

# **Tailored Lifestyle:**

## **An Integrated Data-Driven Approach to Lifestyle and Living Environment**

### **Call for public private partnership**

#### **Call for submitting applications for the PPS Innovation Grant at the institute 4 Preventive Health (i4PH) en de AI-Hub of the EWUU (TU/e-WUR-UU-UMC Utrecht) alliance**

### **1. Summary**

The **Top Sector Life Sciences & Health (LSH)** promotes innovative research by financially supporting public-private partnerships (PPS) within the LSH sector. Through this subsidy call, research organisations and businesses are encouraged to jointly invest in research & development (R&D) with the aim of developing sustainable innovative products and services within the LSH sector.

In this **Call for Proposals**, the programme "**Tailored Lifestyle: An Integrated Data-Driven Approach to Lifestyle and Living Environment**" within the 2025 PPS Innovation Scheme is making **€3,000,000** in PPS funding available. The goal is to improve health and prevent chronic diseases in the Netherlands by encouraging individuals to adopt healthier habits and fostering supportive environments. By leveraging innovative technologies, concepts, and tailored strategies for individuals and communities, the programme focuses on enhancing nutrition, physical activity, and well-being. Through sustainable improvements, it paves the way for a healthier and more inclusive future.

#### **Core requirements**

- The research aligns with the central mission and one of the five specific missions that contribute to the central mission, as outlined in the [Knowledge and Innovation Agenda \(KIA\) 2024-2027](#) for the Societal Theme Health & Care.
- The project delivers innovative products and services that provide both societal and economic added value.
- The consortium consists of at least one for-profit enterprise, one societal organisation or citizen representation, and a minimum of two research organisations from the EWUU alliance, with each research institution demonstrably contributing to the project.
- The project is carried out at joint cost and risk, with all consortium partners making a substantive contribution.
- The project involves fundamental research, industrial research or experimental development, or a combination of these.
- The main applicant must be based in the Netherlands, with a Kickstart project lasting a maximum of two years and a Signature project lasting a maximum of four years.
- Personalised lifestyle interventions and interventions in living environments are combined.
- State-of-the-art and innovative AI and digital technologies are integrated with insights from health psychology.
- ELSA criteria are observed.
- Citizens from vulnerable groups are actively involved in the design and execution of the project.

The deadline for pre-proposals is 31/03/2025, 17:00 CET, during which new applications will be reviewed and processed. The assessment of pre-proposals is based on the following criteria and sections of the pre-proposal application form:

- Alignment with the PPS Innovation Scheme (Sections A, B, and C)
- Scientific quality (Section B)
- Impact and relevance (Section D)
- Feasibility (Sections B, E, and F)
- Reduction of health inequalities (Section G)
- Involvement of end users (Section G)
- Added value to the strategy of the Top Sector LSH (Sections C, E, and F)

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## 2. Background information

### 2.1 Background of the Top Sector LSH and Programmes

In 2011, the Dutch government reformed its business policy by introducing the top sectors policy. The success of this approach led the Rutte III cabinet to decide that the top sectors should serve as a vehicle for mission-driven top sectors and innovation policy. This policy defines four societal themes and pays attention to key technologies, key methodologies, and societal earning capacity. One of these societal themes is 'Health & Care'.

The Top Sector LSH stimulates and facilitates public-private partnerships. Interdisciplinary collaboration, based on top-level scientific expertise, is essential to achieving socially relevant and economically efficient innovations. The Top Consortium for Knowledge and Innovation (TKI) of the Top Sector LSH is known as TKI-LSH. It is officially registered with the Chamber of Commerce under the name Stichting LSH-TKI, but is better known under its branding name [Health~Holland](#) (branding name).

Health~Holland can financially support a programme by awarding PPS subsidies. Through PPS Programmes, stakeholders are encouraged to set up a programme in which PPS projects are selected and implemented to develop sustainable, innovative products and services within the LSH sector, contributing to the economic growth of the Netherlands. Within a programme, organising parties have the opportunity to select PPS projects eligible for PPS funding that align with the objectives of the Top Sector Life Sciences & Health.

The *'Tailored Lifestyle: An Integrated Data-Driven Approach to Lifestyle and Living Environment'* programme focuses on a comprehensive data-driven approach to lifestyle and living environment. The goal of this call for proposals is to develop innovative and sustainable solutions that contribute to improving public health, reducing health inequalities, and promoting interdisciplinary collaboration. By fostering cooperation between academic institutions, businesses, societal organisations, and citizens, this call aims to create integrated interventions that have an impact at both individual level and the living environment .

Project proposals will be assessed based on criteria such as relevance, impact, transdisciplinarity, and sustainability, with particular attention to inclusivity and the application of advanced technologies. This approach lays a strong foundation for groundbreaking, system-changing research and practical applications that have a lasting positive effect on public health and an inclusive society.

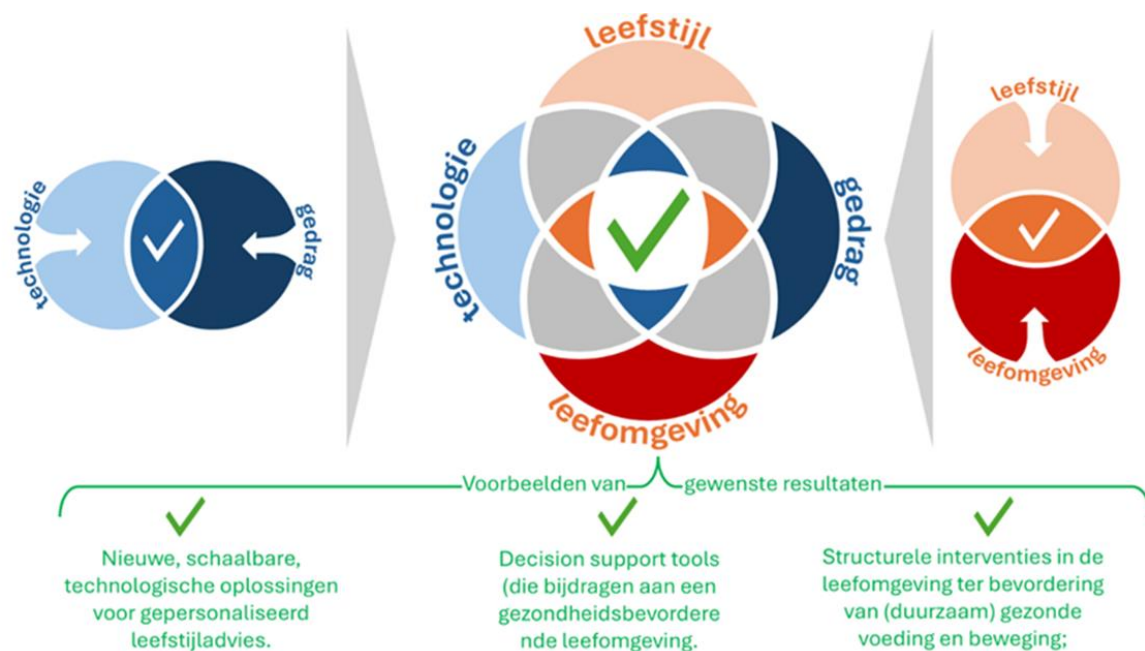
This programme is organised by the [Institute 4 Preventive Health](#) and the EWUU [AI-Hub](#) in collaboration with the [Centre for Unusual Collaborations](#), part of the [EWUU Alliantie](#) (Eindhoven University of Technology ([TU/e](#)), Wageningen University & Research ([WUR](#)), University Utrecht ([UU](#)), UMC Utrecht ([UMCU](#))).

