

Invitational call

# A healthy future: a National Initiative for Lifelong Congenital Heart Care

March 2026

Version 3



## Introduction

With this invitational call, the Dutch Heart Foundation (DHF) and Hartekind Foundation aim to further strengthen congenital heart disease (CHD) research in the Netherlands through the formation of a national, interdisciplinary research consortium. Building on the collaboration and scientific progress achieved within the previously funded OUTREACH consortium, this call seeks to further consolidate the joint efforts of DHF and the Hartekind Foundation to advance the CHD research field by providing funding for a new consortium.

Despite major advances in surgical and medical care, many children and (young) adults with CHD continue to face long-term complications later in life. Addressing these challenges requires coordinated research efforts that bridge fundamental, translational, clinical, and implementation research, and that translate new insights into improved care.

This call focuses on advancing knowledge in the prevention, early recognition, and treatment of long-term complications associated with congenital heart disease, with the ultimate goal of improving lifelong care and outcomes for people living with CHD. The consortium is expected to bring together researchers, clinicians, and patients, build on existing national expertise and infrastructures, and contribute to sustainable collaboration within the Dutch cardiovascular research landscape.

## Call details

- **Total available budget:** maximum €3 million
- **Project duration:** 4–5 years

## Proposed timeline

- Call opens: **April 1<sup>st</sup> 2026**
- Consortium proposal deadline: **Tuesday, June 30, 2pm**
- Evaluation meeting: **Mid September 2026**
- Funding decision: **Mid October 2026**
- Expected start of the consortium: **within 6 months after approval**

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## 1. Context of the Call and Funding Landscape

Building on the previously successful collaboration, the Dutch Heart Foundation and Hartekind Foundation, again, join forces to improve the lives of children and adults living with congenital heart disease, the most common congenital disorder. Both organizations are dedicated to improving the lives of people with cardiovascular disease, each guided by their own mission, ambition and focus.

Following the earlier funding of the OUTREACH consortium, this brochure outlines the next step in this joint effort. It provides background information on both funding organizations and describes the scope and objectives of the invitational call. In addition, it explains the approach, the requirements for applicants and applications, the submission and assessment procedure, and the available budget and timeline.

### 1.1 Dutch Heart Foundation

Cardiovascular diseases are the second leading cause of death in the Netherlands and the primary reason for hospital admissions. Today, 1.8 million people in our country live with a cardiovascular condition. Without decisive action, this number is expected to rise by another million within just a few years. The Dutch Heart Foundation is determined to change this. As of September 2025, through the merger with patient organisation Harteraad, the DHF also became a patient organisation. We now actively include, represent and advocate for people living with a cardiovascular disease.

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

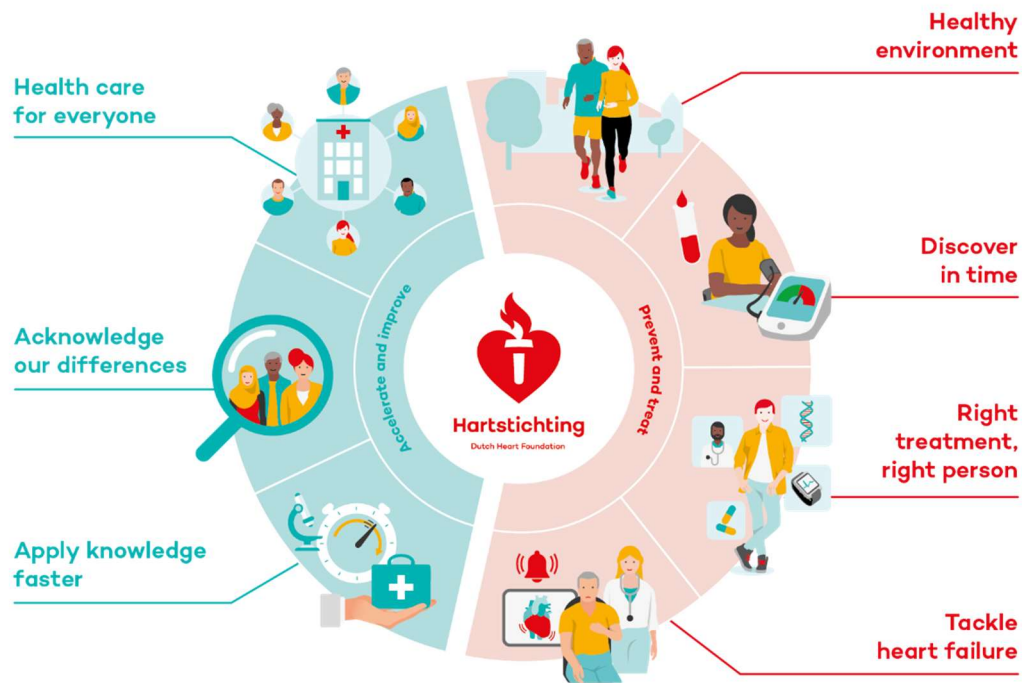
Our mission: A healthy heart for everyone, today and tomorrow. Our mission guides every aspect of our research policy. We invest in excellent Dutch research, open doors for emerging talent, and inspire top scientists to devote their expertise to the cardiovascular field. We also encourage collaboration,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

#### *National cardiovascular agenda*

With the rising numbers of people affected by cardiovascular diseases, society faces immense challenges. In a bid to tackle this burden, the DHF developed a national cardiovascular agenda,

together with researchers, patients, health care professionals, and stakeholders, including the Dutch general public, policymakers, volunteers, and donors. This resulted in a new agenda for cardiovascular diseases with the [seven themes](#) presented in the image below.

