

## Call for submission of applications for PPP Innovation subsidy

### 1. Summary

Health Holland stimulates innovative research and development by financially supporting public-private partnerships (PPPs) in the Life Sciences & Health (LSH) sector. This call encourages companies and research organisations to jointly invest in research & development (R&D) with the aim of developing sustainable, innovative products and services within the Dutch LSH sector, thereby contributing to the economic growth and economic resilience of the Netherlands. Health Holland can financially support a collaborative project by awarding PPP subsidy.

Health Holland has allocated €1.5 million Public Private Partnership (PPP) subsidy and invites companies and research organisations to participate in the Eureka Biotech Call. This international call offers opportunities for innovative R&D collaborations with partners from multiple countries, aimed at accelerating biotechnological innovations with societal and economic impact. In this call, the Netherlands specifically focuses on advancing innovative cell and gene therapies (CGT) and Organ-on-Chip (OoC) technologies, with the goal of accelerating the translation of research into practical applications, thereby contributing to the economic earning capacity and international position of the Netherlands.

The application process for the Eureka Biotech Call 2026 consists of:

- Central submission of the Eureka project application form via [Eureka submission portal](#).
- Submission of national documentation for Dutch participants via [Health Holland submission portal](#).

Deadline for central and Dutch submission **25 September 2026, 11:59 PM CEST**.

Consortia may request a personal meeting with a Health Holland or RVO representative in order to solve consortium or application specific questions. Dutch consortia applying for funding from Health Holland are strongly encouraged to announce their participation in advance by contacting RVO and Health Holland prior to submission, via:

- RVO Call management: Niels van Leeuwen – [niels.vanleeuwen@rvo.nl](mailto:niels.vanleeuwen@rvo.nl) or [teamiris@rvo.nl](mailto:teamiris@rvo.nl)
- Health Holland Call management: Jolande Zijlstra, Annebel Hendrix, Daan Dolfing – [tki@health-holland.com](mailto:tki@health-holland.com)

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## 2. Background information

### 2.1 Background Health Holland

Health Holland is the branding name of the Stichting Topconsortium for Knowledge and Innovation (TKI) – LSH. Health Holland stimulates and facilitates public-private partnerships. Together with its partners, Health Holland strengthens the Dutch LSH ecosystem. Within this dynamic ecosystem, Health Holland brings together science, entrepreneurship, policy, and society to translate scientific insights into innovative technologies and therapies that contribute to a healthier and more resilient society.

### 2.2 Relevance Health Holland & relevant policy documents

#### *PPP Innovation Regulation*

Health Holland implements the PPP Innovation Regulation for the LSH sector on behalf of the Ministry of Economic Affairs. The PPP Innovation Regulation has two main objectives:

- 1) To stimulate public-private partnerships in R&D that are of medium- to long-term societal and economic relevance; and
- 2) To strengthen research that contributes to the Knowledge and Innovation Agendas (KIAs), thereby supporting the economic and societal goals of the [Dutch mission-driven innovation policy](#).

The following laws and regulations apply to the PPP Innovation Regulation (see Section 5.2 for download links):

- Regulation National Grants of the Ministry of Economic Affairs and Climate Policy and Ministry of Agriculture, Nature and Food Quality - BWBR0035474 – Chapter 3.2 PPS-Innovation;
- Framework Decision National Grants of Ministry of Economic Affairs and Climate Policy and Ministry of Agriculture, Nature and Food Quality - BWBR0024796;
- Framework for State aid for research and development and innovation (2022/C 414/01);
- Commission Regulation (EU) nr. 651/2014 of 17 June 2014.

#### *National Technology Strategy*

The [National Technology Strategy](#) (Ministry of Economic Affairs, 2024) defines ten prioritized key technologies as building blocks for a strategic technology policy. These technologies offer the Dutch knowledge sector and industry opportunities to make a positive global impact and are essential for future innovation. In nearly all of these technologies, application, further development, and market deployment in the medical domain play a significant role. The most prominent examples for the LSH sector include the key enabling technologies: Biomolecular and cell technologies, Imaging technologies, and Artificial Intelligence and Data Science. However, the other seven technologies also hold value for the LSH sector. Each submitted project must therefore actively contribute to the further development of at least one of the ten prioritized key technologies identified in the NTS. These are:

- Optical systems and integrated photonics
- Quantum technologies
- Process technology, including process intensification
- Biomolecular and cell technologies
- Imaging technologies
- Mechatronics and optomechatronics
- Artificial intelligence and data science
- Energy materials
- Semiconductor technologies
- Cybersecurity technologies

In February 2026, a specific action agenda was published for each of these ten priority key enabling technologies. These ten action agendas set out how the Netherlands' strategic ambitions can be realised through targeted innovation programmes. These innovation programmes build upon the Netherlands' existing strong knowledge and industrial positions in the international arena, while simultaneously responding to (emerging and desired) growth markets in order to further strengthen these positions.

### *Social theme 'Health & Care'*

The societal theme Health & Care focuses on six missions, developed by the Ministry of Health, Welfare and Sport. These include one central mission and five specific missions. The central mission aims to ensure that people live five years longer in good health, while reducing the health gap between those with high and low socioeconomic status by 30%. The five specific missions contribute to this central goal by focusing on improving the living environment, more care at the right place, improving prospects for people with chronic illness, dementia, and better protection against societal disruptive health threats. In addition to reducing health disparities, labour-saving innovation is a cross-cutting theme that warrants particular attention, given current challenges around increased pressure on the healthcare workforce. The missions are designed with a time horizon up to 2040. The [Knowledge and Innovation Agenda 2024–2027](#) outlines how technological innovation through PPPs can contribute to achieving both the central mission and the five specific missions within the Health & Care domain.