These knowledge institutions contribute their expertise in the fields of nutrition, health, technology, behavioral sciences, and preventive care.

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The aim of the programme is to develop **effective, widely applicable interventions** for the prevention of chronic diseases such as **type 2 diabetes, cancer, cardiovascular diseases, and depression**, which are associated with **high disease burden and long-term healthcare costs**. By doing so, the programme seeks to reduce healthcare costs and contribute to **a healthy life expectancy**. It focuses on **sustainable changes in physical activity and nutrition** across all life stages, with a particular emphasis on reducing **health inequalities in the Netherlands**.

The programme distinguishes itself internationally through **co-creation**, connecting health-promoting interventions along two axes: **technology-behaviour** and **lifestyle-living environment** (see figure):



- Combining knowledge and the application of digital technologies (e.g. AI and smart sensors) with demand-driven behavioural change, using insights from sociology and psychology (e.g. self-regulation and nudging).
- Integrating personalised lifestyle interventions (e.g. individual health advice) with interventions in living environments (such as public spaces, schools, workplaces, homes, shops, food environments, and social cohesion) that can sustainably encourage and facilitate these lifestyle interventions.

Interventions must meet three conditions to contribute to a lasting reduction in health inequalities:

- Be applicable to and accessible for vulnerable people, who are disproportionately affected by the disease burden of chronic illnesses.
- Be demand-driven, involving active participation of stakeholders such as citizens and policymakers, from design to implementation, ensuring interventions are based on the needs, limitations, and possibilities of the intended users.
- Be widely applicable and lead to sustainable changes in lifestyle and living environments.

The programme aligns with the relevant policy priorities of the Dutch LSH sector and builds upon the internationally leading knowledge base of the research institutions within the EWUU alliance.

### **(Knowledge) questions**

The central issue addressed by the *“Tailored Lifestyle: An Integrated Data-Driven Approach to Lifestyle and Living Environment”* programme is the increasing societal and economic impact of chronic diseases in the Netherlands. These diseases disproportionately affect people with a low socioeconomic position (SEP), and are therefore a significant factor contributing to the large health disparities in the Netherlands. We know that a substantial portion of these chronic diseases can be prevented with healthy nutrition and a more active lifestyle, supported by a healthier living environment. Preventive health interventions thus represent a vast, largely untapped potential for reducing the burden and costs of chronic diseases, and thereby narrowing health disparities. We know that the more a lifestyle intervention is tailored to the personal circumstances and preferences of the individual, the more effective it is. However, current lifestyle interventions are often insufficiently personalised (too generic) or not broadly applicable in practice (only relevant to a small group of people). Additionally, there is still too much focus on individual interventions (directly aimed at influencing behaviour) without considering the influence of the living environment on individual behaviour and supporting healthy behaviour (for example, access to healthy food options, sports/recreational facilities, mobility changes towards active transport, and opportunities for relaxation and exercise in the neighbourhood).

The **“Tailored Lifestyle: An Integrated Data-Driven Approach to Lifestyle and Living Environment”** programme focuses on addressing the core questions underlying the current shortcomings in better utilising the prevention potential of chronic diseases, specifically:

- How can we personalise lifestyle interventions (i.e., as much as possible tailored to the preferences, personal situations, life stages, and characteristics of the individual) while also making them broadly applicable?
- Which (combination of) interventions in the environment (outdoor spaces, schools, workplaces, homes, shops, public spaces, stations, etc.) and lifestyle interventions (aimed at promoting healthy nutrition and physical activity) are most effective in reducing the burden of chronic diseases?
- Which interventions are most effective in reducing health disparities, and how can we ensure that people with a low SEP benefit from them?
- How do we ensure that changes towards a healthy lifestyle are maintained after the intervention?

Desired outcomes: Examples of direct results the programme aims to generate include:

- Obtaining answers to the above knowledge questions.
- Structural interventions in the living environment to stimulate and sustainably secure healthy behaviour.
- New technological solutions for collecting and analysing large amounts of data, and generating and making personalised information (e.g., nutrition and exercise advice) accessible to individuals, healthcare providers, and decision-makers.
- Decision support tools (e.g., digital twins, visualisation methods, gamification, agent-based modelling) that contribute to a health-promoting living environment (supermarkets, neighbourhoods, schools, workplaces, hospitals) for citizens from various backgrounds.
- AI-driven (real-time) personalised lifestyle interventions (both the algorithms and their translation into apps, etc.) that are widely applicable and contribute to reducing health disparities.

The scheme falls within the framework of the PPS Innovation Scheme of the Ministry of Economic Affairs and Climate Policy.

## **2.2 Societal theme “Health & Care”**

In the spring of 2019, the Ministry of Health, Welfare and Sport (VWS) established five missions for this societal theme. One central mission and four specific missions. The central mission focuses on living longer in good health, while reducing health disparities between people in high and low socioeconomic positions. The other four missions contribute to this central mission through changes in the living environment, providing more care in the right place, and better prospects for people with chronic diseases and dementia. The missions have a time horizon until 2040. In the autumn of 2023, a fifth sub-mission was added, focusing on better protection against socially disruptive health threats. The [Knowledge and Innovation Agenda 2024-2027 \(KIA\)](#) describes the ambitions and goals for the health and care missions within the field of public-private partnerships. Top Sector LSH, as the lead party, has drawn up this KIA in collaboration with many public and private stakeholders. This builds on a strong ecosystem of public-private partnerships that has been established in recent years. A large number of these stakeholders have committed to the objectives of the KIA through contributions in mind, in kind, and in cash in the Knowledge and Innovation Covenant (KIC).

## **2.3 Growth Markets for the Netherlands**

At the end of 2023, Dialogic and SEO, commissioned by the Ministry of Economic Affairs and Climate Policy (EZK), mapped out [promising growth markets](#) for the Netherlands. According to the Ministry of EZK, it is important to invest in growth markets where the greatest opportunities lie in the future to strengthen the Dutch earning capacity and where the Netherlands excels. Within the LSH sector, ‘medical technology’ and ‘innovative and high-quality molecules in the biotech sector’ are described as promising growth markets.

