

# TKI Life Sciences & Health

## SME Call 2023

### Call for applications for PPP Allowance for the benefit of SMEs to Health~Holland

#### 1. Summary

The Top Sector Life Sciences & Health (LSH) encourages innovative research by (financially) supporting public-private partnerships (PPP) in the life sciences & health sector. This scheme encourages for-profit enterprises and research organizations to jointly invest in research and development (R&D) with the aim of developing sustainable innovative products and services within the LSH sector for the purpose of generating economic revenues. The Top Consortium Knowledge and Innovation (TKI) office is the operating body of the Top Sector LSH and can financially support a collaborative project by awarding PPP Allowance.

Within the mission-driven top sector and innovation policy, the Top Sector LSH focuses, with the public-private partnerships, on the social theme Health & Care (MT G&Z). [The Knowledge and Innovation Agenda \(KIA\) 2020-2023](#) Health & Care describes the ambitions within the MT G&Z and the corresponding strategy to realize these ambitions. One of these strategies concerns the engagement and stimulation of SMEs. In the recent Parliamentary Letter Innovation and Impact from the Ministry of Economic Affairs and Climate and the Ministry of Education, Culture and Science, these ambitions are explicitly highlighted and will be continued in 2024 -2027. To realize this strategy, this new call has been launched. With this call, the Top Sector LSH hopes to meet the wishes and needs of SMEs.

In 2023, the Top Sector LSH has reserved **€6.6 million in PPP allowance** for the SME call. Of this sum, €4.8 million is available for SMEs. Through this new call, SMEs can receive subsidies under certain conditions to fund one existing or new R&D FTE working on an industrial public-private partnership project.

#### Terms and conditions

Each application must meet at least the following terms and conditions:

- The research contributes to the realization of the missions and the strategy set out for this purpose in the [Knowledge and Innovation Agenda \(KIA\) 2020-2023](#) of the Top Sector LSH substantially;
- The research is of high quality;
- The consortium consists of at least one for-profit enterprise and one research organization;
- The project covers only industrial research;
- The project is carried out for joint account and risk and all consortium partners contribute content to the project;
- The main applicant is an SME and is based in the Netherlands;
- The project lasts a maximum of 2 years for micro and small SMEs and a maximum of 4 years for medium-sized SMEs;<sup>1</sup>
- Per project year, SMEs may claim a maximum of €150.000 PPP allowance;
- Per project, research organizations may claim a maximum of €150.000 PPP allowance;
- The PPP allowance is used to fund one existing or new R&D FTE.

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<sup>1</sup> [www.rvo.nl/onderwerpen/subsidiespelregels/ezk/mkb-toets](http://www.rvo.nl/onderwerpen/subsidiespelregels/ezk/mkb-toets)

The application process is composed of the following two steps:

- **Step 1:** Submit a preliminary application (**deadline May 15, 2023, CET 17:00**)
- **Step 2:** Submit a developed application (**deadline September 19, 2023, CET 17:00**)

Granting will take place based on appropriateness within the requirements of this call and the PPP allowance regulation, feasibility, scientific quality, and economic and societal impact (including added value to the strategy of the Top Sector LSH and the societal challenge 'Health & Care' and connection to key technologies and use of key methodologies).

## 2. Background Information

### 2.1 Background Top Sector LSH

In 2011, the Dutch Cabinet reformed the national business policy by introducing the top sectors policy. The success of the top sector policy has led to the decision by the current Dutch government (Rutte III) that the top sectors should serve as the “means” in the mission-driven top sectors and innovation policy. In this, four societal themes are defined, and key technologies, key methodologies and the public earning capacity are taken into account.

Top Sector LSH encourages and facilitates public-private cooperation. Interdisciplinary cooperation from top scientific expertise is indeed essential to achieve socially relevant and economically efficient innovations. To encourage (new) PPPs, the TKI-LSH Match arrangement has been created and the Top Sector LSH organizes thematic calls as an extension of this arrangement. This regulation is implemented by the Top Consortium Knowledge and Innovation (TKI) of the Top Sector LSH: TKI-LSH. The TKI-LSH is registered at the Chamber of Commerce under the name Stichting LSH-TKI but is better known as [Health~Holland](#) (branding name).