## **2.3 Types of organisations in a PPP subsidy application**

In subsidy applications submitted to Health Holland, a distinction is made between different types of organisations. Correctly categorizing your organisation is, among other things, important to determine whether the consortium composition adheres to the terms and conditions of the call and if your organisation is eligible to apply for PPP subsidy. Within the PPP Innovation Regulation, the following types of organisations are defined:

### *Research organisation<sup>1</sup>*

A research organisation is an entity primarily engaged in independent fundamental research, industrial research, or experimental development, and/or in broad knowledge dissemination through education, publications, or knowledge transfer. The legal form and method of funding (public or private) are not decisive. If the organisation also performs economic activities, separate accounts must be maintained for the financing and revenues of those activities. Enterprises that are able to exercise decisive influence (e.g. as a member or shareholder) must not have privileged access to the research results obtained. Examples of research organisations in the Netherlands include universities, university medical centres (UMCs), universities of applied sciences, and TO2-institutes, and KNAW-institutes.

### *Enterprise*

According to established case law of the European Court of Justice, an enterprise is any entity engaged in economic activity, irrespective of its legal form and manner of funding. These economic activities generate revenue and income, for example by providing goods or services, for more than a symbolic fee. The entity must not be entirely funded through subsidies or donations. A for-profit status is not required, competition on the market is sufficient (economic activities).

### *For-profit enterprise*

A for-profit enterprise carries out economic activities with the goal of generating profit that can be distributed to shareholders, owners, and/or participants.

⚠ Please note: Within Health Holland Calls, the term *company* always refers to a for-profit enterprise.

### *Non-for-profit enterprise*

A non-profit enterprise meets the same general definition as a for-profit enterprise, in that it engages in economic activities that generate revenue and income. However, its profits are not distributed to shareholders, owners, or participants, but are entirely reinvested in the organisation's objectives, such as research and development, social goals, and/or cultural initiatives.

⚠ Please note: A foundation ('*Stichting*') cannot be categorised as a for-profit enterprise. It may only be classified as a non-for-profit enterprise, a research organisation (if it meets the relevant criteria), or 'Other organisation'.

<sup>1</sup> For the definition of research organization, see Section 1.3 Definitions (Chapter 1.3, Article 16.ff) of the [Framework on State Aid for Research, Development and Innovation](#). More information: <https://www.rvo.nl/onderzoeksorganisatie>

Both for-profit and non-for-profit enterprises can be divided based on their size (FTE) and annual turnover or balance sheet total.

#### *Small and Medium-sized Enterprises (SMEs)*

According to Recommendation 2003/361/EC of the European Commission, an enterprise qualifies as a small or medium-sized enterprise (SME) if it employs fewer than 250 full-time equivalents (FTEs), and either has an annual turnover not exceeding €50 million, or an annual balance sheet total not exceeding €43 million. Within the SME category, a further distinction is made between micro, small, and medium-sized enterprises. More information on SME classification can be found in the [User Guide](#) and [SME Wizard](#) provided by the European Commission.

#### *Large enterprise*

An enterprise is considered a large enterprise if it employs 250 FTEs or more, and/or has an annual turnover that exceeds €50 million and a balance sheet total exceeding €43 million.

#### *Other organisations*

Organisations that do not meet the definition of research organisation or enterprise are considered as “other organisations”. In general, this includes health funds, top-clinical hospitals, general hospitals, Regional Development Agencies (ROMs), and organisations with an ANBI-status.

## **2.4 Participation of target group & end users**

To increase the likelihood of successful implementation and adoption of an innovative product or service, it is essential for the consortium to identify, at an early stage, who will be affected by the innovation. This can be divided into two groups: those directly affected by the implementation, the end users, and those indirectly experiencing its effects, the target group. To enhance future acceptance, it is important to clearly identify the relevant groups and actively involve them in the development of the innovative product or service. In some cases, the end user and the target group may be the same.

#### *End users*

End users are defined as the individuals or organisations who will directly work with the innovation or whose work will be affected by its implementation. End users interact directly with the innovation and can, based on their experience, provide valuable input to support its development, improvement, and implementation.

#### *Target group*

The target group is defined as the individuals or organisations who will indirectly benefit from the successful implementation of the innovation. The societal relevance of the project is often characterised by this group, which will experience the (positive) effects of the innovation without necessarily undergoing any change themselves.

For example: A consortium develops a novel immune therapy for patients with metastatic lung cancer. The target group consist of patients with metastatic lung cancer, for whom the therapy is being developed. The end users are the professionals who will work directly with the therapy, such as doctors and nurses.

To increase the success of innovations, Health Holland encourages equal collaboration with both the target group and the end users, including citizens in their roles as patients, users, clients, and family members. Where applicable, researchers must be able to apply participatory methods to enable safe and equitable collaboration and co-creation. It is permitted to hire an external centre of expertise to support this process. These costs, within the duration of the project, are eligible and fundable by PPP subsidy.

## **2.5 ARRIVE-Guidelines**

When research involves the use of animals, it is essential that the **ARRIVE Guidelines (Animal Research: Reporting of In Vivo Experiments)** are followed. These internationally established guidelines provide a clear framework for the thorough and transparent reporting of animal studies. Adhering to ARRIVE improves the

quality of research publications, enhances the reproducibility of results, prevents unnecessary duplication of experiments, and ensures the ethical justification of animal use.

Following these guidelines also ensures alignment with international standards and the publication requirements of leading scientific journals and funders. In this way, the scientific value of the research is strengthened, while guaranteeing that the use of animals contributes to the greatest possible scientific and societal impact. More information about the ARRIVE-guidelines can be found [here](#).

### 3. Context & Terms and conditions

#### 3.1 The Netherlands scope requirements

To be eligible for funding in the Netherlands, projects must align with the following scope: Advancing Innovative Therapies and Organ-on-Chip Technologies. In this call, the Netherlands specifically focuses on advancing innovative cell and gene therapies (CGT) and Organ-on-Chip (OoC) technologies, with the goal of accelerating the translation of research into practical applications. Projects may focus on the development of novel CGT therapies, the development and improvement of OoC technologies for diverse applications, or a combination of both.

Please note: Other topics outside of these areas will not be considered for funding.