**Figure 1. Themes national cardiovascular agenda**



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

New to the cardiovascular agenda – successor to the research agenda published in 2014 – is the approach, which is broader than funding research. The agenda holds challenging objectives that can only be reached by a combination of research, innovation, policy action and education. It includes, for example, topics such as future-proof health care, promoting prevention, increasing social awareness, and timely recognition of cardiovascular diseases.

The themes on the agenda were elaborated by seven working groups, consisting of patient representatives, researchers, healthcare providers and advisors. They spoke as experts in a personal capacity and from their own experience. The working groups formulated the ambition, objectives and approach for each theme.

The seven themes on the agenda can be categorised into two clusters:

### 1. “Accelerate and improve”

This cluster (depicted in blue) consists of the themes *Health care for everyone; Acknowledge our differences; and Apply knowledge faster*. These themes are focused on improving the healthcare system and implementing knowledge faster in society and health care.

### 2. “Prevent and treat”

This cluster (depicted in red) consists of the themes *Healthy environment; Discover in time; Right treatment, right person; and Tackle heart failure*. These themes focus on prevention of cardiovascular diseases and their complications, on better and personalised treatments for all cardiovascular diseases, and concerted action against heart failure.

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

## 1.2 Hartekind Foundation

The Hartekind Foundation is dedicated exclusively to scientific research into heart diseases in children. Congenital heart diseases are the leading cause of death among children up to 15 years of age in the Netherlands. The foundation is committed to increasing the survival rates of these children and improving their quality of life. Through focused, innovative, and rigorous research, the Hartekind Foundation aims to make a measurable impact.

The foundation’s dedicated focus on children with a heart disease is vital. Many of these children undergo repeated medical interventions and frequent hospital visits throughout their lives, often resulting in reduced quality of life and a shorter life expectancy. Despite the scale and seriousness of this issue, this group continues to receive insufficient structural attention. For this reason, the foundation remains steadfast in its commitment to improving both survival prospects and quality of life.

In addition to funding high-quality scientific research and fostering national and international collaboration, the foundation invests in sharing information with parents and children, and innovative initiatives designed to enhance the quality of life of children with a heart disease. It envisions a world in which every child with a heart defect can live a healthy and fulfilling life. The Hartekind Foundation provides significant added value to children with a heart disease and their families by It stands out for its close connection to patients, characterized by genuine involvement, accessibility, and a warm, personal approach as these factors are to parents and children. The foundation is equally committed to maintaining strong, approachable relationships with researchers and healthcare professionals.

Established in 2008, the Hartekind Foundation was originally founded by parents of children with a congenital heart disease and medical specialists who believed that a significantly better future for these children was achievable, provided that sufficient financial resources were made available. Since then, the organization has undergone significant development and professionalization in its organizational structure and policy on multiple domains. In 2025, the Hartekind Foundation launched a new multi-year policy plan accompanied by a corresponding multi-year budget. Part of this process is the revision of the national research agenda congenital heart diseases in children. Further details can be found on the website of [the Hartekind Foundation](#).

### 1.3 The Dutch CardioVascular Alliance

The Dutch Heart Foundation and Hartekind Foundation strongly believe that collaboration is key to develop innovative and practical solutions that address health challenges. That is why the DHF and Hartekind Foundation are both partners in the Dutch CardioVascular Alliance (DCVA). The alliance brings together leading organisations representing patients, academia, healthcare professionals, industry, and government and is committed to reducing the burden of cardiovascular diseases. Research consortia funded by the DHF and Hartekind Foundation will be supported by the DCVA's collaborative infrastructure

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

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

## **2. Invitational call: Congenital Heart Disease – a healthy future.**

### **2.1 Background**

Congenital heart disease (CHD) is the most common congenital disorder, both in the Netherlands and worldwide, affecting approximately 1 in 100 newborns each year. As a result, around 25,000 children in the Netherlands are currently living with a congenital heart disease. This represents a substantial and growing population that requires specialised, lifelong cardiac care. Advances in cardiac surgery and medical treatment have dramatically improved survival rates. However, many children and adults with CHD continue to experience serious complications, require repeated interventions, and face an ongoing risk of heart failure, arrhythmias, and developmental challenges. Existing therapies often focus on managing symptoms rather than addressing underlying disease mechanisms, highlighting a significant unmet clinical need.

The impact of CHD extends far beyond the medical domain. Children with CHD and their families frequently cope with long hospital stays, emotional stress, and continuous medical follow-up. At a societal level, CHD places a considerable burden on healthcare systems, education, and long-term participation in daily life.

To fundamentally improve outcomes, more targeted and coordinated research efforts are essential. By strengthening CHD research in the Netherlands and fostering close collaboration across disciplines, we can accelerate scientific discoveries, develop preventive and disease-modifying therapies, and ultimately offer every child born with a heart disease the best possible chance for a healthy future.

### **2.2 Collaboration to address cardiovascular challenges**

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

### 2.3 Aims

With this invitational call, the Dutch Heart Foundation and the Hartekind Foundation have two objectives.