The scheme falls within the framework of the PPP Payment Scheme of the Ministry of Economic Affairs and Climate. More background information can be found on our [website](#). Additionally, background documents, such as [the Knowledge and Innovation Agenda 2020-2023](#), the [Knowledge and Innovation Covenant 2020-2023](#) and the [2030 future images](#) of the social theme health & care, are also available here.

### 2.2 Societal theme ‘Health & Care’

In the spring of 2019, the Ministry of Health, Welfare and Sport drew up five missions for the societal theme Health & Care: one central mission and four supporting missions that aid in reaching the goal of the central mission. The central mission focuses on living in good health longer, while reducing health inequalities between the lowest and highest socioeconomic groups. The four submissions contribute to the central mission through changes to the living environment, providing more care at the right place and better perspectives for people with chronic illnesses and dementia. The missions should be accomplished by 2040. The [Knowledge and Innovation Agenda \(KIA\) 2020-2023](#) describes the ambitions and aims of the health and care missions within the field of public-private partnerships. The central mission focuses on living in good health longer and reducing health disparities between people of high and low socioeconomic status. The other four missions contribute to this central mission through environmental and lifestyle changes, providing care in the right place and better prospects for people with chronic diseases and dementia. The missions have a time scale up to 2040. The Knowledge and Innovation Agenda 2020-2023 (KIA) describes the ambitions and goals on the health and care missions within the field of public-private partnerships. As quartermaster, Top Sector LSH has prepared this KIA together with many public and private stakeholders. This builds on a powerful ecosystem of public-private partnerships built up over the past few years. A large number of these stakeholders have committed themselves to the objectives from the KIA through in kind, in cash and in cash commitment in the [Knowledge and Innovation Covenant 2020-2023](#).

### 2.3 SME's

The PPP allowance is largely granted to knowledge institutions working on fundamental projects in cooperation with enterprises. The knowledge institute is often leading in initiating these research projects with PPP allowance. This ensures that research funded with PPP allowance is often fundamental in nature and focused on knowledge development rather than knowledge application. Most of the PPP allowance flows back to the knowledge organizations, reinforcing the investment focus on fundamental research.

In contrast, innovative SMEs have a greater need for research closer to the market that supports them in marketing their product or service. The current design of the scheme leaves the further development of innovations by SMEs at a less optimal pace than possible. This leads to fewer potential products and services that, in addition, are also less likely to reach the patient or consumer.

The Top Sector LSH is striving for the PPP scheme to better connect with innovative SMEs. This is only possible if the scheme offers clear value to these entrepreneurs; there must be incentive for SMEs. This means that the entrepreneur must be in the lead in determining the direction of research and that research should focus on industrial research rather than fundamental research.

Therefore, within this new call, under defined conditions, an SME can receive funding to hire one existing or new R&D FTE on a public-private collaborative project conducting industrial research. With the SME call, we increase the R&D capacity of SMEs, giving them more manpower and resources to turn knowledge and innovations into products or services faster and more effectively. As the Netherlands' total R&D spending needs to increase to 3% of gross domestic product (GDP), without decreasing the private share, this call contributes to this aim.<sup>2</sup>

The Netherlands is highly skilled at generating new knowledge, but lags behind in the step toward valorization<sup>3,4</sup>. To bridge this gap, the knowledge of valorization among academic researchers must be increased. One way to achieve this is to train these academic researchers within a business, so-called industrial PhDs or Postdocs. In this call, medium-sized companies are challenged to hire a PhD or Postdoc researcher.