##### *Cell and Gene Therapy (CGT) projects*

For CGT projects, the focus is on translational research and clinical development (TRL 4-7) of cell and gene therapies. Projects should aim to bridge the gap between early-stage research and clinical application, with an emphasis on making therapies clinically effective, scalable, sustainable, and affordable. Proposals may address key challenges in CGT through the development of technically innovative solutions to overcome bottlenecks in, for example, manufacturing, delivery, regulatory approval, or cost-effectiveness. The goal is to accelerate the development of CGT solutions, ensuring faster market entry, broader patient access, and sustained cost-effectiveness. For more information on which costs are eligible for funding, please consult section 3.6.

##### *Organ-on-Chip (OoC) projects*

For OoC projects, the focus is on the development of organ-on-chip models and their translation into practical applications (TRL 4-7). Projects may address key challenges in the further development and validation of these models, through the development of technically innovative solutions to overcome bottlenecks in for example standardization, scalability, or application. Proposals should demonstrate the feasibility and potential of OoC technologies for disease modeling, toxicity testing, and therapeutic evaluation, with the goal of supporting their wider adoption in preclinical research and drug development. For more information on which costs are eligible for funding, please consult section 3.6.

#### 3.2 Terms and conditions for the collaborative research project

The application must meet a number of conditions. Below you will find the requirements for the collaborative project, specific to this Eureka Biotech Call:

- The main applicant a Dutch for-profit enterprise (company) or Dutch research organisation.
- A consortium must consist of at least two independent Dutch partners, complemented by at least two independent partners from one of the priority countries participating in this Eureka Call. For both the Netherlands and the priority countries, at least one company and one research organisation must be involved.
  - The participating priority countries are Belgium, France, Germany, Singapore, Spain, Sweden, and Switzerland.
- In the project activities, there must be a technological risk involved (industrial research and/or experimental development – TRL4-TRL7).
- The project must be directed at researching or developing a (set of) product(s), process(es) or service(s).
- The maximum project duration is 36 months, and the project starts between 1 February and 1 June, 2027<sup>2</sup>.
- The project must benefit all project partners in a well-balanced consortium, and the project is significant to the health strategies in countries involved.
- The project has an obvious advantage and added value resulting from the cooperation between the participants from the different countries (e.g. increased knowledge base, commercial leads, access to data, R&D infrastructure, etc.).

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<sup>2</sup> A project start date of 1 January 2027 is possible, but only realistic if the consortium completes the required steps following conditional approval in a timely manner. This may require deviation from the planning as described in Section 4, and may necessitate an accelerated timeline for the rebuttal phase and the finalisation of the consortium agreement. Commencing the project prior to the signing of the PPP subsidy Agreement is undertaken at the consortium's own risk.

- The application form, budget form, and consortium agreement used must be the versions specific to the Eureka Biotech Call. Outdated or other versions of these documents will not be accepted.

In addition, the following conditions apply to the PPP project:

#### *Financial*

- No single organisation or country can be responsible for more than 70% of the total international project budget.
- Combined, the Dutch consortium partners may apply for a minimum of €400.000 and a maximum of €750.000 PPP subsidy.
- Dutch research organisations and Dutch SMEs are eligible to apply for PPP subsidy in accordance with the financial conditions set out in Section 3.5.
- Cofinancing is required, as set out in section 3.5.
- Effective collaboration<sup>3</sup> takes place; this means, among other things, that the project is carried out at joint cost and risk and that all consortium partners make a substantive contribution to the project.
- All consortium partners must at least incur personnel costs, which must be visible in the budget form.
- In addition to the in-kind contribution, it is also possible to contribute in-cash. An in-cash contribution from one party must be used within the project to cover the costs of another consortium partner.
- Applying for PPP subsidy and making an in-cash contribution by the same party is not permitted.
- Consortium partners may not hire or compensate each other for services or products within the project. Consequently, consortium partners may not invoice each other. Third parties may be hired for services; they are not consortium partners.
- If the consortium will receive, has received, or has applied for, other public grants for the submitted project, for example from NWO, ZonMw, TNO, TTW or Health Holland, the regulation regarding cumulation of different grants applies<sup>4</sup>. This must be indicated in the application form under question A.4-17.

#### *Relevance*

- The project's deliverables consist of innovative products or services that deliver both societal and economic added value and contribute to the Netherlands' economic earning capacity.
- The project makes a concrete contribution to the (further) development of one or more of the ten prioritized key technologies identified in the [NTS](#) (see Section 2.2).
- The research fits within the central mission and one of the five focused missions that contribute to the central mission as described in the [Knowledge and Innovation Agenda \(KIA\) 2024-2027](#)
- If the table of question 4 of the application form (section: Project information) indicates a potential conflict of interest, this must be addressed in a separate document, based on Appendix F.
- The consortium is encouraged to (re)use existing data where possible. Data generated during the project must be managed and made available in accordance with the FAIR principles.

### **3.3 Consortium composition**

To be eligible for funding in the Netherlands, a public-private project consortium must include at least two independent partners from the Netherlands: one research organisation and one for-profit enterprise, as well as two independent partners from a Health Holland priority country: one research organisation and one (for-profit) enterprise.

- Health Holland priority countries participating in this biotech-call are Belgium, France, Germany, Singapore, Spain, Sweden, and Switzerland (See Annex II: Target countries, [Health Holland International Strategy 2024-2027](#)).

Organisations from non-priority countries are welcome to join if the consortium criterion is met and (public or self-) funding is secured by the call deadline. The consortium will provide one party as the main applicant for the

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<sup>3</sup> For the definition of effective collaboration, see Section 1.3 Definitions, Article (h) of the Framework on State Aid for Research, Development and Innovation.

<sup>4</sup> The accumulation provisions are stated in Section 2, article 6, of the [Framework Decision National Grants of the Ministry of Economic Affairs](#). The support limits with respect to the acquisition of PPP subsidy are stated in article 3.2.5 of the [Regulation National Grants of the Ministry of Economic Affairs and Climate Policy and Ministry of Agriculture, Nature and Food Quality](#).

central submission in the Eureka submission portal. Additionally, one of the Dutch consortium partners acts as the project coordinator for the national documents submitted to Health Holland and serves as the contact point for Health Holland throughout the entire process.