## **2.4 National Technology Strategy (NTS) and Key Methodologies**

In the [National Technology Strategy](#) (Ministry of EZK, 2024), building blocks for a strategic technology policy are defined in the form of ten priority key technologies where the Dutch knowledge field and business community

can make a positive impact and which are essential for the future. For almost all these key technologies, application in the medical world plays an important role in further developing and marketing the technologies. The most notable examples for the LSH sector are the key technologies: 'Biomolecular and cell technologies', 'Imaging technologies', and 'Artificial Intelligence and Data Science'.

The top sectors are encouraged to make targeted technological contributions to solving societal challenges. With the [Knowledge and Innovation Agenda Key Technologies](#) (KIA-ST), the top sectors, together with the ministries and knowledge institutions, give substance to this. The [research agenda Key Methodologies](#) is part of the KIA-ST. This sets out a broad definition of the concept of key methodologies (KEMs) and presents the most relevant categories of KEMs for mission-driven innovation. The KEMs form the new toolbox needed for the realization of social innovation in the form of models, strategies, processes, and tools. More information can be found on the [KEM website](#), and for further questions regarding the use of and research into KEMs, contact can be made with CLICKNL: [kems@clicknl.nl](mailto:kems@clicknl.nl).

## 3. Preconditions

### 3.1 Preconditions for the collaborative project

The application must meet a number of conditions. Important points include:

- The main applicant is based in the Netherlands.
- At least two institutions from the EWUU (TU/e-WUR-UU-UMC Utrecht) alliance are involved in the proposal, each demonstrably contributing to the project.
- The consortium consists of at least one for-profit enterprise, one social organisation, and two research organisations<sup>1</sup>. Foreign enterprises and research organisations are also encouraged to participate in the consortium, provided the results of the research project benefit the Dutch knowledge infrastructure and economy.
- There is genuine collaboration<sup>2</sup>. This means, among other things, that the project is carried out at joint expense and risk, and all consortium partners contribute substantively to the project.
- The project includes fundamental research, industrial research, or experimental development, or a combination thereof<sup>3</sup>. A description of the three types of research is provided in the appendices of the full proposal application form.
- The project primarily contributes to achieving the central mission and at least one of the five specific missions within the societal theme 'Health & Care', as specified in the KIA 2024-2027 Health and Care.
- The project aligns well with one or more of the defined Growth Markets<sup>4</sup> and/or the programme aligns well with one or more of the 10 priority key technologies from the National Technology Strategy<sup>5</sup>.
  - Specific Growth Markets of interest are:
    - Medical technology
    - Digital transformation
    - Innovative and high-quality molecules in the biotech sector
  - Specific key technologies of interest are:
    - Artificial intelligence and data science
    - Imaging technologies
- The research within the project is of high scientific quality.
- The project delivers innovative products and services that have social and economic added value.
- All consortium partners must contribute in kind. This means, among other things, that all consortium partners incur labour costs and make an in-kind contribution, and these costs and contributions are visible in the budget form (Excel).
- Consortium partners may not hire or reimburse each other for services or products within the project. Therefore, consortium partners may not invoice each other. Third parties may be hired for services; they are not considered consortium partners.
- In addition to the in-kind contribution, it is also possible to contribute in cash. A cash contribution from one party must be used within the project to cover the costs of another consortium partner.

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<sup>1</sup> Definition research organisation according to [Kaderregeling betreffende staatssteun voor onderzoek, ontwikkeling en innovatie \(O&O&I\)](#) (Chapter 1.3, article 16.ff).

For more information: <https://www.rvo.nl/onderwerpen/subsidiespelregels/ezk/onderzoeksorganisatie>

<sup>2</sup> Definition effective collaboration according [Kaderregeling betreffende staatssteun voor onderzoek, ontwikkeling en innovatie](#): (Chapter 1.3, article 16.h). For more information: <https://www.rvo.nl/subsidies-financiering/pps-innovatie/definities>

<sup>33</sup> In the case of clinical drug research, preclinical research in animals is considered industrial research. Clinical phases 1 to 2 are generally classified as experimental development. Phase 3 (and beyond) clinical studies are regarded as competitive development and therefore fall outside the scope of the PPS Innovation Scheme.

<sup>4</sup> <https://www.rijksoverheid.nl/documenten/rapporten/2023/12/05/dialogic-seo-groeimarkten-voor-nederland>

<sup>5</sup> <https://www.rijksoverheid.nl/documenten/beleidsnotas/2024/01/19/de-nationale-technologiestrategie>

- Large commercial parties must contribute both in cash (at least 50% of their total contribution) and in kind. If this is deviated from, it must be justified in the project proposal.
- The use of PPS subsidy and the provision of a cash contribution by the same party is not permitted.
- It is essentially up to the enterprise(s) themselves how they finance their own contribution. Creative constructions and improper use of PPS subsidies are not allowed.
- If the consortium has received or will receive other public subsidies for the submitted project, for example from NWO, ZonMw, TNO, SIA, or Health~Holland, the regulation regarding the accumulation of different subsidies applies<sup>6</sup>.
- The project starts no later than see section 4.3.
- Kickstart projects last a maximum of 2 years. Signature projects last a maximum of 4 years.
- The latest versions of the mandatory forms as found on the [website](#) of the *“Tailored Lifestyle: An Integrated Data-Driven Approach to Lifestyle and Living Environment”* programme must be used. Outdated or other versions of these documents will not be accepted.
- Kick-off meetings in collaboration with the programme group.

### 3.2 Consortium composition

PPS subsidy applicants form a consortium in which research organisations and enterprises, citizens, and preferably also relevant public organisations, jointly realise a project while maintaining their own identity and responsibility, based on a clear and optimal division of tasks and risks. All consortium partners contribute equally financially and substantively to the project. The consortium provides a project coordinator/lead applicant, who will be the contact person for the programme group throughout the entire procedure. The lead applicant can be a university or an SME. Any other party within the consortium is a co-applicant. The scheme is open to co-applicants from the Netherlands and abroad, including research organisations, for-profit enterprises, or other private or public parties, as long as the research contributes to the Dutch knowledge infrastructure. It is possible for multiple companies, research organisations, and additional parties to be part of the consortium.

### 3.3 IP Policy

The consortium must make agreements regarding the intellectual property (IP) related to the products and services developed in the project. These agreements are recorded in the consortium agreement. A ‘first option right’ is possible. IP agreements follow the [Framework for State Aid for Research, Development and Innovation](#) (specifically Article 2.2.2.) and the PPS Innovation Scheme ([Government Gazette](#) 20 October 2023, 28651). This includes that participating enterprises and other private partners can acquire the IP from the research organisation at a market-conform fee (minus the amount already invested by them) and that results without intellectual property rights can be widely disseminated. The model consortium agreement for projects within the *“Tailored Lifestyle: An Integrated Data-Driven Approach to Lifestyle and Living Environment”* programme is available on the website <https://preventivehealth.ewuu.nl/health-holland-tailored-lifestyle-programme/>.

