

Thematic track: Labour-saving technologies **SME Call for public-private partnerships in 2027**

Call for applications for PPP Innovation subsidy

1. Summary

The Labour-Saving Technology Track is a thematic track within Health Holland's PPP SME Call 2027. This track supports public-private partnership projects that contribute to the further development and validation of innovative medical technologies with demonstrable potential to reduce labour requirements in the Dutch healthcare system.

The track was developed as part of the MedTech Breakthrough Pilot initiated by the Dutch Ministry of Health, Welfare and Sport (VWS) and aligns with the ambition to accelerate the development and implementation of labour-saving innovations in healthcare.

The Labour-Saving Technology Track is implemented within the existing PPP SME Call. The standard conditions, assessment procedure and funding provisions of the PPP SME Call therefore apply, unless stated otherwise in this document. This document sets out the conditions and specific points of attention applicable to this thematic track.

⚠ Please note: The deadline for submitting the full application is **20 November 2026 at 17:00 CET**. Only applications submitted through the portal before the deadline will be considered. Health Holland strongly recommends starting the preparation and submission of the required documentation well in advance of the deadline.

Key requirements

- The consortium consists of at least one for-profit enterprise (company) and one research organisation.
- The main applicant is a for-profit enterprise (company) based in the Netherlands.
- The maximum duration of the project is 2 years (24 months) and starts between 1 July and 1 November 2027.
- Dutch research organisations and Dutch SMEs are eligible for PPP-Subsidy.
- The project consists of industrial research and/or experimental development (TRL4-7)
- Effective collaboration takes place; The project is executed at joint cost and risk and that all consortium partners contribute to the project substantially.
- In addition to the standard conditions of the PPP SME Call, projects submitted under this thematic track must contribute to the development of demonstrably demand-driven and labour-saving medical technologies, as described in Chapter 3. The products or services developed must focus on one or more of the following themes:
 - AI- and data-supported triage and diagnostics
 - Smarter alerting, remote monitoring and digital care interaction
 - Technological support for healthcare processes
- The project contributes to the (further) development of one or more of the ten priority key technologies identified in the National Technology Strategy, thereby aligning with the Dutch Growth markets.
- The research fits within the social theme 'Health & Care', the central mission and at least one of the five focused missions that contribute to the central mission of this theme, as concretized in the Knowledge and Innovation Agenda 2024-2027.
- The project may apply for a minimum of €225.000 and a maximum of €450.000 PPP Subsidy.
- Per project year, SMEs may claim a maximum of €150,000 in PPS subsidy in total;
- Per project, research organizations may claim a maximum of €150,000 in PPS subsidy in total;
- Dutch SMEs may only use the funding if, at the submission deadline, they do not qualify as an Undertaking in Difficulty (UID) under the applicable laws and regulations.
- The PPS subsidy for SMEs is to be used to finance one existing or new R&D FTE per year (1 FTE equals 1,650 hours). The remaining subsidy may be used for other eligible costs (including materials, additional personnel, etc.).

- Consortium partners may not reimburse or invoice one another within the project for services or products provided. Such services or products may, however, be procured from third parties that are not part of the consortium. These may include, for example, organisations involved in validation activities within a healthcare setting, such as STZ hospitals. The participation of such organisations in these public-private partnership projects is strongly encouraged. Costs associated with the engagement of third parties may be included in the project budget and may collectively account for no more than 25% of the total project budget.
- The lead applicant is not eligible to participate in the SME Call 2027 if it is the lead applicant of an already awarded and still ongoing project under the SME Call 2026.
- The same project may not be submitted under both this call and the regular SME Call 2027. Applicants must decide in advance under which call the project will be submitted.

In the run-up to the deadline, consortia may submit questions to the Health Holland team during a one-to-one Q&A session. These sessions can be requested until 13 November by emailing tki@health-holland.com with the subject line: *Request for SME Labour Saving Technologies Call application advice*.

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2. Background information

2.1 Context

The Dutch healthcare system is facing a major challenge. Rising demand for care, population ageing and persistent workforce shortages are placing increasing pressure on healthcare services. Innovative medical technologies can make an important contribution by reducing workload, improving the efficiency of care processes, and enhancing the accessibility and quality of care. However, the development and implementation of such innovations require close collaboration between companies, research organisations and healthcare organisations.

To promote this collaboration, the Dutch Ministry of Health, Welfare and Sport (VWS) initiated the MedTech Breakthrough Pilot. Within this pilot, VWS, Health Holland, ZonMw, NWO, Regieorgaan SIA, RVO and Holland High Tech are working together on a coordinated set of instruments designed to accelerate the development, validation and implementation of labour-saving medical technologies.

One of these instruments is the Labour-Saving Technology Track within Health Holland's PPP SME Call 2027. This thematic track promotes public-private collaboration between SMEs, research organisations and healthcare organisations to further develop innovative medical technologies that can demonstrably contribute to reducing labour requirements in the Dutch healthcare system.

By embedding this track within the existing PPP SME Call, it can build on a proven funding instrument and an established implementation structure. This enables projects to be supported efficiently while maintaining a clear focus on the development of labour-saving innovations.