### 3.4 Consortium agreement & policy on intellectual property

Before the start of the project, all consortium partners must sign a consortium agreement. This agreement sets out the mutual arrangements, responsibilities, rights and obligations of all parties involved. It provides a legal framework for the implementation of the project, and includes provisions on decision-making and conflict resolution, the accession or withdrawal of consortium partners, and the allocation and use of intellectual property rights (IP). The model consortium agreement for the Eureka Biotech Call is available via the Health Holland website, both in a standard version and clinical studies version.

**⚠ Using the model consortium agreement made available for the Eureka Biotech Call is mandatory. Any modifications in the model must be clearly identifiable for Health Holland.**

Agreements on IP follow the [Framework for State aid for research, development and innovation](#) (specifically Article 2.2.2) and the PPP Innovation Regulation ([Staatscourant, 20 October 2023, no. 28651](#)).

#### IP rights

The general principal is that the party that independently develops a result shall be the owner thereof (ownership follows inventorship). However, there are three exceptions under which intellectual property generated by the research organisation may be assigned to the industrial partner. These two exemptions may be applied individually or in combination and are jointly included in the template.

#### **Option A: Adequate reflection of the contribution (Art. 8.2.1 & 8.10 – OPTIONAL)**

Where applicable, the parties may explicitly agree in advance that specific Foreground, developed (in part) by a research organisation, shall nevertheless be owned by the industrial partner. This is permissible where such allocation constitutes an adequate reflection of the industrial partner's significant contribution to the creation of those results. This construction is **optional** and requires a concrete description and substantiation in Article 8.10, specifying both the Foreground concerned and the respective contributions of the partners that justify this deviating allocation of ownership.

Within the adequate reflection, it is also possible to incorporate the *full funding principle*. If a research organisation develops a result, but the associated costs are borne in full by the industrial partner, ownership of that result shall be assigned to the industrial partner. In practise, this situation will occur rarely, as PPP projects are based on effective collaboration involving shared contribution and co-financing.

**⚠ Adequate reflection of the contributions (article 8.2.1 and 8.10) is optional.** The consortium may delete article 8.2.1 and 8.10 from the consortium agreement when this is not applicable.

#### **Option B: Option Right (Art. 8.2.2 & 8.5-8.8)**

Industrial partners that contribute substantially to the project budget (at least 10% in-cash and/or in-kind) can obtain Option Right to the Foreground developed by the research organisation for:

- Obtaining a (exclusive) licence to use Foreground owned by research organisations;
- Acquiring ownership of Foreground.

Where the option right is exercised, the parties shall, in mutual consultation, agree on the terms of a licence or transfer. At a minimum, such agreement shall include:

- Market-conform remuneration, taking into account and offsetting the company's financial contribution to the project.
- Anti-shelving clause: the company commits to the effective exploitation of the Foreground.
- Grant-back provision: the research organisation retains a royalty-free, non-exclusive licence for research and educational purposes.

- Indemnification: protection of the research organisation against claims arising from the company's use of the Foreground.
- Preservation of Access Rights: the Access Rights of other consortium members shall remain unaffected.

#### **Parallel agreement (Art. 8.11 - OPTIONAL)**

If two or more parties have already concluded (or intend to conclude) a separate agreement, such agreement may be applied within a PPP subsidy project, provided that it complies with the applicable framework regulation, has been submitted to Health Holland in a timely manner, and has been confirmed in writing as not being in conflict with the consortium agreement. In the event of any inconsistency, the consortium agreement shall prevail at all times. If no parallel agreement exists or is envisaged, Article 8.11 can be removed.

Results that are not subject to intellectual property rights must be disseminated broadly.

More information on the consortium agreement and the available options for IP allocation can be found in the supporting document available on the website.

### **3.5 What amount of funding can be applied for?**

Within a Eureka project, separate budgets are drafted per participating country. Within the overall project budget, no single organisation or country can be responsible for more than 70%.

Within the Dutch part of the budget, PPP subsidy can be requested by Dutch research organisations and Dutch SMEs. Other parties are welcome to participate in consortia but cannot finance their costs using PPP subsidy. The total amount of PPP subsidy requested per project must be between €400.000,- and €750.000,-. The conditions for the use of PPP subsidy are outlined below per type of organisation.

#### *Dutch Research organisations*

Dutch research organisations may fund up to 70% of their own costs with PPP subsidy for industrial research and may fund up to 60% of their own costs with PPP subsidy in case of experimental development.

#### *Dutch SMEs*

Dutch SMEs (both for-profit and non-profit enterprises) may finance up to 60% of their own costs with PPP subsidy for industrial research. For experimental development, they may finance up to 40% of their own costs using PPP subsidy.

#### *Conditions for applying for PPP subsidy by Dutch SME's*

As substantiation of SME status, each SME must submit a completed '[SME check](#)'. For all state aid subsidies, including the PPP Innovation Regulation, a company may only receive a PPP subsidy if it does not qualify as an Undertaking in Difficulty (OIM) according to the applicable definition. Accordingly, it is mandatory for all companies applying for PPP subsidy to submit a "Declaration of non-Undertaking in Difficulty", or '[verklaring geen onderneming in moeilijkheden](#)' accompanied by the completed decision tree, and where applicable, an organisational chart of the affiliated group, clearly indicating the shareholding structure and ownership relationships. The definition of OIM, declaration, and the decision tree can be found [here](#).

Please note: Health Holland may request additional information on a random basis to verify the submitted declaration and completed decision tree. Applicants may be required to provide supporting documentation, including:

- The statutory and/or consolidated annual accounts of the undertaking (or group of undertakings) used for completing the decision tree (with a balance sheet date not older than 18 months).

## Other parties

Dutch large enterprises, Dutch enterprises in difficulty (*ondernemingen in moeilijkheden*)<sup>5</sup>, Dutch other parties and all foreign parties are not eligible to apply for PPP subsidy. Foreign parties can apply for subsidy via their own funding body.