### 2.4 Key technologies and key methodologies

In addition to the four societal themes, the Cabinet is committed to key technologies (KETs), for future economic opportunities. In addition, the top sectors are encouraged to make targeted technological contributions to solve societal challenges. With the [Knowledge and Innovation Agenda Key Technologies \(KIA-ST\)](#), the top sectors together with the ministries and knowledge institutions are implementing this approach. [The research agenda Key Methodologies](#) is part of the KIA-ST. It sets out a broad definition of the concept of key methodologies (KEMs) and presents the most relevant categories of KEMs for mission-driven innovation. The KEMs constitute the new toolbox needed for the creation of societal innovation in the form of models, strategies, processes and tools.

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<sup>2</sup> Kamerbrief innovatie en impact van de Ministers van Economische Zaken en Klimaat en Onderwijs, Cultuur en Wetenschap van 11 november 2022, p.6

<sup>3</sup> Kamerbrief innovatie en impact van de Ministers van Economische Zaken en Klimaat en Onderwijs, Cultuur en Wetenschap van 11 november 2022, p.24

<sup>4</sup> European Commission (2021): European Innovation Scoreboard 2021.

### 3. Terms and Conditions

#### 3.1 Terms and conditions for the collaborative project.

The application must meet a number of terms and conditions. Important issues here include:

- The project consists of industrial research<sup>5</sup>. A description of this type of research is available at point 5.1 Downloads;
- The research is of a high scientific quality and the innovative products and services are of social and economic added value as deliverables;
- The research fits within the social theme of health & care, as concretized in the [Knowledge and Innovation Agenda 2020-2023](#), and the goals of the PPP allowance scheme;
- The consortium consists of at least one for-profit company and one research organization<sup>6</sup>. Foreign companies and research organizations are also encouraged to participate in the consortium; provided that the results of the research project benefit the Dutch knowledge infrastructure and economy;
- The main applicant is an SME and is based in the Netherlands;
- There is an actual collaboration<sup>7</sup>. This means, among other things, that the project is carried out for joint account and risk and that all consortium partners contribute substantively to the project;
- In the case of an in cash contribution from a company, it must be an in cash contribution owed to the research organization in the Netherlands (and not to the project in question);
- In addition to any in cash contribution, all consortium partners must contribute in kind. This means, among other things, that all consortium partners in any case incur labor costs and these costs must be visible in the budget form (Excel);
- Consortium partners may not invoice each other for costs within the submitted project;
- If the consortium has or will receive other public grants for the submitted project, for example from NWO, ZonMw, TNO, TTW or Health~Holland, the regulations regarding cumulation of different grants apply<sup>8</sup>;
- In principle, it is up to the company or companies themselves how they finance their own contribution. However, creative constructions are strongly advised against; improper use of PPP subsidies by consortia must be prevented;
- The start date of the project is after the date of the call deadline (of the completed application) and no later than 6 months after the grant;
- The project duration is maximum 2 years for micro and small SMEs and maximum 4 years for medium SMEs (see Table 1).

<sup>5</sup> In case of clinical drug research, preclinical research in animals is counted as industrial research. Clinical phases 1 through 2 are covered by experimental development. Phase 3 (and beyond) clinical studies are considered competitive development and, therefore, fall outside the scope of the PPP allowance scheme.

<sup>6</sup> Definition of research organization according to [Framework on State Aid for Research, Development and Innovation \(R&D&I\)](#): An entity (such as universities or research institutes, technology transfer agencies, innovation intermediaries, physical or virtual research-oriented collaboration entities), regardless of its legal form (public or private law organization) or method of funding, that is primarily engaged in the independent conduct of basic research, industrial research or experimental development, or in the broad dissemination of the results of those activities through teaching, publications or knowledge transfer. When this type of entity also carries out economic activities, separate accounts must be kept with respect to the financing, costs and income of those economic activities. Companies that can exercise decisive influence over this type of entity in their capacity as, for example, shareholders or members of the organization may not enjoy preferential access to the research capacity of this entity or to the research results obtained by it.

<sup>7</sup> Definition of effective cooperation according to [Framework on State Aid for Research, Development and Innovation](#): cooperation between at least two independent parties to exchange knowledge or technology or to achieve a common objective on the basis of a division of labour, whereby the parties jointly determine the scope of the cooperation project, contribute to its implementation, and share the risk and the results. One or more parties may bear the full cost of the project, thereby relieving the other parties of the financial risks associated with the project. Contract research and the provision of research services are not considered forms of cooperation.