NB: Use of the model consortium agreement provided for the *“Tailored Lifestyle: An Integrated Data-Driven Approach to Lifestyle and Living Environment”* programme is mandatory. Any modifications to the model must be immediately recognisable.

<sup>6</sup> The cumulative provisions are in paragraph 2, article 6, of the [Kaderbesluit nationale EZK- en LNV-subsidies](#). The aid limits regarding the use of PPS subsidy are stated in article 3.2 of the [Regeling nationale EZK- en LNV-subsidies](#).



### 3.4 What amount can be applied for?

Within this call, funding (PPS subsidy) can be applied for by Dutch universities and SMEs.

Kickstart Projects:

- Minimum PPS subsidy per project: €125,000
- Maximum PPS subsidy per project: €200,000

Signature Projects:

- Minimum PPS subsidy per project: €500,000
- Maximum PPS subsidy per project: €750,000

Research organisations, such as universities, UMCs, universities of applied sciences, TO2s, KNAW institutes, and other organisations that meet the definition of a research organisation, may finance up to 70% of their own costs<sup>7</sup> for fundamental and industrial research with PPS subsidy. Research organisations may finance up to 60% of their own costs for experimental development with PPS subsidy. Dutch SMEs (both for-profit and non-profit enterprises<sup>8</sup>) may finance up to 60% of their own costs for fundamental and industrial research with PPS subsidy. Dutch SMEs may finance up to 40% of their own costs for experimental development with PPS subsidy.

Only certain foreign university medical centres and recognised universities may participate as research organisations within the project, after explicit permission from Health~Holland<sup>9</sup>. These recognised research organisations may use the same percentages of PPS subsidy as Dutch research organisations, up to a maximum of €120,000 PPS subsidy per foreign research organisation.

Table 1.A reiterates these maxima. A project can consist of a combination of the three types of research. Health~Holland encourages consortia to jointly organise the activities and budget within the project, with both research organisations and enterprises contributing equally substantively to the project. Additionally, Dutch SMEs have an equal opportunity to apply for PPS subsidy for their R&D activities.

Large companies (Dutch and foreign), foreign SMEs, Dutch Enterprises in Difficulty (OIM<sup>10</sup>), and other Dutch and foreign parties may not use PPS subsidy. These parties must contribute both in cash (at least 50% of their total contribution) and in kind. If this is deviated from, it must be justified in the project proposal.

Table 1.B shows the minimum percentage of total project costs that must be contributed by the research organisation(s) and enterprise(s) in the project. Section 5.1 provides two calculation examples in which the financing conditions are applied to two different types of consortia.

<sup>7</sup> All incurred eligible costs of the respective partner, except for any cash contributions.

<sup>8</sup> Any entity, regardless of its legal form or method of financing, that engages in an economic activity. See also Appendix: Definition of enterprise in the application form.

<sup>9</sup> If a foreign party wishes to participate as a research organisation in a PPS project (and use PPS subsidy), you must request prior permission from Health~Holland by emailing [programma@health-holland.com](mailto:programma@health-holland.com)

<sup>10</sup> The definition of an undertaking in difficulty is aligned with the definition as included in the General Block Exemption Regulation (EU) No. 651/2014, OJ L187/1 (hereinafter GBER).

**Table 1.A: Financing per type of research***Partner level*

| Max % PPS-subsidy based on eligible partner costs                  | Fundamental and industrial research | Experimental development |
|--------------------------------------------------------------------|-------------------------------------|--------------------------|
| Research organisations                                             | 70%                                 | 60%                      |
| Dutch SME                                                          | 60%                                 | 40%                      |
| Large companies, foreign SMEs, and other Dutch and foreign parties | 0%                                  | 0%                       |

The percentages mentioned in table 1.A are percentages taken from the total costs of the respective organization.

**Table 1.B: Minimal contributions***Project level*

| Minimum contribution based on total project costs | Fundamental and industrial research | Experimental development |
|---------------------------------------------------|-------------------------------------|--------------------------|
| Research organisations                            | min. 10%                            | min. 10%                 |
| For-profit and non-profit enterprise(s)           | min. 15%                            | min. 30%                 |

The percentages mentioned in table 1.B are percentages taken from the total project costs.

### 3.5 Calculation of the project costs

*Eligible costs*

Only costs directly related to the R&D activities within the project (eligible costs) can be included in the budget form. Examples include: scientific staff, technicians, support staff, consumables, and the use of equipment specifically required for the project (depreciation method). When including the costs for consumables, the historical cost price must be used. Including commercial rates is not allowed. For an explanation of the (calculation of) eligible costs, see [Regulation \(EU\) No. 651/2014 of the Commission of 17 June 2014, Article 25](#), and the [Framework Decision on National EZK and LNV Subsidies, Chapter 4, Articles 10-14](#).

Parties using PPS subsidy are required to use one of the labour cost systems prescribed by the [Framework Decision on National EZK and LNV Subsidies](#). Parties not using PPS subsidy are not required to use it. These parties may also use their own hourly rate. The condition is that the calculation of costs is based on a customary and verifiable method and is based on economic principles and standards that are considered acceptable in social traffic and are systematically applied by the participants in a collaborative project. In the budget form, these parties must choose 'fixed hourly rate' and adjust the standard hourly rate of €60 to a customary and verifiable hourly rate for them.

*Examples of non-eligible costs*

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

- Applying for and maintaining patents (costs for patents purchased at arm's length terms or for which a licence is granted by external sources are eligible);
- Auditor's fees;
- Bench fee (note: material costs are eligible);
- Domestic travel;
- Support staff not directly related to the substantive R&D activities, such as: project controller, business developer, administrative assistant;
- Preparing a business case;
- Costs related to the implementation of the developed innovation;

- Conducting efficiency research (Health Technology Assessment, HTA);
- Overhead;
- Non-scientific dissemination. Scientific dissemination, including attending a scientific conference or publishing a scientific article, is eligible;
- Project management tasks not directly related to the substantive R&D activities, such as: escalation to a steering group, preparing a risk management model, preparing reports to meet subsidy obligations, administrative accountability. Project management tasks directly related to the substantive R&D activities (e.g., discussions with employees, analysing technical risks, preparing substantive reports, preparing specifications) are eligible.

#### *Costs owed to third parties*

If part of the activities are outsourced, these costs owed to third parties can be allocated to the project and included in the budget form. It must be ensured that the costs owed to third parties are proportionate to the rest of the budget. If this cost item is very high, it can influence and be taken into account in the project assessment.

#### *Budget form instructions*

Within the *“Tailored Lifestyle: An Integrated Data-Driven Approach to Lifestyle and Living Environment”* programme, a specific budget form is used. This budget form utilises multiple built-in functions and references. Therefore, it is important to follow the instructions of the budget form (see the “Instructions” tab of the budget form).

### **3.6 Datamanagement**

#### *Open access*

Health~Holland believes that research results that are (partially) funded by PPS subsidy (public funds) should be freely accessible worldwide. Therefore, all scientific publications of research funded by PPS subsidy must be immediately (at the time of publication) freely accessible worldwide (open access). You can check whether your organisation has made agreements with traditional publishers regarding open access via the website Home page | Open Access. This website provides an overview of more than 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 are eligible project costs.