## Financial conditions

Table 1.A summarizes these subsidy percentages mentioned above. Table 1.B shows the minimum percentage of **total Dutch project costs** that must be contributed by the Dutch research organisation(s) and Dutch enterprise(s) in the project. These minimum contributions refer to the combined contribution of all Dutch organisations of the same type within the consortium. For illustration: if a consortium consists of multiple Dutch research organisations, these must jointly contribute at least 10% of the total Dutch project costs in-kind.

Section 5.1 provides two calculation examples in which the funding conditions are applied to two different types of consortia.

**Tabel 1.A: Funding per type of research**

### Partner level

Max % PPS subsidy based on eligible costs partner	Industrial research	Experimental development	Additional information
Dutch Research organisations	70%	60%	
Dutch SMEs	60%	40%	1. Declaration no 'OIM' required 2. SME-check required
Foreign parties, Dutch other parties, Dutch large enterprises, Dutch 'OIM's'	0%	0%	-

**Tabel 1.B: Minimal contributions**

### Project level

Minimal contribution based on total project cost	Industrial research	Experimental development
Research organisations	min. 10%	min. 10%
For-profit and non-for-profit enterprises	min. 15%	min. 30%

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

## 3.6 Calculating project costs

Only costs that are directly related to the R&D activities within the project are considered eligible and may be entered in the budget form. The budget form distinguishes between five types of eligible costs. Please consult the 'Toelichting kostensoorten' tab in the budget form for additional information.

### Personnel costs

Each consortium partner must include personnel costs in the budget form. Examples of personnel costs directly related to R&D include scientific staff (PhD candidate, postdoc, PI), technicians, and scientific support staff. One of the three costing methodologies outlined in the [Framework Decision National EZK and LNV Grants \(Section 4\)](#) must be used to calculate personnel costs. Each organisation may use only one of these methodologies.

#### *Personnel costs + 50% overhead methodology ('Loonkosten + 50% opslagsystematiek')*

The direct personnel costs (gross salary, holiday allowance, non-profit-based year-end bonus / 13th month, employer contributions, etc.) of project staff are entered and automatically increased by a 50% overhead. This overhead is intended to cover the indirect or overhead costs of the organisation. The hourly rate is calculated by dividing the direct personnel costs by the number of productive hours per

<sup>5</sup> For the definition of enterprise in difficulty or 'onderneming in moeilijkheden' see Algemene Groepsvrijstellingsverordening (EG) nr. 651/2014, Pb L187/1 (hereafter AGVV).

year that is customary in your organisation. This method is mainly intended for staff in (permanent) employment.

#### *Fixed hourly rate ('Vastuurtarief')*

The fixed hourly rate is a reimbursement for the organisation's personnel/labour costs and indirect or overhead costs. Under the PPP Innovation Regulation, a fixed hourly rate of €60 per hour applies. Parties that do not use PPP subsidy may use their own hourly rate. However, a condition is that the calculation of the costs takes place on the basis of a customary and verifiable method and is based on business principles and standards that are considered acceptable in society and that the participants in a collaborative project apply systematically. These parties may adjust the default €60 hourly rate in the budget form.

#### *Integral costing system ('Integrale kostensystematiek' or IKS)*

The IKS method is suitable for large organisations that regularly apply for grants from RVO. This method must be pre-approved by RVO at the organisational level. When using IKS, the organisation must submit proof of RVO approval together with the application. **Please note: When using the (IKS), costs for materials, depreciation, travel and accommodation, etc. are often already included in the personnel costs. To avoid double funding, such costs may not be listed separately in the budget form.**

⚠ A complete and accurate time registration must be maintained for personnel costs throughout the duration of the project.

#### *Costs for materials and supplies*

Costs for materials and supplies include the cost of consuming materials from stock, as well as materials specifically purchased for this project. The cost of consuming materials not specifically purchased for the project may be listed if usage is properly documented. When listing consumables, the historical cost price must be used. Materials include consumable goods such as raw materials, components, chemicals, kits, etc.

#### *Costs for equipment*

Equipment costs include costs for the use of existing equipment, or the purchase of new equipment, machinery, and software licences. Usage costs of existing equipment, or equipment not specifically purchased for the project, must be calculated based on a verifiable record of use. This means that you must demonstrably track how much time or how many operations the equipment is used for the project. A cost per unit of time or operation must also be calculated. The purchase of equipment specifically for this project must be substantiated with an invoice and listed based on a linear depreciation method with a minimum depreciation period of five years.

⚠ When a company lists costs for a product, service or supply under this scheme, those costs must be based on the actual cost price. Charging profit margins, markups or other commercial rates is not permitted. Only directly attributable, real, market-based costs demonstrably incurred for the implementation of the project may be listed.

#### *Third party costs*

Third-party costs are direct project costs for which you receive invoices from external parties. It must be ensured that these costs are proportionate to the rest of the project budget. If this cost category is excessively high, it may negatively affect the evaluation by the review committee. Examples of third-party costs include outsourced animal experiments, hiring a consultant, compensation for volunteers, payments to board members through a separate legal entity, or secondment of personnel.

⚠ Consortium partners are **at no time** permitted to issue invoices to one another, or otherwise provide financial compensation to one another, for services or products within the project. Such arrangements are only permitted with third parties that are not members of the consortium.

#### *Publication, travel and accommodation costs*

Costs for Open Access publication, conferences, and travel and accommodation for international conference attendance may be listed here. Costs for domestic travel and commuting are not eligible for subsidy.

#### *Examples of non-eligible costs*

Below is an overview of examples of non-eligible costs. These costs may not be listed in the budget form:

- Patent applications and maintenance<sup>6</sup>
- Auditor's report
- Bench fee
- Overhead
- Support staff not directly related to substantive R&D activities, such as:
  - Project controller
  - Business developer
  - Administrative staff
- Costs related to the implementation of the developed innovation
- Preparation of a business case
- Conducting cost-effectiveness research (*Health Technology Assessment*)
- Non-scientific dissemination
- Project management tasks<sup>7</sup> not directly related to the substantive R&D activities, such as:
  - Escalation to a steering committee
  - Development of a risk management model
  - Administrative reporting

#### *Instruction budget form*

Within the Eureka Biotech Call, a specific budget form must be used. This budget form contains several built-in functions and references. It is therefore important to follow the instructions of the budget form (see the "Instructions" tab in the budget form). Modifying the built-in functions and references in the budget form is not permitted.