- First, the call aims to further strengthen and expand the national collaborative structure and expert network for congenital heart disease (CHD) in the Netherlands, building on the network established through the previously funded OUTREACH consortium. In doing so, the call supports continued collaboration and knowledge exchange within the national CHD research community and the use of existing registry for further improvement of the quality of life of patients.
- Second, the call seeks to advance high-quality research that deepens understanding of long-term outcomes in patients with CHD, including the development of heart failure. By generating new knowledge and fostering innovation, the consortium will drive progress towards more effective, personalised and sustainable care, ultimately improving long-term health and quality of life for people living with CHD at every stage of life.

### 2.4 Objectives

Building on the network established through the previously funded OUTREACH consortium, as well as insights gained from consultations with paediatric and congenital cardiologists and molecular researchers and guided by advice from the DHF Scientific Advisory Board (WAR), the Supervisory Board of Hartekind Foundation and the Parent Advisory Board of Hartekind Foundation, the new consortium is expected to pursue the following objectives:

1. The consortium contributes to the ambition and strategic goals of the Dutch Heart Foundation and to the mission of Hartekind Foundation. We expect that the consortium also, where relevant, address relevant themes and objectives of the national cardiovascular agenda.
2. The consortium strengthens and expands the national CHD clinical and research network to promote interdisciplinary collaboration and deepen expertise across all scientific and clinical domains essential to advancing the field. At a minimum, the network should include paediatric and congenital cardiologists, pre-clinical researchers, paediatric heart surgeons, and patients and/or patient representatives. The network may be further enriched by the involvement of nurses, psychologists, physiologists, and other relevant specialists.
3. The consortium establishes a national collaborative structure within the field of congenital heart disease that supports effective knowledge exchange, jointly

developed research strategies, and coordinated efforts that extend beyond the scope of the current consortium.

4. A key responsibility of the new consortium is to unite studies currently funded by the DHF and the Hartekind Foundation within one connected network. Through collaboration and alignment, the consortium can strengthen shared learning, avoid unnecessary duplication of research, and unlock new opportunities for synergy and impact.

**Note:** *Research into physical exercise in CHD is already performed in several projects funded by the DHF and Hartekind Foundation and is therefore excluded from funding with the current invitation. We strongly encourage to develop a clear synergy, and active collaboration with these ongoing projects and consortia.*

5. The consortium works toward a broadly supported long- term strategy to ensure sustainability and enhance its ability to secure substantial additional national and international research funding.
6. The consortium addresses critical knowledge gaps in the mechanisms and progression of (surgery-related) cardiac dysfunction in patients with a CHD. This requires an integrated research approach encompassing preclinical, translational, and clinical studies. Together, these efforts should elucidate the pathophysiological mechanisms underlying heart failure in CHD, improve prediction and early detection of heart failure, and evaluate interventions that may prevent its development.
7. The research programme explicitly focuses on lifelong health care; meaning focus on both children with CHD who are at increased risk of developing heart failure later in life, and adults with CHD who depend on clearly defined, lifelong care trajectories.
8. The consortium ensures that patients are considered in their full complexity and not solely from a cardiac perspective. Living with CHD is accompanied by emotional, psychological, and socioeconomic challenges that significantly affect quality of life. To address these dimensions adequately, the consortium is expected to involve researchers with expertise in these areas and integrate them into the research programme.
9. The consortium accelerates the implementation of research findings into clinical practice, ensuring visible societal impact and improved cardiovascular health outcomes for people with CHD. This may include scaling up successful approaches, embedding innovations in care systems, and strengthening collaboration with healthcare providers and communities.
10. The consortium builds further on a shared national data infrastructure, strengthening the quality and scientific value of the merged KinCor and CONCOR registries. This

integrated registry provides standardised information on diagnoses, interventions and long-term outcomes, creating unique opportunities for high-quality registry-based research across the life course. In addition, as part of newly initiated efforts to develop a national quality registry for congenital cardiothoracic surgical interventions, the consortium is expected to actively embrace this initiative. In combination with the existing registries, this quality registry will contribute to improved lifelong care and open new avenues for research into the long-term effects of surgical and interventional treatments in congenital heart disease. These ambitions and commitments should be clearly and concretely reflected in the proposed work plan.

11. Finally, the consortium is expected to ensure a central role for patients and other stakeholders in all consortium activities. This will be achieved, at a minimum, by establishing a user committee that is actively involved from the start of the project.

These objectives collectively aim to support a network that continuously improves the health and quality of life of children and adults with a congenital heart disease.

## 2.5 Consortium building to create impact

In addition to the objectives described above, the following requirements must be taken into account when building the consortium. A consortium:

- Consists of at least three partners based in the Netherlands. At least one of these partners must be a university or a university medical centre. For this call, it is expected that, all Dutch university medical centres, representing the seven paediatric heart centres (“Kinderhartcentra”) will participate in the consortium. Other eligible partners include universities of applied sciences (hogescholen), public research institutes, public knowledge organisations, and hospitals.
- Addresses topics that span prevention, early recognition, and treatment of cardiovascular disease, and takes initial steps toward translating solutions into healthcare practice and/or society.
- Combines a high-quality scientific programme with a strong and explicit focus on creating [societal impact](#) for children and adults with congenital heart disease.
- Defines clear, feasible short-term and long-term goals and deliverables.
- Has a clear strategy and a comprehensive, well-structured plan of activities to achieve these goals.
- Organises its activities through an interdisciplinary team and structured into coherent work packages.