2.2 Relevance Health Holland & relevant policy documents

PPP Innovation Regulation

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

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

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

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

Policy context

To increase the Netherlands' resilience to economical and societal challenges, the Dutch government is implementing an industrial policy with focus. This policy focuses on three key goals: enhancing the country's earning capacity ("verdienvermogen"), increasing the resilience of the Dutch economy, and generating societal impact. This industry policy makes a significant contribution to innovative industrial development and aligns with the government's 2030 ambitions: a strong, diversified industry representing at least 15% of Gross Domestic Product (GDP) and public-private R&D investments of at least 3% of GDP.

The targeted industrial policy focuses on six sectors where the Netherlands already demonstrates strong traction and which, based on various analyses such as the [growth markets analysis](#), show a strong contribution to the country's earning capacity, economic resilience, and societal missions. Within this industry policy with focus, the National Technology Strategy (NTS) provides direction for coordinated public and private investments in research and development, with the aim of establishing a strong technological foundation for the growth of these six

markets. In this context, start-ups and scale-ups constitute an important target group, as they are often active within these technological markets.

By funding PPP projects that contribute to the Health & Care missions developed by the Ministry of Health, Welfare and Sport, and the ten priority key enabling technologies identified in the NTS, both economic and societal value is generated in the short and long term. These investments also generate revenues that contribute to the welfare of current and future generations. In doing so, Health Holland contributes to the Netherlands' economic potential, resilience, and sustainable earning capacity.

National Technology Strategy

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

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

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

Social theme 'Health & Care'

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

Given the current challenges related to workforce shortages and increasing workload pressures in the healthcare sector, labour-saving innovation, alongside the reduction of health inequalities, is a cross-cutting priority that warrants domain-crossing attention. Labour savings can be achieved in multiple ways, both by preventing or reducing the demand for care and by reorganising care delivery through technological and social innovations (i.e. labour-saving modes of working). Reducing the demand for care can be realised through prevention, lowering

disease burden (thereby generating labour-saving effects), and through the substitution of care by enhancing the self-reliance and autonomy of patients and clients.

2.3 Types of organisations in a PPP subsidy application

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

Research organisation¹

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

Enterprise

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

For-profit enterprise

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

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

Non-for-profit enterprise

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

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

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

Small and Medium-sized Enterprises (SMEs)

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

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

Large enterprise

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

Other organisations

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

⚠ **Please note:** if there is any uncertainty as to whether an institution, such as a hospital or healthcare organisation, qualifies as a research organisation, please contact tki@health-holland.com for clarification.

2.4 Evaluation of health and care innovations

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

Collaboration Health Holland and Health Innovation Netherlands

Health Holland believes it is vital to analyse the actual impact and possibilities for implementation of innovations, i.e. while these are still in the R&D phase. Performing such an analysis for MedTech innovations is complex and involves many stakeholders. Therefore, Health Holland collaborates with [Health Innovation Netherlands](#) (HI-NL). HI-NL is a multidisciplinary infrastructure initiated by several prominent parties, including The National Health Care Institute, The Netherlands Federation of University Medical Centres, Health Holland, and The Ministry of Health, Welfare and Sport. Through its activities, HI-NL facilitates an early, tailor-made dialogue ([Animation](#)) between innovators/entrepreneurs and all relevant stakeholders in the healthcare system, supporting and directing the development, evaluation, implementation, upscaling and reimbursement of promising and sustainable (health)care innovations for patients and citizens.

Insight into the innovation development path

The HI-NL innovation procedure provides innovators/entrepreneurs with expert support and multistakeholder advice about the development path of their specific innovation, tailored to the innovation type and development phase. The aim is to give innovators/entrepreneurs insight as early as possible into how their innovation will fit into the healthcare or prevention landscape and to provide them with concrete next steps for the further development path of their innovation. The HI-NL innovation procedure consists of four consecutive tailor-made phases:

- **The intake**, in which the fit, scope, direction and timing of the HI-NL innovation procedure is discussed. For scope and direction, examples are (not exhaustive): the intended claims, the target population, the strength of the current evidence and the required evidence, the comparison with the current standard in healthcare, the application and integration in the current healthcare context, CE, reimbursement, implementation and upscaling.
- Extensive **scoping & synthesis** of the innovation and its targeted context and setting by a team of health(care) innovation experts (a so-called case team) in collaboration with the innovator. This phase requires about 4 meetings (over a period of 8 weeks) between the case team and the innovator, which may also require some preparation time from the innovator/entrepreneur.
- A **Round Table session** with all relevant stakeholders (e.g. patient, medical specialist, health insurer, CE expert, policy makers etc.). In this phase, all relevant stakeholders in the healthcare domain that may play a role in the specific innovation are selected and brought together in the Round Table session to provide innovators with consensus advice about their innovation and necessary follow-up steps.
- Innovation guide; The gathered knowledge from the scoping & synthesis phase together with the multistakeholder advice is then compiled into a final comprehensive Innovation Guide and delivered to the innovator. The Innovation Guide is discussed through a close-out call and is a confidential document and the property of the innovator.

Which steps should the consortium undertake?