For an explanation of the (calculation of) eligible costs see the [Commission Regulation \(EU\) No. 651/2014 of June 17, 2014, Article 25](#) and the [Framework Decision National EZK and LNV Grants](#), Chapter 4, Article 10-14.

### **3.7 Data management**

#### *Open access publications*

Health Holland believes that research results that are (partially) funded with PPP subsidy (public funds) should be freely accessible worldwide. All scientific publications of research funded by PPP subsidy should therefore immediately (at the time of publication) be freely accessible worldwide (open access). Via the website <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.

#### *FAIR*

Health Holland encourages optimal use of research data and therefore requires this data to be stored according to the [FAIR principles](#): findable, accessible, interoperable and reusable. This means that the data generated in the projects can be found, understood and used by both humans and machines. The process of making data FAIR is explained by the GoFAIR foundation in [the three-point FAIRification framework](#). Health Holland plans to expand its policy regarding FAIR data management in the future and will increasingly monitor the FAIRness of data.

#### *Data management plan*

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<sup>6</sup> Costs for patents that are purchased under arm's length conditions from, or licensed by, external sources are eligible for subsidy.

<sup>7</sup> Project management tasks that are directly related to R&D activities (e.g. discussions with employees, analysing technical risks, preparation of substantive reports, preparation of specifications) are eligible for subsidy.

Health Holland also wants to raise awareness among researchers about the importance of responsible data management. Applicants should therefore answer a number of questions on data management in the application form. After final approval of an application, applicants need to prepare a data management plan, using a Health Holland template. Approval of the data management plan by Health Holland is a condition for the provision of PPP subsidy.

## 4. Procedure

### 4.1 Application procedure and timeline

Publication Eureka Biotech Call	31 March 2026
Deadline submission central and national application	Friday 25 September 2026 23:59 CEST
Eligibility check (national) application	Within one week of receipt of the application
Assessment by the National Evaluation committee	±6 weeks after the deadline
Decision Board of Health Holland	±9-11 weeks after the deadline
Award or rejection letter	Preferably by the end of 2026, subject to alignment with other participating Eureka countries
Submission final unsigned concept version consortium agreement	Within six weeks of the award letter – <i>Before the start date of the project</i>
Submission consortium agreement signed by all partners	Within four weeks after approval of the final version by Health Holland
Submission PPP Subsidy Agreement signed by Dutch partners	Within four weeks after receipt of the PPP Subsidy Agreement

Please note that this schedule is subjected to change.

### 4.2 Full application

#### 4.2.1 Submission of a full application

The deadline for submitting the full application is Friday 25 September 2026 23:59 CEST. The central Eureka submission form must be submitted via [the central submission portal](#). The national documentation for Dutch participants must be submitted via the [Health Holland submission portal](#). All required national documents are available on the [website](#). The full proposal must include:

- A national application form using the *HH – Application form – EBC26*.
- A copy (printout or pdf) of the central Eureka submission form.
- Budget form; using the *HH – Budgetform – EBC26*.
- Letters of Commitment (Letters of Intent will not be accepted) for all Dutch co-applicants, in which each participant confirms its co-financing and specifies the amount of in-kind and/or in-cash contribution, signed by an authorised representative. The Dutch main applicant is not required to submit a Letter of Commitment.
- An unsigned concept version of the consortium agreement (a blank template is not accepted). The consortium is required to use the template consortium agreement provided by Health Holland<sup>8</sup>. The draft may only contain non-essential changes that do not conflict with the regulatory framework. In case of doubt, the consortium should consult an expert, such as the technology transfer office of the research organisation or a legal advisor.
  - The consortium agreement shall apply to all partners within the entire international consortium.
- A signed ‘*verklaring geen onderneming in moeilijkheden*’ (declaration of no enterprise in difficulty), accompanied by the completed decision tree, and where applicable, an organisational chart for all Dutch SMEs (both for-profit and no-for-profit) that apply for PPP subsidy.
- An [SME check](#) for all Dutch SMEs that intend to use PPP subsidy within the project. The outcome of the questionnaire must be included with submitting the application.

#### Instructions for completing the application form:

- The Dutch application form may be completed in either Dutch or English. *Please note: Some questions may appear both in the central Eureka application form and in the national Dutch application form. In such cases, answers may be copied.*
- Avoid repeating answers: every response must have a distinct added value compared to the previous ones.
- Additional annexes or documents other than those mentioned above are not allowed and will not be considered.

<sup>8</sup> In the event of an existing consortium agreement, the consortium is required to contact Health Holland directly.

- Do not exceed the word limit per question in the application form.
- Avoid copying AI-generated content without editing; ensure the application reflects the consortium's own vision, context and expertise. It is the consortium's responsibility to fact-check and substantiate all claims.
- It is permitted to include images to support the proposal. However, using text tables as images or including images with excessive text to bypass word limits is not allowed. Images with limited, supporting text are allowed and do not count toward the word limit.
- Claims and data must be supported by sources cited in the reference list (Section D. References).
- The application form must be signed by a formally authorised representative of the organisation acting as main applicant.

#### 4.2.2 Eligibility check

Upon receipt, Health Holland will assess the Dutch proposal for eligibility within one week. This includes checking completeness and compliance with the requirements outlined in Section 3.2. If the proposal is incomplete, the consortium will have three working days to make corrections and provide the missing information. If the proposal is found not eligible, this will be communicated to the applicants.

#### 4.2.3 Assessment of the PPP subsidy application

##### *International assessment of the application*

All submitted proposals are assessed independently by the respective national funding agencies in accordance with both the national and international call requirements. The funding agencies subsequently decide, through a joint consultation, which proposals will receive a recommendation for funding.

##### *National assessment of the application*

Both the Dutch application documents and central application of all eligible proposals will be assessed by Health Holland based on the terms and conditions of this call, including the research type and alignment with strategic policy documents such as the NTS. In addition, proposals will be evaluated by an independent national expert evaluation committee. Health Holland may also consult external reviewers. All committee members and reviewers must sign a confidentiality agreement before assessing any proposals.