<sup>8</sup> The cumulation provisions are found in paragraph 2, article 6, of the [Framework Decision on National Economic Affairs Grants](#). The aid limits regarding the use of PPP surcharge are in article 3.2.8 of the [Regulation on national EZK and LNV subsidies](#).

Table 1: Grant conditions by type of SME

	micro SME	small SME	medium SME
<b>Grant contribution</b>	1 existing R&D FTE or 1 new R&D FTE	1 existing R&D FTE or 1 new R&D FTE	1 new R&D FTE
<b>Lead time</b>	Max. 2 years	Max. 2 years	Max. 4 years
<b>Maximum amount of PPP allowance SME</b>	€150.000 per year to a max. of €300.000	€150.000 per year to a max. of €300.000	€150.000 per year to a max. of €600.000
<b>Additional conditions</b>	-	-	Obligatory appointment of a PhD or postdoc researcher

*Note: micro and small SMEs may subsidize an existing R&D employee through PPP allowance, medium SMEs must hire a new employee. Medium SMEs are also expected to have a PhD or Postdoc researcher on the project employed by the company throughout the duration of this project. The new R&D FTE may include this PhD or Postdoc appointment.*

### 3.2 Evaluation of health and care innovations.

#### HI-NL

The number of health and healthcare innovations is growing by the day. These range from implants and high-tech diagnostic and prognostic machines to biomarker assays, AI algorithms, medical apps and wearables for self and home management. While the evaluation methods, introduction, implementation and reimbursement of drugs are clearly defined and regulated, this is not the case for non-medicinal (medtech) innovations. Health~Holland considers it essential to analyze the real impact and opportunities for implementation of medtech innovations at an early stage, as early as during the R&D phase. Health~Holland, therefore, works closely with Health Innovation Netherlands (HI-NL). HI-NL brings together all relevant parties at the earliest possible stage who play a crucial role in the medtech development, evaluation, use, scale-up, decision-making and reimbursement process to help innovators on their way to success. Such a meeting is called a 'round table'.

#### *Innovation guidance from HI-NL*

The purpose of a HI-NL roundtable is to get an overall impression of how an innovation will fit into the healthcare or prevention landscape and to analyze what is needed to achieve this as early as possible. During the roundtable, the relevant parties involved discuss the following aspects, among others:

- The value of the innovation from the perspective of each relevant party, including the innovator, given the intended claims, target population, healthcare market, integration into the current healthcare context and guidelines, the research needed for and evidence on the impact of the innovation, and identifying potential barriers and solutions to them;
- The evidence needed to achieve the next innovation development steps, including CE marking;
- Exploring potential barriers and facilitators to implementation.

Upon completion of the roundtable, HI-NL delivers a comprehensive and concrete advisory report, an "innovation guide," and a follow-up phone call is scheduled. The innovation guide contains consensus advice from all relevant parties. In addition, this document contains an overview of the main steps an innovator should take to successfully evaluate, scale up and implement the innovation in its intended (healthcare) context. The innovation guide is a confidential document and the property of the innovator.

#### *What steps should the consortium take?*

If the consortium is interested to learn more about HI-NL and the HI-NL Round Table service and is considering to include it as part of the project application, the consortium can contact HI-NL no later than three weeks before the Call deadline (September 19). HI-NL will then analyze whether a round table and

innovation guide can be of value to the innovator with its innovation. If after contacting HI-NL it appears that the development of an innovation guide is of added value, this can be indicated on the application form (Innovation guidance). In addition, an earmarked budget of €33,275 (incl. VAT) may be included by the sponsor on the budget form for drawing up the innovation guide. This amount can be included under the heading 'third party costs' stating 'development of innovation guide by HI-NL'. The costs of developing an innovation guide can be financed with PPP allowance.

Only after the application for PPP allowance has been (conditionally) honored will the consortium be asked to elaborate the plans regarding the development of the innovation guide in the application. The details of this will be included in the award letter.