If the consortium is interested in learning more about HI-NL and the HI-NL innovation procedure and is considering including it as part of the project application, the consortium can contact [HI-NL](#) no later than three weeks before the closing of the call deadline. An intake interview will then be scheduled, in which HI-NL will explain the innovation procedure in more detail and how it could serve the innovation/project. Before the intake takes place, the consortium is requested to complete the [intake form](#), so that HI-NL will get insight into the current status of the innovation and its development (also in the context of the project application) and questions/desired topics. If, after contact with HI-NL, it appears that a HI-NL innovation procedure is of added value, this may be indicated on the application form. In addition, the IP holder may include an earmarked budget of € 33.275 (incl. VAT), covering the costs of the entire HI-NL innovation procedure, on the budget as part of the total requested PPP subsidy. This amount can be included under the heading “costs owed to third parties” together with the specification “HI-NL Innovation procedure”.

⚠ Please note: Use of the HI-NL Round Table service is mandatory for all applicants. An exemption applies only in the following situations: (1) the company can demonstrate that this service is not required because a comparable service has already been completed; (2) the company can demonstrate that it employs or has contracted individuals with relevant experience in implementing the innovation concerned; or (3) following consultation with HI-NL, it is concluded that a Round Table process would not provide added value for the innovation. Any applicable exemption can be indicated in the application form under Section B4, Question 13.

The evaluation committee will independently assess whether the HI-NL innovation procedure will be of value to the success of the application. After the application has been (conditionally) awarded, the consortium will be asked to elaborate on the plans related to the HI-NL Innovation procedure in the application. The details of this elaboration will be included in the award letter.

Contact person HI-NL

HI-NL can be reached via the following e-mail address: info@healthinnovation.nl. More information about HI-NL can be found at www.healthinnovation.nl.

3. Terms and conditions

3.1 Context of the call

This Labour-Saving Technology Track constitutes the first implementation phase of the MedTech Breakthrough Pilot initiated by the Dutch Ministry of Health, Welfare and Sport (VWS). Within this pilot, existing funding instruments are used to accelerate the development of demand-driven medical technologies. The track is implemented within the existing PPP Innovation Scheme and therefore follows the standard conditions and assessment framework of the SME Call.

The Netherlands faces a major societal challenge due to rising demand for care, population ageing and a structural shortage of healthcare professionals. At the same time, the need for high-quality, accessible and affordable healthcare continues to grow. To safeguard the accessibility of healthcare in the future, innovations are needed that support healthcare professionals, enable smarter organisation of care processes and, where possible, give patients greater control over their own health.

This track is exclusively intended for projects that develop demand-driven medical technologies which contribute to high-quality, accessible and affordable healthcare and demonstrably result in a net reduction in labour requirements within the care process or care pathway. Projects must address a specific bottleneck in healthcare practice and offer a realistic perspective on implementation and scale-up.

3.2 Terms and conditions for the collaborative research project

The application must meet a number of conditions. The requirements for the collaborative project, specifically for this SME Call, are set out below:

- The lead applicant must be a for-profit SME established in the Netherlands.
- The consortium must consist of at least one for-profit company and one research organisation.
- The project must concern industrial research and/or experimental development (TRL 4 to 7). Appendix B, available on our [website](#), provides guidance for each domain on the types of research that are eligible for funding.
- The project must address a specific challenge arising from healthcare practice and substantiate how the innovation results in demonstrable labour savings without shifting workload elsewhere in the care pathway. In addition, the project must fall within one of the three specified themes, as described in Section 3.3 and further elaborated in Appendix A.
- The project must start between 1 July and 1 November 2027 and may have a maximum duration of two years.
- The requested PPP subsidy must amount to at least €225,000 and no more than €450,000.
- Per project year, the participating SME(s) may jointly receive a maximum of €150,000 in PPP funding. For example, for a project lasting 1.5 years, the SME(s) may jointly receive up to €225,000 in PPP funding.
- Per project, the participating research organisation(s) may jointly receive a maximum of €150,000 in PPP funding.
- Dutch SMEs may only use the funding if, under the applicable laws and regulations, they do not qualify as an Undertaking in Difficulty (UID).
- An SME may participate in only one application under this call. This means that the applicant company may not submit an application under both this regular call and the thematic track on labour-saving technology. Please note that funding applicants belonging to the same group of companies are considered a single undertaking; in that case, only one company within the group may submit an application.
- Per project year, the company must incur salary costs corresponding to at least 1,650 hours. For a project duration of 1.5 years, this means that the company must realise at least 2,475 hours in salary costs. Salary payments through another legal entity or holding company are not permitted for this purpose.
- The funding allocated to the SME must primarily be used to finance one R&D FTE. Any remaining funding may be used for other eligible costs, including material costs or other personnel costs.

- The versions of the application form, budget form, Letter of Commitment and consortium agreement specifically designated for the SME Call 2027 must be used. Outdated or alternative versions of these documents will not be accepted.
- The lead applicant is not eligible to participate in the SME Call 2027 if it has an ongoing awarded project from the SME Call 2026.
- The same project may not be submitted under both this call and the regular SME Call 2027. Applicants must decide in advance under which call the project will be submitted.