- Establishes a governance structure that is appropriate to the context, scope, and objectives of the consortium.
- Actively collaborates with patients and other relevant stakeholders through a user committee to better understand user needs and maximise societal impact. Further information on patient participation and [user committees](#) is available on the relevant webpages of the [DHF](#) and de [Patiëntenvereniging Angeboren Hartafwijkingen](#).
- Should comply to the Impact Plan approach to stimulate impactful collaborations and to support the translation of scientific knowledge into healthcare practice. An Impact Plan includes both commercialisation (valorisation) and implementation activities and is developed in close collaboration with relevant stakeholders. The plan outlines the steps required to achieve the consortium's ultimate impact goals. The DHF and DCVA Impact Officers can support the consortium by organising Impact Plan workshops at key moments during the consortium's lifecycle.
- If private parties join the consortium at any stage, the DHF [guidelines](#) for public-private partnerships in research will apply.

## 2.6 Network of experts

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

### The network:

- Brings together experts working on a clearly defined healthcare challenge or thematic area that is highly relevant to cardiovascular disease.
- Initiates, strengthens, and further develops collaboration on this topic within the Netherlands.
- Actively supports and facilitates international collaboration in this field.
- Functions as an open, inclusive, and diverse community, welcoming a broad range of perspectives, disciplines, and career stages.
- Promotes continuous exchange of knowledge, ideas, and expertise related to the consortium's focus area.
- Actively supports talented early- and mid-career researchers by helping them expand their professional networks and further develop their research and leadership skills and welcomes all academic talents who commit to collaboration and to contributing to the consortium's objectives by sharing resources and expertise, thereby fostering a mutually beneficial partnership. More information on talent development can be found [here](#).

- Develops both short-term and long-term funding strategies that encourage synergy and collaboration, rather than competition, between researchers and research groups.
- Actively contributes to collaboration and knowledge exchange within the broader cardiovascular research community by participating in activities of the Dutch CardioVascular Alliance (DCVA).
- Contributes to improved cardiovascular health through innovative scientific research, as well as through translation and implementation activities, with the aim of benefiting the wider community, including research, healthcare, and policy.

## 2.7 Consortium leadership team

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

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

### Criteria research leaders

- have complementary disciplinary backgrounds, preferably with a balanced and relevant representation of the different research phases required to translate results to clinical or societal implementation (fundamental, translational, clinical, and implementation research). They also collectively represent the full scope of the consortium. For this call, we expect the research leaders to represent at least the paediatric cardiology and adult congenital cardiology. When relevant for the consortium an additional research leader with complementary expertise can become part of the team.
- are appointed at different organisations.
- have inspiring and proven collaborative capacities and is able to oversee all activities of the consortium
- are open and motivated to collaborate with relevant Dutch research groups, health care professionals and scientific organisations as well as patient representatives
- are managing the consortium, responsible for the performance of and collaboration within the consortium, including young talent management
- Represent (a substantial part of) the research topic on both a national and international level

- Have a tenured position at a knowledge institute throughout the entire duration of the research programme
- Preferably have proven expertise in leading a project of comparable size
- Have the capability to attract additional funding
- Have an excellent track record, evident international reputation and have the potential to successfully face European competition at their level
- Ensure that the consortium will contribute in a sustainable way to the research field

**Criteria work package leader**

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

**Criteria talent coordinator**

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

**Criteria impact coordinator**

- Meets the criteria of a work package leader mentioned above.
- Supports the consortium by ensuring that there is a continuous strong connection between research and practice by coordinating and performing activities to achieve societal impact
- Demonstrates affinity with or has experience in developing an impact plan, including stakeholder mapping and setting benchmarks

- Demonstrates affinity with or has knowledge of commercialisation and implementation strategies
- Leads, stimulates, supports and ensures further development and evaluation of the impact plan together with the consortium partners and other relevant stakeholders. i.e. health care professionals, industry, community, patients, local authorities, Impact Officer of the DCVA and the Technology Transfer Office (TTO)
- Has a proactive, committed and open attitude and excellent communication skills to develop, manage and strengthen the network of stakeholders
- Aligns the interests and roles of the different stakeholders to achieve the goals of the impact plan

### **Leadership team**

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

Points of assessment for the leadership team are:

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

### **Building towards a sustainable consortium**

We expect the Leadership team to develop a long-term funding strategy that ensures sustainability of the consortium's activities. This includes working together with the academic field, and where appropriate with the DHF, Hartekind Foundation and DCVA partners, to attract additional funding during the course of the consortium. The consortium proposal should outline how additional funding will be pursued to expand impact and secure the continuity of collaboration beyond the initial DHF funding period. Also, projects recently funded by the DHF and Hartekind Foundation or other funders that fit the scope of the newly formed consortium will be asked to join the CHD-network and explore collaboration opportunities with the consortium.

### 3. Procedure

In this chapter, we introduce the procedure of this call and the available funding. The procedure is designed to engage different research fields in forming a consortium. It aims to bring together relevant expertise and align the expectations and wishes of the DHF and Hartekind Foundation in shaping a consortium.