#### *HI-NL contact*

The HI-NL contact person can be reached at the following email address: [info@healthinnovation.nl](mailto:info@healthinnovation.nl). More information about HI-NL can be found at [www.healthinnovation.nl](http://www.healthinnovation.nl).

### **3.3 Consortium composition**

PPP grant applicants compose a consortium in which research organizations and companies, and preferably relevant public organizations, while retaining their own identity and responsibility, jointly realize a project based on a clear and optimal division of tasks and risks. All consortium partners contribute financially and substantively to the project. The consortium provides a project coordinator (also main applicant), who will be Health~Holland's contact throughout the procedure. This main applicant must be an SME entrepreneur. Any other party within the consortium is a co-applicant. The scheme is open to co-applicants from Dutch and foreign research organizations, for-profit companies or other private or public parties, as long as the research contributes to the Dutch knowledge infrastructure. Multiple companies and research organizations may be affiliated in the consortium.

### **3.4 Intellectual property policy**

The consortium must make agreements on the intellectual property (IP) related to the products and services developed in the project. These agreements are recorded in the consortium agreement. A 'first option right' is among the possibilities. Agreements on IP follow the Framework Regulation on State Aid for Research, Development and Innovation (specifically article 2.2.2.) and the PPP allowance regulations (Government Gazette September 4, 2012, 18236; Government Gazette November 18, 2016, 63016). These state, among other things, that participating companies and other private partners can take over the IP from the research organization for a market-based fee (minus the amount they have already invested) and that results from which no intellectual property rights can be derived may be widely disseminated. A model consortium agreement can be downloaded from our website. This 'first option right' possibility may be modified to an agreement, whereby IP rights are allocated to the partners in a way that appropriately reflects their work packages and contributions (see Article 2.2.2, paragraph 28c). When modified IP agreements are made, they should be justified in a separate document.

*Note: Each year an updated version of the model consortium agreement will be posted on the Health~Holland website. So always download the most recent version. It is mandatory for this call that the consortium use this model consortium agreement. Any modifications in the model must be immediately recognizable to Health~Holland.*



### 3.5 What amount of PPP allowance may be applied for?

A maximum of €150.000 per project year for the (Dutch) SME(s) and a maximum of €150.000 total for the research organization(s) may be applied for per project. The SMEs may fund a maximum of 50% of their total costs. A budget of €3.3 million is available for this call. This consequently means that up to €300.000 PPP allowance per project is available for micro and small SMEs and up to €600.000 per project for medium-sized SMEs.

The minimum in kind contribution from the research organization is 10% of the total funding. Table 2 shows a calculation example.

Table 2: Example calculation of a 2-year project

Example calculation	Amount	Remarks
<b>Cost SME</b>	€600.000	
<b>Cost research institute</b>	€250.000	
<b>Total cost</b>	€850.000	
<b>In kind contribution SME</b>	€300.000	Difference between costs and received PPP allowance
<b>In kind contribution knowledge institute</b>	€100.000	Difference between costs and PPP allowance received (must be at least 10% of funding)
<b>PPP Allowance SME</b>	€300.000	€150.000 per project year (max. 50% of the total cost)
<b>PPP Allowance knowledge institute</b>	€150.000	Max. €150.000
<b>Total funding</b>	€850.000	

### 3.6 Calculating project costs

#### *Eligible costs.*

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

Parties that do not receive PPP allowance are not required to use any of the payroll cost systematics prescribed by the [Framework Decision on National EZ Grants](#). These parties may use their own hourly rate. However, that the calculation of the costs should be based on a customary and verifiable method and should be based on business principles and standards that are considered acceptable in society and that is applied systematically within the enterprise. On the budget form, these parties should select "fixed hourly rate" and adjust the standard hourly rate of €60 to an hourly rate that is customary and verifiable for them.