⚠ Please note: submitting a proposal to both the Science for Industry Call 2026 (full application deadline: 22 September 2026) and the SME Call 2027 is not permitted. A scaled-down version of a Science for Industry application will be considered a comparable proposal under the SME Call and, if submitted, will be declared inadmissible. The consortium is responsible for determining which call is the most appropriate fit for its proposal and must choose under which call to submit its application.

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

Financial

- Dutch SMEs and Dutch research organisations are eligible to use PPP subsidy in accordance with the financial conditions set out in Section 3.6.
- Public and private co-financing is required, as described in Section 3.6.
- The project must involve effective collaboration²; it is carried out for the joint account and risk of the consortium partners, and all consortium partners must make a substantive contribution to the project.
- All consortium partners are required to make an in-kind contribution. This means, among other things, that all consortium partners must incur personnel costs, which must be clearly reflected in the budget form.
- In addition to the mandatory in-kind contribution, consortium partners may also make an in-cash contribution. An in-cash contribution made by one party must be used within the project to cover costs incurred by another consortium partner.
- A party may not both receive PPP subsidy and make an in-cash contribution within the same project. Other similar or alternative financial constructions are likewise not permitted.
- Consortium partners may not reimburse or invoice one another within the project for services or products provided. Such services or products may, however, be procured from third parties that are not part of the consortium. These may include, for example, organisations involved in validation activities within a healthcare setting, such as STZ hospitals. The participation of such organisations in these public-private partnership projects is strongly encouraged. Costs associated with the engagement of third parties may be included in the project budget and may collectively account for no more than 25% of the total project budget.
- If the consortium has received, expects to receive, or has applied for other public funding for the submitted project, for example from NWO, ZonMw, SIA or Health Holland, the rules on the cumulation of different subsidies apply³.

Relevance

- The project must make a concrete contribution to the further development of one or more of the ten priority key technologies identified in the National Technology Strategy (NTS) (see Section 2.2).
- The research must contribute to achieving the central mission and one of the five specific missions described in the Knowledge and Innovation Agenda (KIA) 2024–2027 for the societal theme Health & Care.
- If a potential conflict of interest is identified in response to question A.4 of the application form, this must be explained in a separate document in accordance with the conditions set out in Appendix H.

² For the definition of effective collaboration, see Section 1.3 Definitions, Article (h) of the Framework on State Aid for Research, Development and Innovation.

³ The accumulation provisions are stated in Section 2, article 6, of the [Framework Decision National Grants of the Ministry of Economic Affairs](#). The support limits with respect to the acquisition of PPP Subsidy are stated in article 3.2.5 of the [Regulation National Grants of the Ministry of Economic Affairs and Climate Policy and Ministry of Agriculture, Nature and Food Quality](#)

3.3 Thematic focus

3.3.1 Definition of Labour-Saving Innovation

Within this track, a labour-saving innovation is defined as:

“An innovative medical technology, product or service that results in a demonstrable reduction in the total labour input required within the care process or care pathway, without this labour saving being offset by an increase in workload, costs or required capacity elsewhere in the care pathway.”

Applicants must provide a concrete substantiation of the expected labour savings and ensure that these can be measured during the project. Labour savings may, for example, arise through:

- reducing routine activities;
- more efficient deployment of healthcare professionals;
- supporting self-management;
- shifting care to the living environment;
- reducing the number of in-person consultations;
- optimising logistical or organisational care processes.

Projects that solely result in tasks being shifted to another healthcare professional, organisation or care pathway partner, or that create additional workload, extra monitoring, additional consultations or higher structural costs elsewhere in the care pathway, are not eligible under this track.

3.3.2 Themes

The themes below were selected within the MedTech Breakthrough Pilot on the basis of urgent workforce challenges in healthcare and were aligned with VWS and representatives from the healthcare sector.

Theme 1: AI- and data-supported triage and diagnostics

Projects within this theme develop technologies that support healthcare professionals in assessing, prioritising or diagnosing patients more quickly, accurately and efficiently.

The innovation must demonstrably contribute to reducing diagnostic workload, shortening turnaround times and making more efficient use of scarce healthcare capacity. Examples include the use of artificial intelligence, decision support systems, predictive models, image analysis or integrated data analytics.

Theme 2: Smart alerting, remote monitoring and digital care interaction

Projects within this theme develop technologies that enable care to be organised safely, effectively and sustainably outside traditional healthcare settings.

The innovation must demonstrably contribute to reducing in-person consultations, support self-management and enable more efficient deployment of healthcare professionals without creating additional workload elsewhere in the care process.

Theme 3: Technological support for healthcare processes

Projects within this theme develop technologies that enable smarter organisation of healthcare processes and support healthcare professionals in their day-to-day work. This may include both digital applications and medical technologies or hardware that simplify, automate or shift activities to a less labour-intensive setting.

The focus is on reducing routine tasks, administrative burden and inefficient workflows, and on technologies that enable more efficient deployment of healthcare professionals. This may, for example, reduce the need for specialist input, allow certain activities to be carried out by professionals with different training backgrounds, and reduce the staffing required per patient. In this way, more capacity can be made available for direct patient care and existing healthcare capacity can be used more efficiently.