#### 3.1 Procedure

1. The DHF and Hartekind Foundation will install a Guidance Committee consisting of members of the Scientific Advisory Board (WAR) of the DHF and Hartekind Foundation, and representatives of the funders. The Guidance Committee will advise the initiators (in Dutch: kwartiermakers) during the writing process.
2. The DHF and Hartekind Foundation appoint 2-3 initiators who will be invited to start and guide the process of establishing a new consortium. This process includes the following elements:
  - Defining the scope of the consortium, taking into account the outcomes of an inventory among the various stakeholder groups and the objectives outlined in paragraph 2.4 of this brochure. As part of this step, the broader research community will be invited to contact the initiators if they believe their research ideas could contribute to the consortium.
  - In consultation with the Guidance Committee, and based on the defined scope, proposing three initiators who will be responsible for the writing process of the application and the development of a broad and inclusive consortium. These initiators will serve as the intended research leaders and must have the full support of the professional groups they represent, as well as meet the criteria described in paragraph 2.7. The initiators do not necessarily have to be the same as the initial initiators.
  - The full proposal will be externally and independently assessed by representatives of the International Scientific Advisory Committee (ISAC) the Committee for Societal Impact (CSI) of the DHF and the parent council (ouderraad) of Hartekind Foundation - together referred to as the evaluation committee.

Further details on the procedure can be found in chapter 4.

#### 3.2 Budget and duration

The duration of the project is a minimum of four and a maximum of five years. The available budget, for the consortium is €3 million, including VAT where applicable.

## Budget

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

For an indicated budget please keep in mind the following remarks:

1. The DHF uses fixed salary categories that have been agreed upon in the '[Agreement for Funding Scientific Research](#)' and are based on the collective labour agreement of the Universities of the Netherlands.
2. At least 10 percent of the budget needs to be spent on talent development activities. More information can be found here: [Link](#)
3. Some other costs are not eligible for reimbursement for example:
  - Equipment (computers, measuring instruments, analytical equipment, etc.).
  - General (laboratory) facilities (overhead) and associated costs. This includes, among others, training costs and staff travel expenses.
  - Software, etc.
  - Publication costs.
4. DHF contributes 2,5 million euro, and the Hartekind Foundation 500.000 euro. An absolute minimum of 500.000 euro should be spent on activities that are focused on improving the lives of children with CHD. This includes registry-based studies.

**NOTE:** Please note that new salary tables become available after publishing the call but before the expected approval date. Following a positive advice of the committee we will recalculate the salaries. To make sure that after recalculation of salaries the requested budget does not exceed the available 3 million euro of this call. You can request up to 2,875 million euro when submitting your research proposal. The DHF will contact you after approval of your research proposal.

More information about the budget and budget instructions can be found in Appendix 2.

### 3.3 Timeline

The timeline for this procedure is:

- Call opens: **April 1<sup>st</sup>, 2026**
- Consortium proposal deadline: **June 30<sup>th</sup>, 2026**
- Evaluation meeting: **Mid September 2026**
- Funding decision: **Mid October 2026**
- Expected start of the consortium: **within 6 months after approval**

## 4. Submission and assessment of a full consortium proposal

### 4.1 Submission of the full consortium proposal

The deadline for submitting the full consortium proposal is: **Tuesday 30 June, 14:00.**

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

The consortium application must be submitted by one of the initiators using Cavaris ([www.cavaris.nl](http://www.cavaris.nl)), the online application system of the DHF. Instructions can be found in Appendix 1.

### 4.2 Guidance committee

To support and advise the DHF and Hartekind Foundation on the objectives and framework of this brochure, and on the development of the consortium, a guidance committee has been established. This committee will also serve as an advisory body to the research leaders. It is composed of members of the DHF Scientific Advisory Board and the scientific advisors of both the DHF and Hartekind Foundation. The guidance committee may provide input throughout the entire process leading up to the final application. The committee's composition is published on this webpage.

### 4.3 Evaluation committee

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

### 4.4 Evaluation of the consortium proposal

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

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

- Talent Program.
- Budget.

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

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

#### **4.5 Decision process**

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

#### **4.6 Code of Conduct on Confidentiality and Conflicts of Interest**

To ensure a fair assessment and transparency for researchers, the DHF uses a Code of Conduct on Confidentiality and Conflicts of Interest. This code stresses the necessity of confidentiality, identifies possible forms of conflicts of interest and indicates the steps to be taken to avoid conflicts of interest. Parties subject to the code of conduct are reviewers, committee members, members of advisory- and decision-making bodies and DHF officers. The full text of the Code of Conduct is available on our [website](#).

#### **4.7 Complaints procedure**

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

#### 4.8 Agreements

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

Necessary agreements:

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

#### 4.9 Contact details

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

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

## Appendix 1: Submission of the consortium proposal

### Guidance for the application

In addition to the brochure of the call, the consortium application should contain the following elements.

#### Impact

In this section, the theme the consortium will be working on, the health care problem and the proposed solution should be addressed. The consortium must clearly indicate which elements of the ambition are addressed in the project proposal and which parts are beyond the scope of the current project. A strategic plan on how to acquire funds for ambitions that fall beyond the scope of the current project should be part of the proposal. It should be explained how the consortium contributes to the [national cardiovascular agenda](#), to the mission of the Hartekind Foundation and other relevant research agendas of DCVA partners, for example the [knowledge gaps](#) as defined by professional societies, and, if applicable, the [Cardiovascular \(Biomedical\) Technology Research Agenda](#).

#### Overall scheme of the work packages

The project proposal should have a clear overall hypothesis and objectives and should consist of several work packages that are coherent and synergistic. The aims and the activities carried out in the individual work packages must be feasible in terms of project duration and available budget.