#### *Examples of ineligible costs*

Costs related to the following are examples of ineligible costs, therefore, these costs should not be included on the budget form:

- Applying for and maintaining patents (costs for patents purchased on arm's length terms from or licensed from outside sources are eligible);
- Auditing;
- Benchfee (note that material costs are eligible);
- Domestic travel;
- Support staff, not directly related to the substantive R&D activities, such as: project controller, business developer, administrative assistant;
- Preparation of business case;
- Overhead;
- Project management tasks, not directly related to the substantive R&D activities, such as: escalation to a steering committee, preparing a risk management model, preparing reports to meet grant obligations, administrative accountability. Project management tasks that do relate directly to substantive R&D activities (e.g., discussions with staff, analyzing technical risks, preparing substantive reports, preparing specifications) are eligible.

### **3.7 Open access**

Health~Holland finds that research results that are (partially) funded with PPP funding (public funds) should be freely accessible worldwide. All scientific publications of research funded on the basis of awards resulting from the SME Call should, therefore, immediately (at the time of publication) be freely accessible worldwide (open access). Through the website [www.openaccess.nl/nl/node/644](http://www.openaccess.nl/nl/node/644) you can check whether your organization has made agreements with traditional publishers regarding open access. Among other things, this website provides an overview of over 8,000 journals in which corresponding authors from Dutch universities and UMCs can publish in open access for free or at a discount. Costs associated with open access publishing fall under eligible project costs.

### **3.8 Data management**

Health~Holland encourages optimal use of research data and therefore requires data to be stored according to the FAIR principle<sup>9</sup>: findable, accessible, interoperable and reusable. Health~Holland also wants to increase researchers' awareness of the importance of responsible data management. Applicants should therefore answer a number of questions about data management in the application form of the completed application. Only after final approval of an application should applicants prepare a data management plan. Approval of the data management plan by Health~Holland is a condition for the provision of PPP allowance.

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<sup>9</sup> [www.dtls.nl/fair-data/fair-data/](http://www.dtls.nl/fair-data/fair-data/)



## 4. Procedure

### 4.1 Pre-proposal application process

#### 4.1.1 Pre-proposal submission - deadline May 15, 2023, CET 17:00

A pre-proposal must be submitted in the first phase of the call. Only pre-proposals submitted on the accompanying application form (*pre-proposal*) will be considered. No other attachments besides the completed pre-proposal application form are required for submission.

#### 4.1.2 Admissibility of pre-proposal.

Upon receipt of the preliminary notification, the application will be reviewed for admissibility by Health~Holland within two working days. This admissibility check will verify that the application meets the conditions as described in section 3. *Terms and conditions*. If the preliminary application does not meet the terms and conditions, the consortium will be given one working day to make the necessary adjustments and provide the requested information. If the application proves inadmissible, this will be communicated to the applicants within two working days.

#### 4.1.3 Assessment of preproposals

Admissible preliminary proposals will be assessed by the evaluation committee for relevance, quality and feasibility, guided by the criteria described in Section 4.3 *Content Criteria*. The preliminary proposals will be assessed on the following criteria: 1a, 1b, 1c, 1f, 2a, 2b, 3a, 3c with each component being given proportional weight in the assessment. Only the most relevant and promising preliminary proposals will receive a positive assessment to develop the idea into a full application. The applicant will receive the assessment by letter approximately six weeks after the relevant preliminary proposal submission deadline.

Health~Holland intends to give twice as many projects a positive assessment than the available budget. As a result, there will be a success rate of approximately 50% when submitting a completed application.

### 4.2 Application process full application

#### 4.2.1 Submission full application - deadline September 19, 2023, CET 17:00

Only applications for PPP allowance submitted using the TKI-LSH SME application form will be considered. This form will be available on our [website](#) after the granting of the full applications at the latest. In addition to completing the application form, the project coordinator should include at least the following attachments:

- Specified Budget using the budget form template available on our [website](#);
- Letters of commitment stating the commitment of co-financing and the amount of the in cash/in kind contribution of each party involved. The main applicant does not need to provide a letter of commitment. Letters of intent will not be accepted. A template letter of commitment is available on our [website](#);
- Consortium Agreement. If a signed version is not yet available, a draft version should be provided. Using the model consortium agreement made available by Health~Holland is mandatory within this call and can be downloaded from our [website](#). In addition, when drafting a draft consortium agreement, it is recommended to use an expert: the technology transfer office (TTO) or a lawyer. The signed consortium agreement should be submitted as soon as possible but no later than 18 weeks after the deadline of the full application.