#### *FAIR*

Health~Holland encourages the optimal use of research data and therefore wants 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 on FAIR data management in the future and will increasingly monitor the FAIRness of data.

#### *Datamanagementplan*

Health~Holland also wants to raise awareness among researchers about the importance of responsible data management. Therefore, applicants must answer several questions about data management in the full proposal application form. After the final approval of an application, applicants must draw up a data management plan based on the Health~Holland format. Preparing a data management plan is a condition for the provision of PPS subsidy.

### 3.7 Evaluation of health and care innovations

*This option applies if the innovation falls under the MDR/IVDR and it is likely that the innovator/consortium will apply for CE marking for the innovation in the future or already has CE marking..*

#### *Explanation of the collaboration between Health~Holland and Health Innovation Netherlands*

Health~Holland considers it essential to analyse the actual impact and implementation possibilities of MedTech innovations during the R&D phase. However, making such an analysis is complex and involves many stakeholders. Therefore, Health~Holland works closely with [Health Innovation Netherlands](#) (HI-NL). HI-NL is a multidisciplinary infrastructure initiated by prominent parties such as the Dutch Healthcare Institute, the NFU, Health~Holland, and the Ministry of Health, Welfare and Sport (VWS). HI-NL facilitates an early tailored dialogue ([Animation](#)) between innovators and all relevant stakeholders in healthcare, guiding and steering the development, evaluation, implementation, scaling, and reimbursement of safe, effective, and efficient healthcare innovations for patients and citizens.

#### *Insight into the innovation development process*

The HI-NL innovation process provides innovators/entrepreneurs with insight into their entire innovation development process through expert support and multistakeholder advice on the development of their specific innovation, tailored to the type of innovation and development stage. The goal is to give innovators/entrepreneurs a comprehensive view as early as possible of how their innovation will fit into the healthcare or prevention landscape and what concrete next steps are needed. The HI-NL innovation process consists of four consecutive phases:

- The **Intake**, in which the fit, scope, direction, and timing of the HI-NL innovation process are discussed. For scope and direction, think of (not exhaustive): intended claims, target population, strength of current evidence and required evidence, comparison with the current standard of care, application and integration in the current healthcare context, CE, reimbursement, implementation, and scaling.
- **Extensive scoping & synthesis** of the innovation and the intended context by a team of healthcare innovation experts (a so-called case team) in collaboration with the innovator. This phase requires the involvement of the innovator/entrepreneur with approximately four meetings over a period of eight weeks, with some preparation needed where possible.
- A **Round Table session** with all relevant stakeholders (e.g., patient, medical specialist, health insurer, HTA expert, CE expert, entrepreneurs, policymakers). In this phase, all relevant stakeholders in the healthcare field who play a role in the specific innovation are brought together simultaneously to provide the innovator/entrepreneur with consensus advice on their innovation and necessary next steps.
- The **Innovation Guide**: The collected knowledge from the scoping & synthesis phase is then combined with the multistakeholder consensus advice and delivered in the form of a comprehensive Innovation Guide with concrete guidelines for the next steps in the development process. The Innovation Guide is discussed through a close-out call and is a confidential document owned by the innovator.

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

If the consortium wants to learn more about the HI-NL innovation process and is considering including it in the application, they can contact HI-NL no later than three weeks before the deadline of the *“Tailored Lifestyle: An Integrated Data-Driven Approach to Lifestyle and Living Environment”* programme call round. An intake meeting will then be scheduled, during which [HI-NL](#) will explain the innovation process in more detail and what it can mean for the project/innovation process. Before the intake, applicants are requested to complete the [intake form](#) so that HI-NL can get a good understanding of the current status of the innovation and the development process (also in the context of the PPS project application), the context, and the questions that exist. If, after contacting HI-NL, it appears that a Round Table process is of added value, this can be indicated on the full proposal application form of the *“Tailored Lifestyle: An Integrated Data-Driven Approach to Lifestyle and Living Environment”* programme call. Additionally, the IP-holding party may include an earmarked budget of €32,275 (including VAT), which covers the entire HI-NL innovation process, in the budget form as part of the total requested PPS subsidy. This amount can be included under the heading ‘third-party costs’ with the mention ‘HI-NL Innovation Process’.

The evaluation committee will independently assess whether the HI-NL innovation process adds value to the success of the application. Only after the PPS subsidy application has been conditionally approved will the consortium be asked to elaborate on the plans regarding the HI-NL innovation process in the application. The details of this will be included in the approval letter.

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

### **3.8 Participation end-used**

Health~Holland encourages equitable collaboration with end-users, such as citizens in their roles as patients, clients, end-users, and relatives. Therefore, it is important that equitable co-creation takes place during the project. Optimal co-creation occurs when a safe collaboration with the end-user is established, enabling them to contribute openly, vulnerably, creatively, and solution-oriented to the project. Researchers must be able to apply participation methods that establish this equitable and safe collaboration. To stimulate equitable collaboration with end-users, specific questions regarding the participation of end-users are included in both the preproposal and full proposal application forms. Within the *“Tailored Lifestyle: An Integrated Data-Driven Approach to Lifestyle and Living Environment”* programme call, it is permitted to hire an external expertise centre in the field of participation of citizens in their roles as patients, end-users, clients, and/or relatives. These costs, within the duration of the project, are eligible and can be financed with PPS subsidy.

### **3.9 Impact on health disparities**

Despite the collective efforts in the field of Health and Care by the government, businesses, and knowledge institutions, people with low incomes and low education levels (primary education + VMBO) live 15 years less in good health than people with higher education (HBO or university) and high incomes. Additionally, the difference in life expectancy is 7 years. The central mission of the societal theme Health and Care is therefore that “by 2040, all people in the Netherlands will live at least five years longer in good health, and the health disparities between the lowest and highest socioeconomic groups will have decreased by 30%.”

It is important to focus research and innovation efforts on what makes innovations effective for people in vulnerable situations and with health disadvantages. It is essential to involve the experiences and/or knowledge of people with a lower socioeconomic position from the start of the projects. To promote active interaction with people in a low socioeconomic position, the [ROCKET principles](#) have been established. This is just one form of the already substantial scientific and practical knowledge available on what is needed for a successful strategy in addressing health disparities. Within the *“Tailored Lifestyle: An Integrated Data-Driven Approach to Lifestyle and Living Environment”* programme call, it is therefore permitted to hire an external expertise centre in the field of reducing health disparities. These costs, within the duration of the project, are eligible and can be financed with PPS subsidy.

## 4. Two-Stage Procedure

### 4.1 Application Procedure

#### 4.1.1 Submission

Only applications for PPS subsidies using the "Tailored Lifestyle: An Integrated Data-Driven Approach to Lifestyle and Living Environment" program call forms will be considered. These forms are available on the website: <https://preventivehealth.ewuu.nl/health-holland-tailored-lifestyle-programme/>.