#### Route to societal impact

To improve the heart and vascular health in the Netherlands, knowledge generated by DHF and Hartekind Foundation funded projects should either prevent cardiovascular disease from occurring or improve the care for (future) cardiovascular patients. This requires an impact strategy that involves both commercialisation and implementation activities and includes collaboration with relevant stakeholders. Part of the proposal is therefore an Impact Plan. This plan describes the steps that need to be taken in order to reach the ultimate impact goal of the consortium. The Impact Officers of the DCVA will support the intended research leaders during the writing phase of the proposal. An impact plan can be divided into (at least) three elements: commercialisation (valorisation), implementation, and stakeholder engagement.

### 'Valorisation' strategy

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

The recently developed roadmaps by the DHF guide you from an initial idea to application in practice. They help you to recognize possible challenges and prepare you well for the steps ahead. Currently, the DHF has two roadmaps: [Drug Development](#) and [Non-implantable Medical Devices](#).

### Implementation strategy

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

### Impact Coordinator

As steering towards impact is key in the project, the consortium is asked to appoint a so-called Impact Coordinator. The Impact Coordinator will be the prime contact person for the DCVA Impact Officer, the user committee, and will be responsible for updating the impact plan. Depending on the phase of the project, time dedicated to valorisation opportunities and activities may vary.

#### User committee

Relevant stakeholders are involved via a user committee. This committee advises the consortium on the steps needed to bring results to clinical practice and monitors the use of the acquired knowledge. Describe in the proposal how collaboration with stakeholders will be organized, what expertise is needed and how this expertise is represented in the committee. It is advised to reach out to the envisioned user committee members already in an early stage (proposal phase). By doing so, they can provide feedback on the proposal and align expectations. Patients are an essential part of a user committee. The consortium can contact the DHF for more information about patient participation. More information about user committees can be found on the [website](#) of the DHF. Please also take note of our [user committee guidelines](#). It is possible to reserve budget for the user committee.

#### Collaboration

This section describes both internal and external collaborations necessary for the execution of the project and to bring the research further towards implementation in (clinical) practice. Part of this is a description of the leadership and the governance of the consortium.

The consortium will be managed by two research leaders. The quality of the consortium, including the research leaders, will be assessed by the International Scientific Advisory Committee and the Committee Societal Impact (ISAC-CSI).

The research leaders are expected to take full responsibility for the governance of the consortium, the engagement and involvement of work package leaders and the organization of consortium meetings. Specific tasks within the consortium such as the user committee, the talent program and the impact plan can be delegated to the talent and impact coordinator. A clear schematic overview of the consortium is part of the application.

The research leaders and work package leaders form together a relevant representation of the research field. Therefore, the leadership team reflects the diverse and multidisciplinary nature of the proposal. Jointly, the consortium partners are dedicated to form the consortium.

The research leaders cannot be associated with the same institute. They should have different disciplinary backgrounds and complementary expertise. Ideally the consortium has one clinical

and one non-clinical research leader. Preferably there is a good balance in male/female research leadership and work package leaders. The formal criteria for research leaders and work package leaders are listed in the brochure. In addition, the leadership is encouraged to involve mid-career scientists and to create an environment that prepares them to become the future leaders.

#### Talent development

Development of talent within the consortium and in collaboration with other consortia is an important objective of the DHF and Hartekind Foundation. Describe clear goals of the talent program, what (type of) activities you plan to initiate, for whom and when. Include a description of the criteria used to assess talents and indicate who will be the talent coordinator of your talent program. Please read the [guidelines](#) of the DHF for more information about the talent program.

#### Diversity

Under the *Impact section* in the application form, it should be described how the research accounts for differences between people. In the 'Description of Work' you can provide more details on *how* you will achieve this. It is desirable to address as many differences as possible, such as age, sex and gender, socioeconomic status, migration background, and health literacy. Also, describe the activities necessary to engage specific groups and any potential barriers that may arise during the research. The website [Gendered Innovations](#) offers guidelines on how to consider sex and gender differences at every step of the research process. The [ROCKET-principles](#) have been drawn up to promote active interaction with people in a low socio-economic position. For more information on conducting inclusive research, see the [APH Quality Handbook: Inclusive Recruitment in \(Qualitative\) Research](#). It is allowed to hire an external centre of expertise in the field of reducing health disparities.

#### Data management

Describe how you will collect and analyse data, how you will store the data during and after the project, and how the data will be made available for reuse. If using existing data, such as the KinCor-CONCOR registry, describe which data sets you will be using and how this data is reused. After being awarded the grant, applicants will be asked to hand in a Data Management Plan (DMP). The DMP is considered to be a dynamic document and will also be used to monitor progress on data management.

The DHF has an Open Access policy to ensure that research data is reusable and reproducible. This focuses on:

- publishing Open Access: all research articles that arise from DHF funding should be published Open Access so that results are accessible to everyone for free.
- access to research data: Research data should be reproducible and reusable, and therefore we ask you to pay attention to:
  - data management;
  - study registration: prior to starting, researchers are required to register their research project, which applies to both clinical research (e.g. [www.clinicaltrials.gov](http://www.clinicaltrials.gov)) and preclinical research (e.g. [preclinicaltrials.eu](http://preclinicaltrials.eu));
  - data sharing: researchers are – where possible – obliged to make their research data available for reuse according to the international FAIR-principles.