Based on the definition and the specified themes, the following types of projects are not eligible for funding:

- projects that solely develop a new medical technology without demonstrable labour savings;
- projects that solely improve diagnostic or therapeutic quality;
- projects that only result in task shifting within the care pathway;
- projects that lead to additional monitoring, administrative burden or other additional activities elsewhere in the care pathway;
- projects that result in higher structural implementation costs without demonstrable labour savings;
- projects that focus exclusively on cost reduction without demonstrable improvement in labour productivity.

For a full description of the themes and the delineation of the project scope, please refer to Appendix A.

3.4 Consortium composition

PPP subsidy applicants compose a consortium in which research organisations, companies, and preferably also relevant public organisations, jointly carry out a project while maintaining their own identity and responsibility, based on a clear and optimal division of tasks and risks. The consortium must consist of at least one research organisation and one company. Additional enterprises, research organisations, and other (public or private) parties may also join the consortium. Participation of foreign parties is possible, provided that the results of the project benefit the Dutch knowledge infrastructure and economy. All consortium partners must contribute equally in terms of both finances and content.

The consortium will provide one party as the main applicant for the project. The main applicant acts as the project coordinator and serves as the contact point for Health Holland throughout the entire process. Within this call, only Dutch small and medium enterprises and large companies are eligible to act as main applicant. All other parties in the consortium are co-applicants.

3.5 Consortium agreement & policy on intellectual property

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

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

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

IP rights

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

Option A: Full funding (Art 8.2.1) – ‘He who pays decides’

If a research organisation develops a result, but the associated costs are borne in full by the industrial partner, ownership of that result shall be assigned to the industrial partner. In practise, this situation will occur rarely, as PPP projects are based on effective collaboration involving shared contribution and co-financing. This option is included in the template for the sake of completeness.

Option B: Adequate reflection of the contribution (Art. 8.2.2 & 8.10 – OPTIONAL)

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

⚠ Adequate reflection of the contributions (article 8.2.2 and 8.10) is optional. The consortium may delete article 8.2.2 and 8.10 from the consortium agreement when this is not applicable.

Option C: Option Right (Art. 8.2.3 & 8.5-8.8)

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

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

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

- Market-conform remuneration, taking into account and offsetting the company's financial contribution to the project.
- Anti-shelving clause: the company commits to the effective exploitation of the Foreground.
- Grant-back provision: the research organisation retains a royalty-free, non-exclusive licence for research and educational purposes.
- Indemnification: protection of the research organisation against claims arising from the company's use of the Foreground.
- Preservation of Access Rights: the Access Rights of other consortium members shall remain unaffected.

Parallel agreement (Art. 8.11 - OPTIONAL)

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

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

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

3.6 What amount of funding can be applied for?

Within this call, PPP Subsidy can be requested by Dutch research organisations and Dutch SMEs. Other parties are welcome to participate in consortia but cannot finance their costs using PPP Subsidy. The total amount of PPP-Subsidy requested per project must be between €225.000 and 450.000. The conditions for the use of PPP subsidy are outlined below per type of organisation.

The conditions for the use of PPP subsidy are outlined below per type of organisation.

Dutch Research organisations

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

Dutch SMEs

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

Conditions for the use of funding by Dutch SMEs

To substantiate their SME status, each SME must submit a completed [SME check](#). In addition, under all State aid schemes, including the PPP Innovation Scheme, an SME may only receive PPP funding if it does not qualify as an *Undertaking in Difficulty (UID)* under the applicable definition. Therefore, all SMEs receiving PPP funding are required to submit the following documentation:

- A 'Declaration of No Undertaking in Difficulty'. This declaration is obtained after completing the decision tree. Both the declaration and the completed decision tree on which it is based must be submitted.
- The most recent standalone and/or consolidated annual financial statements of the company or group of companies used to complete the decision tree.
- Where applicable, an organisational chart of the affiliated group, clearly showing the shareholding relationships between the entities.
- If the company or group of companies has been established for less than three years, an extract from the Dutch Chamber of Commerce (KvK) must be submitted for the relevant entities to verify the date of incorporation.

Other parties

Large enterprises, dutch enterprises in difficulty (*ondernemingen in moeilijkheden*)⁴, Dutch other parties and all foreign parties are not eligible to apply for PPP subsidy.

These maximum amounts are specified in Table 1.A. Health Holland encourages consortia to jointly structure the project activities and budget in such a way that both companies and research organisations make a proportionate and substantively equivalent contribution to the project.

Table 1.B shows the minimum percentage of the **total project costs** that must be contributed by the research organisation(s) and company or companies participating in the project. These minimum contributions apply to each organisation type collectively. For example, if a consortium consists of two research organisations and two companies, the research organisations must jointly contribute at least 10% of the total project costs *in kind*.

Depending on the type of research, the participating companies must jointly contribute 15% or 30% of the total project costs *in kind* and/or *in cash*.

Section 5.1 provides calculation examples illustrating how the funding conditions apply to two different types of consortia.

⁴ For the definition of enterprise in difficulty or '*onderneming in moeilijkheden*' see Algemene Groepsvrijstellingsverordening (EG) nr. 651/2014, Pb L187/1 (hereafter AGVV).