Two types of projects are supported:

- **Kickstart Projects:**
  - Maximum duration of 2 years
  - Subsidy between €125,000 and €200,000
  - Focused on innovative ideas with potential for further scaling.
- **Signature Projects:**
  - Duration of 3 to 4 years
  - Subsidy between €500,000 and €750,000
  - Focused on further developing and scaling proven interventions with greater reach and impact.

Both project types are selected in two steps:

1. **Open Call Pre-Proposals:** Short project ideas for Kickstart or Signature projects.
2. **Full Proposal by Invitation:** Only for selected pre-proposals.

This two-stage selection process encourages the submission of proposals and leads to better efficiency in time and resources for applicants by reducing the risk of investing significant time and effort in potentially unsuccessful full proposals. Reviewers can focus their time and resources on evaluating the most promising proposals in the Full Proposal phase.

### Procedure

The procedure up to the selection of full proposals is as follows:

#### STEP I: Selection of Pre-Proposals

*I.a Publication of the call for pre-proposals:* The call will be announced well in advance on the website Health Holland Tailored Lifestyle Programme. The final call will also be published on the websites of Health-Holland, EWUU, and the internal communication channels and media channels of involved partners. Additionally, the call will be announced through existing public-private collaborations such as the Data and Knowledge Hub Healthy Urban Living. This ensures a broad reach among private and public potential applicants. The publication will be accompanied by a Guide for Proposers, explaining the requirements and evaluation criteria, procedure, and goals of the PPS program.

*I.b Eligibility Check:* Submitted pre-proposals will be checked for eligibility criteria (correct format, completeness, and within financial frameworks). Applicants will have a one-time opportunity to correct administrative errors.

#### *I.c Evaluation by Review Committee:*

Eligible proposals are evaluated based on published evaluation criteria in two steps. Proposals are assessed by individual members of the review committee, with each evaluation criterion (see E4) being scored from 1 to 5 (1=insufficient, 2=moderate, 3=sufficient, 4=good, 5=very good). A consensus meeting is held to arrive at an overall score and ranking, and evaluation reports are prepared. There is one review committee that evaluates projects in both the pre-proposal and full proposal phases based on the regular Health Holland criteria, supplemented with criteria specific to the program. Additionally, the committee will conduct an assessment of the ethical, legal, and social aspects of the proposal (ELSA). The committee consists of experts from the four

EWUU partners, one representative from the business sector, one representative from the Citizen Platform, and an ELSA expert (see 3). To ensure independence, two representatives from two non-EWUU knowledge institutions will also be added to the committee. The review committee will be chaired by the Scientific Director of i4PH. The committee will be transdisciplinary, with experts from the EWUU institutions in the fields of behavioural sciences, artificial intelligence and digital technologies, healthy sustainable nutrition and food environment, the built environment, legal and ethical aspects of health, preventive care for chronic diseases, and preventive care innovation. Members of the review committee cannot submit proposals themselves. In the event of a conflict of interest, a review committee member will not participate in the evaluation of that proposal.

*I.d Rebuttal:*

Evaluation reports are shared with the lead applicants of submitted pre-proposals. There will be no rebuttal opportunity for the pre-proposals.

*I.e Invitation full proposal:*

Based on the evaluations, proposals are definitively ranked by the review committee. The highest-ranked pre-proposals are invited to submit a full proposal. Pre-proposals worth two to three times the available budget are invited, so the average success rate of a full application is between 33% and 50%.

STAP II: selection of full proposals.

The procedure for the selection of full proposals follows the same steps as for the pre-proposals, resulting in a grant decision where we aim for a 33%-50% approval rate of submitted full proposals. Full proposals will have a one-time opportunity for a rebuttal.

Throughout the entire process, submitting parties can contact the Program Office via [i4PH@ewuu.nl](mailto:i4PH@ewuu.nl), which is advised by the TKI-office of UMCU and Corporate Value Creation of WUR. For full proposal submitters, an information session will be organized, and a mandatory workshop on the Theory of Change/Impact Plan approach will be offered. Consortia will be invited to participate in a mandatory CUCo training, where they will be coached on transdisciplinary collaboration. A transition expert and a participant from our Citizen Platform will be part of the group of trainers.

For the timelines and deadlines of the above procedure, see section 4.

When completing the full proposal application form, the project coordinator/lead applicant must include at least the following attachments:

*Note: Outdated versions of the following documents will not be considered*

- **Detailed Budget:** Downloadable from the website: <https://preventivehealth.ewuu.nl/health-holland-tailored-lifestyle-programme/>
- **Letters of Commitment:** Each participant must provide a letter confirming the co-financing and the amount of in-kind and/or cash contribution, signed by an authorized person. Only the main applicant does not need to provide a letter of commitment. Letters of intent are not accepted. The template for the letter of commitment can be downloaded from the website: <https://preventivehealth.ewuu.nl/health-holland-tailored-lifestyle-programme/Consortium Agreement>: This must be an unsigned draft version; a blank format is not sufficient. The consortium is required to use the provided model consortium agreement<sup>11</sup>, which can be downloaded from the website: <https://preventivehealth.ewuu.nl/health-holland-tailored-lifestyle-programme/>
- Only non-essential changes and changes that do not conflict with the framework regulation may be made. In case of doubt about changes, the consortium should consult an expert, such as the technology transfer office (TTO) of the research organization or a lawyer. If the project is approved, the signed consortium agreement must be submitted as soon as possible, see the final submission date in section 4.3.
- **Signed 'Declaration of No Undertaking in Difficulty':** Required for all SMEs using PPS subsidies within the project. The template can be downloaded from the [RVO website](#).

<sup>11</sup> If there is an existing consortium agreement, contact must be made with Health~Holland.

#### *4.1.2 Eligibility Check*

Upon receipt of the application (both pre-proposal and full proposal), it will be checked for eligibility by the program group within five working days. This eligibility check will verify whether the application meets the conditions according to the appendix Checklist application form of the application form.

If the application is incomplete, the consortium will have one working day to make the necessary adjustments and provide the requested information. If the application is deemed ineligible, this will be communicated to the applicants within seven working days.

#### *4.1.3 Evaluation of PPS Subsidy Applications*

Eligible applications are assessed by the program group against the conditions set out in point 3. Conditions. Proposals that meet these conditions are then evaluated substantively by an expert and independent evaluation committee. The evaluation committee may, if desired, engage one or more independent referees. Both the evaluation committee members and referees must first sign a confidentiality agreement before they are allowed to evaluate a PPS subsidy application.

The evaluation committee advises the program group on the suitability of the application within the PPS Innovation Scheme. The application is assessed on its suitability within the PPS Innovation Scheme, scientific quality, impact and relevance, feasibility, and added value to the strategy of the Top Sector LSH and the societal challenge 'Health and Care', with each criterion being equally weighted in the evaluation. Only the most relevant and promising applications will be approved. The program group aims to approve 33% to 50% of the full proposals.

