandatory for PPP funded projects.

Depending on the size of the project a midterm review will be part of the monitoring. This will be discussed after granting of the project.

Complaints procedure

The applicant can submit a complaint about the procedure by completing a form that is sent to the Complaints Committee of DHF. It is not possible to appeal against the outcome of the procedure. The form can be found on DHF website. Complaints should be submitted within four weeks after receiving the notice from the CEO of DHF.

Appendix A: 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.

Appendix B: Definitions of the three types of research[1]

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

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

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

[1] In case of drug development, pre-clinical research in animals falls within the research category 'industrial research'. In principle, the clinical phases 1 and 2 fall within the research category 'experimental development'. Phase 3 clinical trials (and beyond) are seen as competitive development and fall outside the scope of the PPP Allowance Regulation.

Appendix C: Definitions of the ten roadmaps

The roadmaps are designed to address priorities in health outcomes (age-related, chronic, acute, infectious, orphan and neglected diseases) and along the healthcare chain (from prevention through diagnosis to cure and care). The roadmaps represent the areas in which public and private parties are committed to co-innovate and ask the government to co-invest. Companies, research institutes, practitioners, patient organizations, health foundations, health insurers, regulators, and many others have contributed and endorsed these roadmaps. Seven roadmaps (1 through 7) are product-oriented. They are supported by two that deliver health technology assessment (8) and enabling technologies & infrastructure (9). The latter also links to other Top Sectors with a strong life sciences component, such as Agro-food, Horticulture and Chemistry. A final roadmap (10) is centred around diseases that cause a high burden mainly in the developing world, but for which the developed world can make strides in solving.

1. **Molecular diagnostics**: Development of candidate biomarkers into validated molecular diagnostics for clinical use
2. **Imaging & image-guided therapies**: Development of imaging applications for more accurate and less invasive diagnosis and treatment
3. **Homecare & self-management**: Development, assessment and implementation of technologies, infrastructure and services that promote clients' abilities to live independently and manage their own care, adequately supported by healthcare professionals
4. **Regenerative medicine**: Development of curative therapies for diseases caused by tissue damage and ensuing organ dysfunction, through repair or renewed growth of the original tissue or replacement by a synthetic or natural substitute
5. **Pharmacotherapy**: Discovery, development and stratified use of new, safe and (cost-)effective medicines in order to cure or prevent progression along the healthcare chain
6. **One health**: Development of solutions like vaccines, optimized antimicrobial use and early warning systems that improve health status of humans and animals by coupling the know-how and infrastructure available in the human and veterinary/agricultural domains
7. **Specialized nutrition, health & disease**: Researching specialized nutrition for nutritional intervention as part of integrated health solutions in terms of prevention, cure and care of chronic, acute and rare diseases
8. **Health technology assessment, individual functioning & quality of life**: Development of methods and knowledge for health technology assessments in which the impact of health innovations on quality of life, cost-containment and productivity is assessed
9. **Enabling technologies & infrastructure**: Development and offering of expertise and infrastructure in cutting-edge molecular life science technologies (e.g. next generation sequencing, proteomics and bioinformatics), in biobanks and in ultramodern research facilities, all readily accessible to industry and academia, and with existing, strong links to other Top Sectors (Agro-food, Horticulture, Chemistry, Biobased Economy and High Tech Systems and Materials)
10. **Global health, emerging diseases in emerging markets**: Development and delivery of solutions to diseases associated with poverty, which affect more than 2 billion people in the developing world

Appendix D: Technology Readiness Levels

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 research
TRL 5	Technology validated in relevant environment (industrially relevant environment in the case of key enabling technologies)	Industrial research
TRL 6	Technology demonstrated in relevant environment (industrially relevant environment in the case of key enabling technologies)	Industrial research
TRL 7	System prototype demonstration in operational environment	Industrial research/experimental development
TRL 8	System complete and qualified	Beyond the scope of the PPP Allowance Regulation
TRL 9	Actual system proven in operational environment (competitive manufacturing in the case of key enabling technologies; or in space)	Beyond the scope of the PPP Allowance Regulation

*The TRL is an indication of the type of research but the definition of type of research (Appendix B) prevails.

Colofon

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