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

Type partner	Max % PPP Subsidy based on eligible costs partner		Example
	Industrial research	Experimental development	
Dutch research organisation(s)	max. 70%	max. 60%	The research organisation incurs €150,000 in costs for industrial research and €50,000 in costs for experimental development. The organisation can claim a maximum of: $€150,000 \times 70\% + €50,000 \times 60\% = €135,000$
Dutch SMEs (for-profit or non-profit)	max. 60%	max. 40%	The company incurs €300,000 in costs for industrial research and €200,000 in costs for experimental development. The company can claim a maximum of: $€300,000 \times 60\% + €200,000 \times 40\% = €260,000$
Undertaking in Difficulty (UID) Foreign enterprises, foreign research organisations, large enterprises and other parties	0%	0%	The costs incurred must correspond to the in-kind contributions.

Tabel 1.B: Minimal contributions*Project level*

Type partner	Minimal contributions based on total project costs		Example
	Industrial research	Experimental development	
Research organisation(s)	min. 10%	min. 10%	The total project costs amount to €700,000; the research organisations jointly contribute at least €70,000 in kind.
Enterprises (for-profit or non-profit)	min. 15%	min. 30%	The total project costs amount to €700,000, of which €400,000 relates to industrial research and €300,000 to experimental development. The companies must jointly contribute at least the following amount in kind: $€400,000 \times 15\% + €300,000 \times 30\% = €150,000$

3.7 Calculating project costs

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

Personnel costs

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

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

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

Fixed hourly rate ('Vastuurtarief')

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

Integral costing system ('Integrale kostensystematiek' or IKS)

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

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

Costs for materials and supplies

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

Costs for equipment

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

Third party costs

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

Publication, travel and accommodation costs

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

Examples of non-eligible costs

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

- Patent applications and maintenance⁵
- Auditor's report
- Bench fee
- Overhead
- Support staff not directly related to substantive R&D activities, such as:
 - Project controller
 - Business developer
 - Administrative staff
- Costs related to the implementation of the developed innovation
- Preparation of a business case
- Conducting cost-effectiveness research (*Health Technology Assessment*)
- Non-scientific dissemination
- Project management tasks⁶ not directly related to the substantive R&D activities, such as:
 - Escalation to a steering committee
 - Development of a risk management model
 - Administrative reporting

Instruction budget form

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

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

3.8 Digital Interoperability

For digital health and care innovations, interoperability is an important guiding principle. The innovation should, as far as possible, be able to function within the existing digital healthcare landscape and contribute to sustainable, secure and interoperable digital care. It is important that data are not unnecessarily locked into a single system or supplier and that the innovation can connect to both existing and future ICT infrastructures. Applicants developing a digital health or care innovation must describe in their application how interoperability is addressed. At a minimum, the following aspects should be covered:

- **Integration with existing ICT infrastructures:** How does the innovation connect to relevant existing ICT systems, platforms and infrastructures within healthcare?
- **Standards for data exchange:** Which relevant national and/or international standards and technical specifications are used for recording, accessing and exchanging data?
- **Data portability:** How is it ensured that data can be exported, transferred and reused in a usable and commonly accepted format?
- **Prevention of vendor lock-in:** What measures are taken to avoid undesirable dependency on a single supplier, technology or platform?
- **Privacy-by-design and security-by-design:** How are privacy and information security integrated into the development and implementation of the innovation from the design phase onwards?

⁵ Costs for patents that are purchased under arm's length conditions from, or licensed by, external sources are eligible for subsidy.

⁶ Project management tasks that are directly related to R&D activities (e.g. discussions with employees, analysing technical risks, preparation of substantive reports, preparation of specifications) are eligible for subsidy.

3.9 Datamanagement

Open access publications

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

FAIR

Health Holland encourages optimal use of research data and therefore requires this data to be stored according to the [FAIR principles](#): findable, accessible, interoperable and reusable. This means that the data generated in the projects can be found, understood and used by both humans and machines. The process of making data FAIR is explained by the GoFAIR foundation in [the three-point FAIRification framework](#). To promote FAIR data management, metadata on health data generated during the project must, where applicable, be included in the [National Health Data Catalogue](#). This catalogue provides, among other things, an overview of research data in the fields of health and life sciences in the Netherlands.

Data Management Plan

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

4. Procedure

4.1 Application procedure and timeline

Publication SME Call 2026	1 September 2026
Deadline full application	20 November 2026; 17:00 CET
Eligibility check	Within two working weeks of receipt of the application
Selection	January/February 2027
Decision Board of Health Holland	March/ April 2027
Award and rejection letter	Mid-May 2027
Submit final unsigned Consortium Agreement	Within 6 weeks after the grant letter
Submit signed Consortium Agreement.	Within 2 weeks after approval final version by Health Holland
Submit signed version PPP Subsidy Agreement	Within 4 weeks of receipt PPP Subsidy Agreement

Please note that this schedule is subjected to change.

The full procedure is divided into two sections, comprising five phases:

Section A: Application and Evaluation Procedure

- **Phase 1:** Preparation and submission of the full application (September till November 2026).
- **Phase 2:** Selection of the most promising applications (December - February)
- **Phase 3:** Full assessment of application by external evaluation committee (March - May)

Section B: Award Decision and Further Administration During Project Execution

- **Phase 4:** Award/rejection letter and subsequent administration leading up to the first PPP-Subsidy payment (May till July 2027)
- **Phase 5:** Procedures during the project and final reporting

Below, each phase is explained in detail, outlining the necessary steps from submission to completion of a PPP-project.