The program group ultimately decides whether or not to approve the application and the amount of the PPS subsidy for the respective collaborative project. The applicant will receive the decision by letter on whether a full proposal is approved, see section 4.3.

#### *4.1.4. Content criteria*

The review committee evaluates project applications based on the following content criteria. These criteria are divided into scientific quality, impact and relevance, and feasibility.

##### *1. Scientific Quality Criteria*

- a) The research is clearly described, and the project goals are well-defined.
- b) The approach plan is detailed, including a timeline, milestones, deliverables, and is methodologically sound. The work packages are clearly interconnected and well-coordinated.
- c) It is clear when the project can be deemed 'successful' and the criteria used for this determination.
- d) The planned activities to further develop, disseminate, and implement the results of the proposed research (TRL9) are well thought out and described for the partners.
- e) If applicable, the number of test subjects and/or animals is realistic and sufficient.
- f) Data is handled correctly within the project. Where possible, data is reused, and new data is made reusable after the project ends.
- g) Personalized lifestyle interventions and interventions in living environments are combined.
- h) State-of-the-art and innovative AI and digital technologies are combined with insights from health psychology.
- i) ELSA criteria are considered.

##### *2. Impact and relevance criteria*

- a) The project is innovative and provides new scientific insights.
- b) The project meets societal needs, and the societal importance is well substantiated.
- c) The economic impact and importance of the project are well described, and this impact is valuable for the Netherlands through the development of innovative products and services.
- d) The economic impact of the project for each consortium partner is well substantiated.



- e) The project aligns well with the Knowledge and Innovation Agenda 2024-2027 for the Societal Theme Health and Care, and the contributions to the missions are well substantiated.
- f) Adequate attention is given to reducing health disparities as part of the central mission of VWS.
- g) The project aims for the sustainable promotion of healthy behavior.
- h) Citizens from vulnerable groups are actively involved in the design and execution of the project within the consortium.
- i) The consortium combines knowledge of individual-focused lifestyle interventions and environment-focused interventions in the project.

### 3. Feasibility criteria

- a) The consortium has the right expertise, network, manpower, facilities, and resources to achieve a successful project outcome. The roles of the consortium partners are complementary and clearly described, and there is an equitable collaboration. 'Unusual Collaborations' are valued, where projects with collaborations between diverse disciplines are central.
- b) The project risks are well assessed, and there is adequate consideration of how to manage these risks.
- c) The proposed methods, regarding feasibility, are correctly chosen and substantiated.
- d) The project's timeline is realistic.
- e) The project's budget is realistic (e.g., number of man-hours per organization, realistic costs for materials and equipment, and realistic 'costs owed to third parties').
- f) Knowledge from various domains (technology, social domain, nutrition, living environment) is brought together in a transdisciplinary manner.
- g) The consortium actively involves the business sector, particularly SMEs, and citizens from vulnerable groups in the design and execution of the project..

## 4.2 Grant Award procedure, monitoring and payments

### 4.2.1. After approval of a PPS subsidy application

- In line with the timelines described in section 4.3, the project coordinator/lead applicant must submit an unsigned final consortium agreement, agreed upon by all partners, to the program group for review.
- After the consortium agreement is approved by the program group, the consortium will have time to get it signed by all partners. See timelines in section 4.3.
- Once the consortium agreement is fully signed and approved, the program group will prepare a final grant award letter. The final grant award letter is a document that outlines the rights/obligations and contributions of the various consortium partners.
- Along with the signed version of the final grant award letter, a data management plan must be submitted.
- Health~Holland publishes information about all approved projects on the project page of its website (<http://www.health-holland.com/project>). Along with the signed version of the final grant award letter, a completed project profile according to het Health Holland format must also be submitted.
- The Institute 4 Preventive Health (i4PH), the AI hub of the Alliance between TU/e, WUR, UU, and UMCU, and the EWUU-affiliated partners will publish approved projects on their respective websites and make them public on social media.

Once the above documents are received and approved, the first advance payment of the PPS subsidy can be made. Subsequent payments will be made after receipt and approval of progress reports and, ultimately, the final report. Payments are made to the institution where the project coordinator/lead applicant is employed; the project coordinator/lead applicant is responsible for any financial distribution to the other consortium partners and collective accountability for the use of the funds.

### 4.2.2 During the project period

- During the project period, a time registration must be kept for each employee.
- RVO is expected to request progress information annually from all ongoing PPS subsidy projects. At the beginning of each calendar year, the project coordinator/lead applicant will be asked to provide information about the consortium, progress, and changes in the project over the past calendar year.

The primary purpose of this request is to annually inform the House of Representatives and a broad audience about the progress of the top sectors policy in the part that the TKIs implement through the PPS innovation scheme.

- Within six weeks after each project year, the project coordinator/lead applicant must submit a progress report. The format for this will be provided by the program group. The consortium is required to hold a steering committee meeting each year. The lead applicant is required to inform the program group so that a representative from the program group can attend the meetings. The steering committee meetings halfway through and at the end of the project period will, in principle, be attended by the program group and should be linked to a progress or final report.

#### *4.2.3 After the project end date*

Within eight weeks after the project end date, the project coordinator/lead applicant must submit the following documents to the program group:

- A final report (the format for this will be provided by the program group).
- If a consortium partner has used no or less than €125,000 in PPS subsidy, a management statement regarding the total project costs of that consortium partner must be provided.
- If a consortium partner has used €125,000 or more in PPS subsidy, an audit statement regarding the total project costs of that consortium partner must be provided.
- An updated project profile including the results of the completed project.

The final PPS subsidy payment will be made once the above documents<sup>12</sup> have been received and approved by the program group.

<sup>12</sup> Please note: The required documents for the final accountability may be subject to change, depending on any new requirements from RVO

### 4.3 Intended timeline

The timelines for **Step 1**: the *Pre-proposal application* are as follows:

- a. **Publication of the call**: 19/2/2025 with a deadline of 31/3/2025
- b. **Eligibility check of pre-proposals**: Completed by 8/4/2025, with a resubmission deadline of 11/4/2025
- c. **Evaluation by the review committee**: 14/4/2025 – 12/5/2025
- d. **Evaluation reports and final decisions** (with or without an invitation to submit a full proposal) will be sent out in the week of 19 May. No correspondence is possible regarding the final decision on the pre-proposal. Applicants will only receive the evaluation report.
- e. **Submission deadline for full proposals**: 12/9/2025 When submitting the pre-proposal form, letters of intent from the partners must be included.