The evaluation committee will assess the applications across the four categories. Each category consists of several sub-criteria, as outlined below. The committee assigns a score (1–4) per category, taking the sub-criteria explicitly into account, but without scoring them individually. Based on these scores, a ranking of all proposals will be established. During the committee meeting, each full proposal will be discussed individually and provided with a recommendation for (conditional) approval or rejection. Depending on the number of positive recommendations and the available budget, a final ranking will be submitted as advice to the Health Holland Board. The Board will make the final decision on awarding the proposal and the corresponding amount of PPP subsidy.

*Note: Where necessary, applicants may request that Health Holland sign a non-disclosure agreement.*

#### 4.2.4 Evaluation criteria

The evaluation committee will assess the applications on the following Eureka criteria, complemented with a few national criteria.

##### 1. *Impact*

- a) Is the market properly addressed (i.e. size, access and risks)?
- b) Is the value creation properly addressed (i.e. employment opportunities and environmental and societal benefits)?
- c) What are the competitive advantages of your project (i.e. strategic importance, enhanced capabilities and visibility)?
- d) Are your commercialisation plans clear and realistic (i.e. return on investment, geographic and sectoral impact)?
- e) National criterion: The planned activities to further development of the project's results towards market introduction (end of project to TRL 9) are well thought-out, including a realistic timeline.

- f) National criterion: The economic value of the whole project for the Netherlands is clearly described, and quantitatively substantiated, including why this specific project is necessary to achieve that value.
2. *Excellence*
- a) What is the degree of innovation? (i.e. is the proposed product, process or service state-of-the-art? Is there sufficient technological maturity and risk)?
  - b) How would you use new knowledge?
  - c) Is your project scientifically and technically challenging for consortium partners?
  - d) Are the technical achievability and risk properly addressed?
  - e) National criterion: It is clear when the project can be labelled 'successful' and what criteria are used to do so.
3. *Quality and efficiency of implementation*
- a) What is the quality of your consortium (i.e. balance of the partnership and technological, managerial and financial capabilities of each partner)?
  - b) Is there added value through international cooperation?
  - c) Is your project management and planning realistic and clearly defined (i.e. methodology, planning approach, milestones and deliverables)?
  - d) Is your cost structure reasonable (i.e. costs and financial commitment for each consortium partner)?
4. *National category – Societal value*
- a) The project addresses a clearly defined problem definition socially relevant in the Netherlands. The project provides a convincing and substantiated contribution to its resolution.
  - b) The end user and target group of the innovation is clearly described and sufficiently involved in the design and execution of the project.
  - c) The planned activities to disseminate and implement the results of the proposed research are well considered and clearly defined for each partner.
  - d) The project aligns well with the Knowledge and Innovation Agenda 2024-2027 by contributing to the central mission and at least one of the five specific missions.
5. *Overall perception*
- Experts will list three positive and negative points about your application and state whether they recommend your project for public funding.

### **4.3 Award procedure, monitoring and payments**

#### *4.3.1 After a PPP subsidy application has been awarded*

No later than six weeks after receiving the grant award letter, the project coordinator must submit an unsigned final version of the consortium agreement, as agreed upon by all partners, to Health Holland for review. The consortium agreement shall apply to all partners within the entire international consortium. Once the consortium agreement is approved by Health Holland, the consortium will be given four weeks to obtain signatures from all partners.

Once the consortium agreement has been fully signed and approved, Health Holland drafts up a national funding agreement, the PPP Subsidy Agreement, which must be signed by all Dutch partners within four weeks of receipt. The PPP Subsidy Agreement is a contract between Health Holland and all Dutch consortium partners in which, among other things, the rights, obligations, and contributions of the various partners are laid out.

Health Holland will publish information about all awarded projects on the [project page](#) of its website, based on a project profile completed by the consortium. In addition, the consortium must submit a data management plan (see Section 3.7). Templates for both documents will be provided by Health Holland and must be submitted together with the signed version of the PPP Subsidy Agreement.

Once Health Holland has received and approved the signed PPP Subsidy Agreement, the data management plan, and the project profile, the first instalment of the PPP subsidy will be paid to the Dutch main applicant. The

remaining payments will be made annually, after receipt and approval of a progress report and, finally, the final report. Payments will be made to the institution where the project coordinator is employed; the project coordinator is responsible for any financial redistribution to the other consortium partners and for collective accountability for the use of the funds<sup>9</sup>.

#### 4.3.2 During the course of the project

Throughout the project duration, the following obligations apply:

- Communication about the PPP project must, at all times, reflect and carry out its public-private nature, including mention of the involved public and private partners. The full communication guidelines can be found [here](#).
- A time registration must be kept for every employee throughout the duration of the project.
- RVO is expected to request annual progress information for all ongoing PPP-funded projects. To this end, the project coordinator will be asked at the beginning of each calendar year to submit information regarding the consortium, project progress, and any changes that occurred in the previous year. The primary purpose of this request is to inform the Dutch Parliament and the general public annually about the progress of the PPP Innovation Programme.
- Each project will be assigned an account manager, who will act as the primary point of contact from Health Holland throughout the entire project. This person is also responsible for attending steering group meetings and reviewing the progress and final reports.
- Within six weeks after each project year, the Dutch main applicant must submit a progress report. A format will be provided. If the project duration is less than 18 months, only a final report is required.
- Each consortium must organise one steering group meeting per year. The Dutch main applicant must notify Health Holland in advance so the account manager (or another representative) can attend. If needed, a member of the evaluation committee may remain involved for monitoring.

#### 4.3.3 After project completion

Within eight weeks of the project's end date, the Dutch main applicant must submit the following documents to Health Holland:

- A final report (template provided by Health Holland).
- A board of directors' statement for each Dutch partner receiving less than €125.000 of PPP subsidy with respect to their total project costs. Each board of directors' statement must be accompanied by proof of signing authority, such as a Chamber of Commerce extract or mandate.
- An audit report (*controleverklaring*) for each Dutch consortium partner receiving €125.000 or more of PPP subsidy with respect to their total project costs. It is also possible to provide a joint audit report for multiple parties.
- An updated project profile, including the results of the completed project.