A well-organized data infrastructure is an essential part of this proposal. The proposal should therefore include a detailed description on how the acquired data will be handled (data stewardship). Furthermore, the consortium is strongly advised to involve a data-expert in their consortium and is obliged to allocate resources for data management in the budget. More information about data-management policy and support can be found here on the website of the [DHF](#) and [DCVA](#). Projects are strongly encouraged to make use of the services of the DCVA. The data infrastructure team of the DCVA can be contacted via [data-infrastructure@dcvalliance.nl](mailto:data-infrastructure@dcvalliance.nl).

### Submission system Cavaris

As mentioned in the brochure, the proposal must be submitted by the Lead applicant of the consortium using Cavaris ([www.cavaris.nl](http://www.cavaris.nl)), the online proposal system of the DHF. The Lead applicant can log in the system with the email address used for the invitation to apply for a full application. You can find the manual for Cavaris [here](#). In case of any questions, please contact [research@hartstichting.nl](mailto:research@hartstichting.nl). Cavaris requires you to fill in your personal details before submission can take place. Many fields of the submission are mandatory. If any mandatory field is left empty, your proposal cannot be submitted.

The person who creates the proposal in the system is also the ‘Lead’ applicant. The institution of this person will become the lead institute for the agreement. Please be aware of this aspect.

### Signing the application

The proposal should be signed by the applicants (research leaders) and the following ‘co-signers’:

- Second and/or third applicant, next to Lead Applicant. The applicants (research leaders) are responsible for the proposal. All applicants can fill in fields and submit the relevant proposal.
- Work package leaders (including the impact coordinator) and talent coordinator: are responsible for a work package (part of the project) within the consortium. Please assign the Impact coordinator in role Work package leader to the application. Work package leaders and the talent coordinator(s) can also fill in fields in the proposal. They cannot submit the proposal.

It is optional to add a person in the role of project manager. This person does not have to sign the proposal:

- Optional Project Manager: the person who provides administrative and financial support. This person can also fill in the fields. He/she cannot submit the proposal.

By signing the proposal the co-signers endorse and support the proposal.

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

After completing all fields and uploading all necessary documents, you can sign for approval at acceptance conditions in the tab 'General Information'. For questions about signing the proposal, please consult the Cavaris manual or contact us at [research@hartstichting.nl](mailto:research@hartstichting.nl).

**Note 1:** If one person has multiple roles within the consortium (e.g. consortium leader and work package leader) this person has to sign the application only once.

**Note 2:** Stakeholder/Public partner/End user partners, these persons can be added under 'General Information' *These persons do not have to sign the application.*

### General directives for the application

Below is a general description of the fields that need to be completed.

Please ensure that all elements outlined in the section 'Guidance for the Application' are fully considered when completing the application form.

### General Information

This section contains general information about the research proposal, applicant, and project partners. Please upload your CV in PDF format, according to the provided template found under 'Documentation'. As applicant, you sign for the application in this section under 'Acceptance Conditions' and confirm that you agree with the conditions. You can find the conditions under 'Documentation'. Project Partners are also invited to sign the application. More information about this can be found under 'Signing the application'.

### Summaries

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

### Budget

Please use the excel template which can be downloaded in Cavaris. In this file, you can find a 'tutorial' to help you complete your budget costs. Funding can be provided by the DHF and Hartekind Foundation (in cash), the institute (in cash and/or in kind) or private parties. Costs can be divided into personnel costs, other costs, and animal studies. For international trials, travel costs for steering committee meetings are allowed.

The budget sheet should not only contain costs for the part of the project for which DHF funding is requested. The total project costs, including the contributions from other funders and in kind or in cash contributions by other should be outlined in an excel file. This document should be uploaded in the 'additional uploads' section.

**Note:** also read more detailed budget instructions in Appendix 2

### Impact

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

### Description of work

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

### Diversity

Describe here how differences between people (gender, sex, age, ethnicity, socio-economic status) are addressed in your proposal. See 5.6 for more information.

### Data management

Describe how you will collect and analyse data, how you will store the data during and after the project, and how the data will be made available for reuse. If using existing data, please describe which data sets you will be using and how this data is reused. After being awarded the grant, applicants will be asked to hand in a Data Management Plan (DMP). The DMP is considered to be a dynamic document and will also be used to monitor progress on data management.

### (Pre-)Clinical studies

If you plan to use patients or healthy volunteers, describe the number of participants, their sex, the type of intervention, and whether METC approval is required and whether it has been obtained. If you use animals for your study, indicate the number of animals, their sex, and species. Additionally, explain why the animal model was chosen and why it is necessary to answer the research question. The DHF and Hartekind Foundation emphasize the responsible use of animals in research. Therefore, describe the alternatives considered (such as an in vitro model or human study) and why they cannot be used. In the last section, indicate the measures taken to reduce the number of animals needed and minimize distress for the animals.

Legal requirements associated with human-related research can be found at: <https://professionals.hartstichting.nl/samenwerking-en-financiering/financiering/wettelijke-eisen-voor-onderzoek>.

### Research register

For clinical and preclinical research, the study must be registered before the project starts in a register. For example, this can be done in [ClinicalTrials.gov](https://clinicaltrials.gov) or [PreclinicalTrials.eu](https://preclinicaltrials.eu). Additionally, all research involving animal subjects must be registered prior to commencement in the

international register [PreclinicalTrials.eu](https://www.preclinicaltrials.eu). If this is not possible, a clear justification must be provided.

For more information about our policy on research outcomes and data, please visit: [Data and Infrastructure | Heart Foundation for Professionals](#).