The timelines for **Step 2**: the *Full proposal application* are as follows:

- a. **Eligibility check**: Completed by 16/9/2025, with a resubmission deadline of 19/9/2025
- b. **Evaluation by the review committee**: 22/9/2025 – 17/10/2025
- c. **Rebuttal**: Evaluation reports will be sent out by 24/10/2025, with applicants having the opportunity to submit a written rebuttal by 10/11/2025
- d. **Full proposal**: Final decisions will be sent out by 28/11/2025. Project leaders can appeal the final decision within two weeks of communication. This appeal will be handled by the review committee by 16/12/2025.
- e. **Approval or rejection letter**: By 23/12/2025
- f. **Submission of the final unsigned Consortium Agreement**: By 31/1/2026
- g. **Approval of the unsigned Consortium Agreement**: By 13/2/2026 by the program group. Submission of the signed Consortium Agreement by 13/3/2026
- h. **Submission of the signed final Grant Award Letter**: By 20/3/2026
- i. **Project start**: By 1/5/2026

*Note: This schedule is subject to change. The final timelines will be published on <https://preventivehealth.ewuu.nl/health-holland-tailored-lifestyle-programme/>*

## 5. More information

### 5.1 Calculation examples

#### **Example 1 – Research organisation and Dutch SME**

This example assumes a project that consists entirely of industrial research.

| Parties                 | Costs              |
|-------------------------|--------------------|
| Research organisation X | € 600.000          |
| Dutch SME Y             | € 400.000          |
| <b>Total</b>            | <b>€ 1.000.000</b> |

| Parties                 | Max. % PPS-subsidy | Max. € PPS-subsidy |
|-------------------------|--------------------|--------------------|
| Research organisation X | 70%                | € 420.000          |
| Dutch SME Y             | 60%                | € 240.000          |
| <b>Total</b>            | <b>66%</b>         | <b>€ 660.000</b>   |

*\*The percentage of the PPS grant is based on the total costs of the respective partner*

| Minimum required contributions                                                            | % of the total costs*                                                                    | Min. contribution (€) |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------|
| Research organisation(s)                                                                  | 10%                                                                                      | € 100.000             |
| Enterprises (for-profit and non-profit)                                                   | 15%                                                                                      | € 150.000             |
| <b>Open amount to be financed freely based on costs and minimum required contribution</b> | <b>=€1.000.000 (costs) - €660.000 (max. PPS-subsidy) - €250.000 (min. contributions)</b> | <b>€ 90.000</b>       |

*\*Percentages for the minimum required contributions are based on the total project costs.*

#### **Financing per partner**

| Parties                 | Total costs        | In kind          | In cash    | PPS-subsidy      |
|-------------------------|--------------------|------------------|------------|------------------|
| Research organisation X | € 600.000          | € 180.000        | € 0        | € 420.000        |
| Dutch SME Y             | € 400.000          | € 160.000        | € 0        | € 240.000        |
| <b>Total</b>            | <b>€ 1.000.000</b> | <b>€ 340.000</b> | <b>€ 0</b> | <b>€ 660.000</b> |

In this example, the available funding amount of €90,000 is divided between the research organization and the SME, with both parties utilizing their maximum allowable PPS subsidy amount.

#### **Calculation example 2 – Consortium consisting of 4 parties**

This example assumes a project that consists entirely of industrial research.

| Parties                 | Costs              |
|-------------------------|--------------------|
| Research Organisation X | € 500.000          |
| Dutch SME Y             | € 150.000          |
| Large enterprise Z      | € 250.000          |
| Hospital A              | € 100.000          |
| <b>Total</b>            | <b>€ 1.000.000</b> |

| Parties                 | Max. % PPS-subsidy* | Max. € PPS-subsidy |
|-------------------------|---------------------|--------------------|
| Research Organisation X | 70%                 | € 350.000          |
| Dutch SME Y             | 60%                 | € 90.000           |
| Large enterprise Z      | 0%                  | € 0                |
| Hospital A              | 0%                  | € 0                |
| <b>Total</b>            | <b>44%</b>          | <b>€ 440.000</b>   |

*\*The percentage of the PPS grant is based on the total costs of the respective partner.*

| Minimum required contributions                                                            | % of total costs                                                                         | Minimum contribution (€) |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------|
| Research organization(s)                                                                  | 10%                                                                                      | € 100.000                |
| Enterprises (for-profit and non-profit)                                                   | 15%                                                                                      | € 150.000                |
| <b>Open amount to be freely financed based on costs and minimum required contribution</b> | <b>=€1.000.000 (costs) - €440.000 (max. PPS-subsidy) - €250.000 (min. contributions)</b> | <b>€ 310.000</b>         |

\*Percentages for the minimum required contributions are based on the total project costs.

#### **Financing per partner**

| Parties                 | Total costs        | In kind          | In cash         | PPS-subsidy      |
|-------------------------|--------------------|------------------|-----------------|------------------|
| Research Organisation X | € 500.000          | € 125.000        | (€ 25.000)*     | € 350.000        |
| Dutch SME Y             | € 150.000          | € 60.000         | € 0             | € 90.000         |
| Large enterprise Z      | € 250.000          | € 250.000        | € 50.000        | € 0              |
| Hospital A              | € 100.000          | € 75.000         | (€ 25.000)*     | € 0              |
| <b>Total</b>            | <b>€ 1.000.000</b> | <b>€ 510.000</b> | <b>€ 50.000</b> | <b>€ 440.000</b> |

\*The numbers in parentheses () indicate that these partners receive and use the private cash to cover part of their costs. In this case, the cash contribution from Large Company Z is distributed between Research Organization X and Hospital A.

## 5.2 Downloads

Documents to be completed, available at <https://preventivehealth.ewuu.nl/health-holland-tailored-lifestyle-programme/>

- **Preproposal & full proposal forms**
- **Budgetform (for full proposal)**
- **Model Consortium agreement PPS-Subsidie] – Standard**
- **Model consortium agreement PPS-Subsidie] – Clinical trials**
- [RVO - Verklaring geen onderneming in moeilijkheden](#)
- **Template steunbrief (Letter of Commitment) - Nederlands**
- **Template steunbrief (Letter of Commitment) - Engels**

Documents to consult:

- [Missiedocument 2024-2027](#)
- [Kennis- en Innovatieagenda 2024-2027](#)
- [Kennis- en Innovatieconvenant 2024-2027](#)

Laws and regulations

- [Definities Onderzoek & ontwikkeling uit het EU Steunkader](#)
- [Kaderregeling betreffende staatssteun voor onderzoek, ontwikkeling en innovatie](#)
- [Regeling nationale EZK- en LNV-subsidies](#)
- [Kaderbesluit nationale EZK- en LNV-subsidies](#)
- [PPS-Innovatieregeling Staatscourant 20 oktober 2023](#)
- [Verordening \(EU\) nr. 651/2014 van de Commissie van 17 juni 2014](#)

## 5.3 Questions

For questions about the "Tailored Lifestyle: An Integrated Data-Driven Approach to Lifestyle and Living Environment" Call, you can send an email to [i4PH@ewuu.nl](mailto:i4PH@ewuu.nl).

## 5.4 Submission

The application (both pre-proposal and full proposal) can be submitted via email to [i4PH@ewuu.nl](mailto:i4PH@ewuu.nl)