#### 4.2.2 Admissibility of full application.

Upon receiving the application, it will be checked for admissibility by Health~Holland within two working days. This admissibility check will verify that the application meets the call terms and conditions.

If the application is not yet admissible, the consortium will be given one working day to make the necessary amendments and provide the requested information. If the application proves inadmissible, this will be communicated to the applicants within two working days.

#### *4.2.3 Assessment of detailed applications*

Admissible full applications will be assessed by Health~Holland against the terms and conditions as stated in point 3. *Conditions*. Proposals that meet the call conditions will be evaluated by an expert and independent evaluation committee. The evaluation committee may, if desired, engage an independent referee. Both the evaluation committee members and referees must sign a confidentiality agreement before they are allowed to evaluate PPP grant applications.

The evaluation committee advises the board on the appropriateness of the application within the PPP allowance scheme and the call. The application is assessed on relevance, quality and feasibility, as described in section 4.3 *Content criteria*. The application will be assessed on all criteria, with each component being weighed proportionally in the assessment. Only the most relevant and most promising applications will be selected. Health~Holland strives to grant at least 50% of the full proposals.

The board will ultimately decide whether or not to grant the application and the amount of the PPP allowance for the collaborative project in question. The applicant will receive the verdict by letter no later than twelve weeks after the deadline.

For an overview of the timeline of the SME call, see section 4.5 *Intended timeline*.

### **4.3 Content criteria**

The evaluation committee evaluates the pre-proposals and developed applications on the content criteria listed below. The content criteria are divided into criteria focussed on relevance, scientific quality and feasibility.

#### *1. Relevance criteria*

- a) The economic importance of the project and for each consortium partner is well substantiated;
- b) It is clear when the project is labeled 'successful';
- c) The project is innovative and provides new insights that lead to significant improvements in a product or service (TRL 4-6);
- d) The project attracts or retains people (human capital);
- e) Future goals for further business development during and after the project are described;
- f) The social importance of the research is well substantiated and fits within the social theme of health & care, as concretized in the [Knowledge and Innovation Agenda 2020-2023](#), and the goals of the PPP allowance scheme.

#### *2. Scientific quality criteria*

- a) The research is well described and the goals of the project are clear;
- b) The outline plan of action is elaborated in sufficient detail, including timeline, milestones and deliverables. The work packages are interconnected and well-coordinated with each other;
- c) Planned activities to further develop and implement the results from the proposed research (TRL9) are described.
- d) Future goals for further business development during and after the project are defined.

#### *3. Feasibility criteria*

- a) The consortium has the correct expertise, network, manpower, facilities and resources to ensure a successful outcome of the project. The different roles of the consortium partners are complementary and described in detail;

- b) The intended methods, with respect to feasibility, are correctly chosen and substantiated;
- c) The time frame and budget of the study are realistic;
- d) The risks of the project have been properly assessed and consideration is given to how to deal with them.

#### **4.4 Allocating procedure, monitoring and payments.**

*After a PPP allowance grant application is granted:*

- No later than 16 weeks after the corresponding deadline date, the project coordinator must deliver an unsigned final consortium agreement agreed upon by all partners to Health~Holland for review;
- After approval of the consortium agreement by Health~Holland, the consortium will have two weeks to have it signed by all partners;
- When the consortium agreement is fully signed and approved, Health~Holland drafts an implementation agreement (PPP Allowance Agreement). The PPP Allowance Agreement is a contract between Health~Holland and all consortium partners that defines, among other things, the rights/obligations and contributions of the various partners. This agreement is drawn up by Health~Holland and must be signed by all partners within four weeks;
- Together with the signed version of the PPP Allowance Agreement, a data management plan must be provided. Health~Holland reviews the plan as soon as possible;
- Health~Holland publishes on the projects page of its website ([www.health-holland.com/project](http://www.health-holland.com/project)) information of all honored projects. Along with the signed version of the PPP Allowance Agreement, an accessible summary of the project should be provided.