⚠ Please note: The SME Call is a highly competitive funding call due to the large number of applications—typically more than 80 per round—and the limited funding available. A similarly high level of competition is expected for this thematic track. As a result, even projects that receive a strong evaluation may ultimately not be awarded funding.

A rejection therefore does not necessarily mean that a project is unsuitable, but rather that other proposals were assessed as stronger in comparison. Health Holland intends to select a maximum of 28 projects to proceed to the full substantive assessment in Phase 3. Based on the available budget, approximately 13 projects are expected to be awarded funding.

4.2 Section A: Application and Evaluation Procedure

Phase 1: Preparation and submission of the full application – deadline November 20th 2026, CET 17:00

To complete the full application, the consortium must submit the following documents.

All templates, appendices, and supporting documentation are available on our [website](#).

Note: Outdated versions of the documents listed below will not be accepted.

- **Application form.**
- **Pitch** – This video serves as a brief presentation of the project. The requirements for the pitch are detailed in Appendix D. The pitch will be assessed during the selection phase (Phase 2).
- **Budget form.**

- **Letters of commitment.** Each consortium partner (excluding the main applicant) must submit a letter of commitment confirming their participation in the project and specifying the in-kind and/or cash contributions. Letters of intent will not be accepted.
- **A signed 'Declaration of No Undertaking in Difficulty'**, together with a copy of the completed 'Decision Tree for the Declaration of No Undertaking in Difficulty', for all SMEs receiving PPP funding within the project. Both the decision tree and the declaration are available [here](#).
- **The most recent standalone and/or consolidated annual financial statements of the company or group of companies used to complete the decision tree.**
- **An organisational chart of the affiliated group (where applicable)**, clearly showing the shareholding relationships between the entities.
- If the company or group of companies has been established for less than three years, an **extract from the Dutch Chamber of Commerce (KvK) for the relevant companies** must be submitted to verify the date of incorporation. Confirmation of SME-status for all SMEs within the project: this requires completing the [SME self-assessment questionnaire](#). The outcome of the SME check must be submitted with the application.
- **Consortium agreement** – This must be an unsigned draft version; an empty template is insufficient. Use of the model consortium agreement provided by Health~Holland is mandatory. Only non-essential amendments and changes that do not conflict with the [Framework for State Aid for Research, Development and Innovation](#) (specifically article 2.2.2.) are permitted. In case of doubt, the consortium should consult an expert, such as the research organization's technology transfer office (TTO) or a legal advisor. If the project is awarded funding, the signed consortium agreement must be submitted as soon as possible, but **no later than four weeks after the award date**.
 - **Existing IP-arrangements** – If the consortium has previously established agreements concerning intellectual property (e.g., via a license agreement or a parallel research agreement), such existing agreement(s) must be submitted together with the draft consortium agreement.

Instructions for writing the application:

- Avoid repetition from earlier answers: each response must add clear value compared to the others.
- Additional appendices or extra documents, other than those specified above, are not permitted and will not be considered.
- The word limit per question in the application form must not be exceeded.
- It is permitted to include images in the application to provide visual support. However, it is not allowed to add text tables as images and/or to use images containing large amounts of text to circumvent the word limit. Images with limited, supporting text are permitted; the words in such images do not count towards the word limit.
- Statements and figures must be substantiated with references, which should be listed in the reference section at the end of the application form (Section F. References).
- The application form must be signed by a duly authorized representative of the entity acting as the main applicant.

 **Please note:** The application and all accompanying documentation must be submitted through the online portal using the submission link available on our website.

Applications submitted by email and/or after the submission deadline will not be considered.

Health Holland therefore advises applicants to start preparing and submitting the required documentation well in advance of the deadline. The submission deadline is 20 November at 17:00 CET.

Phase 2: selection of the most promising applications

Phase 2.1 Eligibility check

Upon receipt of the application, Health Holland will review it for admissibility within two working weeks. This eligibility check will verify whether the application meets the requirements as set out in Appendix C. If the application is incomplete, the consortium will be granted one working day to make the necessary adjustments and provide the requested information. **If, after this opportunity, the application is still incomplete or the requested adjustments have not been (sufficiently) implemented, the application will be declared ineligible.** This decision will be communicated to the consortium within two working days after the end of the supplementation period.

Phase 2.2 Selection of the most promising application by external committee

All applications deemed admissible in Phase 2.1 will be submitted by Health Holland to an independent selection committee. This committee evaluates the applications at a high level and selects the most promising projects. Before reviewing any application, selection committee members are required to sign a confidentiality agreement. The committee will assess the following components of the application:

- Pitch
 - o According to the guidelines in Appendix E, available on our [website](#)
- Related questions in the application form
 - o Section B1: Question 1 – Project summary
 - o Section D: Question 3 – Project value for the collaboration of the consortium partners
 - o Section E: Question 1 – Societal context
 - o Section E: Question 2 – Participation of the end-user in development process
 - o Section E: Question 3 – Labour-saving potential

These elements will be evaluated two committee members using the assessment form provided in Appendix F on our [website](#). The resulting scores will generate a ranking of all projects based on their relevance and innovativeness. The ranking decides which projects proceed to Phase 3.