The final PPP subsidy payment will be made once all of the above documents<sup>10</sup> have been received and approved by Health Holland.

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<sup>9</sup> If the consortium wishes to deviate from this arrangement, it is possible to have the PPP subsidy paid to a consortium partner other than the main applicant, subject to consultation with Health Holland. However, Health Holland will in all cases disburse the PPP subsidy to a single party, which will be responsible for distributing the funds to the other consortium partners.

<sup>10</sup> Please note: the required documentation for the final reporting may be subject to change, depending on any new requirements imposed by RVO.

## 5. More information

### 5.1 Calculation examples for the Dutch part of the budget

#### Calculation example 1 – Research organisation and SME

This calculation example assumes a project consisting of industrial research

Dutch consortium partners	Costs
Research organisation X	€ 600.000
SME Y	€ 400.000
<b>Total</b>	<b>€ 1.000.000</b>

Consortium partners	Max. % PPS-Subsidy*	Max. € PPS-Subsidy
Research organisation X	70%	€ 420.000
SME Y	60%	€ 240.000
<b>Total</b>	<b>66%</b>	<b>€ 660.000</b>

\*Percentage PPS-Subsidy is calculated over the total costs of the partners in question

Minimal required contributions	% of total cost*	Minimal contribution (€)
Research organization(s)	10%	€ 100.000
Enterprises (for-profit and non-profit).	15%	€ 150.000
<b>Open amount to be freely funded based on cost and minimum required contribution</b>	<b>= €1.000.000 (cost) - €660.000 (max. subsidy) - €250.000 (min. contributions)</b>	<b>€ 90.000</b>

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

Dutch Parties	Total costs	In kind	In cash	PPS subsidy
Research Organisation Y	€ 600.000	€ 180.000	€ 0	€ 420.000
SME X	€ 400.000	€ 160.000	€ 0	€ 240.000
<b>Total</b>	<b>€ 1.200.000</b>	<b>€ 440.000</b>	<b>€ 0</b>	<b>€ 760.000</b>

In this example, the open amount to be freely funded of €90.000 is provided in-kind by both the research organisation (€80.000) and the SME (€10.000), with both parties applying for the maximum amount of PPP subsidy.

#### Calculation example 2 - Consortium consisting of four Dutch parties

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

Dutch Consortium partners	Costs
Research Organisation X	€ 500.000
SME Y	€ 250.000
Large Enterprise Z	€ 200.000
Hospital A	€ 50.000
<b>Total</b>	<b>€ 1.000.000</b>

Consortium partners	Max. % PPS-Subsidy*	Max. € PPS-Subsidy
Research Organisation X	70%	€ 350.000
Dutch SME Y	60%	€ 150.000
Large Enterprise Z	0%	€ 0
Hospital A	0%	€ 0
<b>Total</b>	<b>50%</b>	<b>€ 500.000</b>

\*Percentage PPS-Subsidy is calculated over the total costs of the partners in question

Minimal required contributions	% of total cost*	Minimal contribution (€)
Research organisation	10%	€ 100.000
Enterprises (for-profit & non-profit)	15%	€ 150.000
<b>Open amount to be freely funded based on cost and minimum required contribution</b>	<b>= €1.000.000 (costs) - €500.000 (max. PPS-Subsidy) - €250.000 (min. contribution)</b>	<b>€ 250.000</b>

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

### Funding per partner

Consortium partners	Total costs	In kind	In cash	PPS-Subsidy
Research organisation X	€ 500.000	€ 125.000	(€ 25.000)*	€ 350.000
SME Y	€ 250.000	€ 100.000	€ 0	€ 150.000
Large enterprise Z	€ 200.000	€ 150.000	€ 50.000	€ 0
Hospital A	€ 50.000	€ 25.000	(€ 25.000)*	€ 0
<b>Total</b>	<b>€ 1.000.000</b>	<b>€ 510.000</b>	<b>€ 50.000</b>	<b>€ 500.000</b>

\*The numbers in brackets mean that the partners receive private cash and use this cash to fund a part of their total costs. In this example, the in cash contribution by Large enterprise Z is divided between the research organisation and the hospital.

In this example, the open amount to be freely funded of €250.000 is provided in-kind by all the consortium partners. Both the research organisation and SME apply for the maximum amount of PPP subsidy. The large enterprise also contributes €50.000,- is cash, divided between the research organisation and hospital.

## 5.2 Downloads

Documents to be consulted

- [Mission document 2024-2027](#)
- [Knowledge and Innovation Agenda 2024-2027](#)
- [Knowledge and Innovation Covenant 2024-2027](#)
- [National Technology Strategy](#)

Relevant laws and regulations:

- [Regulation National Grants of the Ministry of Economic Affairs and Climate Policy and Ministry of Agriculture, Nature and Food Quality](#)
- [Framework Decision National Grants of Ministry of Economic Affairs and Climate Policy and Ministry of Agriculture, Nature and Food Quality](#)
- [Framework for State aid for research and development and innovation](#)
- [Commission Regulation \(EU\) nr. 651/2014 of 17 June 2014](#)
- [Definitions research and development from the EU Support Framework](#)
- [PPP Innovation Regulation Government Gazette 20 October 2023](#)

## 5.3 Questions

For questions regarding Eureka Biotech Call, please contact:

RVO Call management: Niels van Leeuwen – [niels.vanleeuwen@rvo.nl](mailto:niels.vanleeuwen@rvo.nl) or [teamiris@rvo.nl](mailto:teamiris@rvo.nl)

Health Holland Call management: Jolande Zijlstra, Annebel Hendrix, Daan Dolfing – [tki@health-holland.com](mailto:tki@health-holland.com)

## 5.4 Submission

Applications must be submitted to the Eureka Network and Health Holland via the submission portals. The central Eureka submission form must be submitted via [the central submission portal](#). A copy of this form, and the national documentation for Dutch participants must be submitted via the [website](#).