Once Health~Holland has received and approved the signed PPP Allowance Agreement, data management plan and summary for the purpose of the Health~Holland projects page, the first advance PPP Allowance can be paid. The remaining payments will be made annually upon receipt and approval of a progress report. Disbursements will be made to the organization where the project coordinator is employed; the project coordinator is responsible for any financial breakdown to the other consortium partners and collective accountability for the use of finances.

*During the course of a project*

- During the project period, time records should be kept for each employee;
- At the beginning of each calendar year, the project coordinator will receive an Excel form 'request for deployment project'. The primary purpose of this questionnaire is to inform the House of Representatives and the general public annually about the progress of the top sector policy on the part implemented by the TKIs. This form will be completed in advance by Health~Holland and only needs to be checked and completed (realized costs over the previous calendar year);
- Within six weeks of each project year, the project coordinator should submit a progress report. The format of this will be provided by Health~Holland. If the project lasts less than 18 months, only a final report is required;
- The consortium is required to hold a steering committee meeting every six months. The sponsor is required to notify Health~Holland so that a Health~Holland delegate can attend the meeting.

*After the end date of a project*

Within eight weeks after the end date of the project, the project coordinator must submit the following documents to Health~Holland:

- A final report (the format of this will be provided by Health~Holland);
- If a consortium partner has used no or less than €125,000 in PPP allowance, a management statement must be provided regarding the total project costs of that consortium partner;
- If a consortium partner has used more than €125,000 of PPP allowance, an audit statement must be issued regarding the total project costs of that consortium partner.

The final PPP allowance payment will be issued when the documents listed above have been received and approved by Health~Holland.

#### 4.5 Intended timeline

Publication SME-call	21 March 2023
Deadline preliminary application	15 May 2023, 17:00 h
Verification of admissibility	Within 2 working days of receipt of the preliminary application
Preliminary application advice	±6/8 weeks after preliminary application deadline
Deadline full application	19 September 2023, 17:00 h
Verification of admissibility	Within 2 working days of receipt of the full application
Assessment by Evaluation Committee.	±7 weeks after full application deadline
Verdict board	±9 weeks after full application deadline
Award or rejection letter	±12 weeks after full application deadline
Submission of final unsigned Consortium Agreement	Within 16 weeks after full application deadline
Submission of signed Consortium Agreement	Within 2 weeks of approval of the unsigned Consortium Agreement
Submission of signed PPP Allowance Agreement	Within 4 weeks of receiving the PPP Allowance Agreement.

*Please note that this schedule may be subject to change.*

## 5. More Information

### 5.1 Downloads

Documents to be completed

- [Application form detailed application](#)
- [Budget form Health~Holland](#)
- [Pre-registration application form](#)
- [Model consortium agreement](#)
- [Template support letter \(English\)](#)
- [Template support letter \(Dutch\)](#)

Documents to be consulted

- [Knowledge and Innovation Agenda 2020-2023](#)
- [Knowledge and Innovation Contract 2020-2023 \(Dutch\)](#)

### 5.2 Questions

For questions about the PPP allowance scheme, please send an e-mail to [tki@health-holland.com](mailto:tki@health-holland.com) or contact us by telephone at +31(0)70-205 1400.

For any questions relating to this specific call, please contact Jochem Christiaansen: [christiaansen@health-holland.com](mailto:christiaansen@health-holland.com)

### 5.3 Submission

The submission process consists of the following two steps:

- **Step 1:** Submit preliminary application (**deadline May 15, 2023, CET 17:00**)
- **Step 2:** Submit full application (**deadline September 19, 2023, CET 17:00**)

The application, both for the preapplication and for the full application, can be submitted by email to Health~Holland at [tki@health-holland.com](mailto:tki@health-holland.com), with "**Submission project SME call**" in the title.