### **Additional uploads**

In addition to the items already described in the brochure, the following documents may be included in the 'Additional uploads' section of the proposal form in Cavaris:

#### ***Obligated***

- Commitment letters head of department for in kind contribution/hours of the applicants, WP leaders, Impact officer, Talent coordinator;
- Letters of commitment or agreements (if already available) from contributing partners with a in cash and/or in-kind contribution.

#### ***Optional***

- Figures and/or tables (including figure legend).
- Clinical trial protocols, where applicable.

## Appendix 2: Budget instructions

### Budget form

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

### **General comments:**

- The amounts entered in this section should logically follow from the descriptions in the proposal. These descriptions should justify in words what is being allocated in monetary terms in this section.
- The DHF uses fixed salary categories for personnel costs conform the UNL collective labour agreement (CAO) that can be funded. These salary categories are based on the 'Akkoord bekostiging wetenschappelijk onderzoek 2008'. This agreement was reached to set out clear and reciprocal obligations with regards to employees appointed by institutions to carry out research funded by NWO, ZonMw and the collaborating Dutch healthcare funds (SGF). For the full text of this agreement, please visit the NWO website: [www.nwo.nl/akkoord-bekostiging-wetenschappelijk-onderzoek-2008](http://www.nwo.nl/akkoord-bekostiging-wetenschappelijk-onderzoek-2008).
- 10% of the budget will be made available for talent development activities.
- Private parties can provide an in-kind or in-cash contribution, but they themselves cannot request costs.
- The co-funding or collaboration with private partners must adhere to our code of conduct for collaboration with companies: [Richtlijnen voor samenwerking met bedrijven | Hartstichting voor Professionals](#).
- DHF and Hartekind Foundation reserve the right to exclude the following costs from subsidy:
  - cost types insufficiently related to research activities.
  - costs that are not clearly described, and/or.
  - costs that cannot be found in the descriptions.

### Filling in General Information

Before entering the items, we ask you to first fill in a number of fields. This includes the name of the applicant and the institution that will receive the funding. Furthermore, we ask you to indicate the names of partner organizations that are being funded or provide co-funding. When filling in the various cost categories, you will then see these organization names in the dropdown menu.

### Filling in the Cost Categories

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

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

*N.B. Private parties can provide an in-kind or in-cash contribution, but they themselves cannot request funding.*

*N.B.2 The way in which companies can claim costs is through the role of subcontractor of a knowledge institution. The difference between a partner and a subcontractor is that a partner shares responsibility for the execution of the program. A subcontractor performs one or more tasks on behalf of a knowledge institution and is not otherwise involved in the research.*

### Requested costs

#### *Personnel*

Only the salary categories used by the DHF can be requested. Other costs such as material costs should be included under 'Other costs'. You can specify the type of personnel you wish to request per work package (dropdown menu). Determine the personnel input based on the

employment percentage (FTE) and the number of person-months: 1 year = 12 person-months. The budget will be automatically filled in.

**Note:** you can only request costs for personnel that will be directly appointed on this project. Personnel that already has a paid and fixed position and contribute to the project are considered to be an in-kind contribution to the project.

We have salary categories for the following positions:

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

#### Other costs

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

- a) Other expenses: These costs must be related to (research) activities and should therefore be specified. We reserve the right to exclude cost categories that are not sufficiently related to the research activities from funding.
- b) Subcontracting: If a consortium hires third parties to carry out any part of the project activities, this is considered subcontracting. The DHF does not consider this as a form of collaboration. The applicant must record this with the parties involved in a written agreement (market-based) in which it is stipulated in advance that results will be transferred to the applicant. When awarding a contract, the applicant must comply with any procurement rules that may apply.

This often involves companies or agencies providing a particular service for the purpose of the research. In the budget you should include one price for the hiring of a particular service (hiring personnel and/or materials, storage of data, etc. including VAT). This should also appear in words in the description.

If subcontractors have already been selected:

- Names may be mentioned, together with the agreed tasks.

If subcontractors have not yet been selected:

- It is sufficient to name the tasks (which task in which work package)

- c) Animal experiments all costs associated with the purchase, housing, and any interventions involving laboratory animals. Clearly indicate the number of animals you anticipate using.

The following costs are not eligible for reimbursement:

- Equipment (computers, measuring instruments, analytical equipment, etc.).
- Wearables should (preferably) be co-funded. If this is not possible you can contact us before submitting your proposal.
- General (laboratory) facilities (overhead) and associated costs. This includes, among others, training costs and staff travel expenses.
- Software, etc.
- Publication costs.

#### Specific work packages

##### *WP data management*

These costs include the amount for a data expert to be appointed, for sustainable data storage and data management.

##### *WP project management*

By project management the DHF means the financial and administrative coordination of the research project under the supervision of the research leader(s).

##### *WP talent*

As mentioned above, 10% of the budget during the term of the consortium is earmarked for talent development and to give new ideas a chance. Of this amount, you should reserve 25% for joint activities with other DCVA consortia including the yearly (1% of the talent budget) DCVA-NLHI Translational Cardiovascular Research Meeting.

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Describe the various costs that you believe fall under this work package. Note also here the established salary categories for staff apply.

N.B. this part of budget will take place on a declaration basis with the exception of the joint activities which will be reimbursed directly by the Heart Foundation. Also, you cannot shift costs from the talent budget to personnel or other costs within one of the other work packages during the project.