At this stage, Health Holland assesses whether the applicant, in accordance with the applicable funding rules, does not qualify as an Undertaking in Difficulty (UID). The office will assess the applicant's UID status as of the submission deadline of 20 November 2026. If the information provided is insufficient to reach a clear conclusion, the applicant will be given one opportunity to submit additional information. **If, after reviewing the supplementary documentation, it still cannot be conclusively established that the applicant does not qualify as a UID, the project will not proceed to Phase 3. This also applies if the project has received a positive substantive assessment during the selection procedure.** Through this assessment, Health Holland seeks to ensure that applicants progressing to Phase 3 are indeed eligible for PPP funding under the applicable funding rules.

In February, all applicants will receive a notification from Health Holland regarding the outcome of this phase:

- The 28 highest-ranked and therefore most promising applications will be selected for further substantive assessment in Phase 3 by an independent evaluation committee. These applicants will be informed by e-mail that their proposal has been selected. No further action from the consortia is required at this stage.
- The remaining applicants will be informed that their proposal has not been selected for further assessment. This means that, based on the evaluation scores, the application was ranked lower than the proposals selected for Phase 3. Due to the nature of the evaluation process, no substantive feedback will be provided in case of rejection. Applicants will only be informed of the ranking of their proposal.

Phase 3: Full assessment of application by external evaluation committee

The projects selected in Phase 2 will be reviewed by Health Holland for compliance with the conditions described in Section 3.2: Terms and Conditions. In addition, the applications will undergo a substantive evaluation by an expert and independent evaluation committee. Evaluation committee members must first sign a confidentiality agreement before they may assess any PPP funding applications.

⚠ Please note: The evaluation committee shares a common focus on valorisation, entrepreneurship and market orientation. This overarching perspective ensures that the assessment considers not only scientific quality, but also explicitly addresses the potential for valorisation and implementation to generate societal and economic impact, with particular emphasis on labour savings. The composition of the committee therefore reflects the specific character of this thematic track within the SME Call.

The evaluation committee provides with a recommendation regarding the application's suitability under the PPP Innovation Regulation to the Board of Stichting Life Sciences & Health-TKI. The evaluation considers scientific quality, feasibility, economic and societal impact—each of which is weighed equally in the overall assessment. Only the most relevant and promising applications will be approved. For the TKI-LSH SME Labour-Saving Technologies Call, **€4,5 million** in PPP-Subsidy is available.

The final decision on whether or not to award the grant is made by the Board of Stichting Life Sciences & Health-TKI. Applicants will receive the decision by letter around **mid-May 2027**.

Evaluation criteria

The evaluation committee will assess the applications on the following criteria. The criteria are grouped in four categories: scientific quality, feasibility, economic value and societal value.

1. Scientific quality

- a) The research is clearly described and the project objectives are well defined;
- b) The project is innovative and generates new insights that lead to significant improvements in a product or service (TRL 4–7);
- c) The work plan is elaborated in sufficient detail, including timeline, milestones, and deliverables. The work packages are clearly interconnected and well aligned;
- d) It is clearly defined when the project can be considered “successful” and which criteria will be applied.

2. Feasibility

- a) The chosen methods regarding feasibility are appropriate and well substantiated. The consortium has the necessary expertise and resources to bring the project to a successful outcome;
- b) The project timeline is realistic and accounts for possible iterations and adjustments based on interim findings and further risks;
- c) The project budget is realistic (including number of person-hours per organization, realistic costs for materials and equipment, and realistic “third-party expenses”).

3. Economic value

- a) The economic impact of the entire project is well described and supported by a cost-effectiveness analysis;
- b) The market is correctly addressed in terms of size, accessibility, and risks;
- c) The competitive analysis identifies all relevant competitors and convincingly describes the distinctive strengths of the project;
- d) Further business developments during and after the project are adequately and realistically described through a business case;
- e) The consortium must describe a realistic strategy for the implementation and scale-up of the innovation. The application should clearly set out the next steps towards adoption in healthcare practice and explain how relevant implementation partners, such as healthcare organisations, early users, pilot sites and, where appropriate, health insurers, will be involved.

4. Societal value

- a) The project addresses societal needs: the problem and the innovation as a solution are clearly described;
- b) The end user of the innovation is specifically described and is sufficiently involved in the design and execution of the project;
- c) The target group of the innovation is specifically described and is sufficiently involved in the progress of the project.
- d) The consortium must convincingly substantiate how the innovation results in demonstrable labour savings, how these savings will be measured, and why the innovation does not merely shift workload to other parts of the care pathway.

4.3 Section B: Award Decision and Further Administration During Project Execution

Phase 4: Award/rejection letter and subsequent administration leading up to the first PPP-Subsidy payment

Phase 4.1: Decision letter regarding approval, rejection, or request for further information

The consortium will receive a letter May 2027 containing the decision of the Board of the LSH-TKI Foundation. This letter may communicate one of the following outcomes:

- Conditional approval of your PPS Subsidy application
 - The Board conditionally approves your application. The letter will include comments from the evaluation committee, which must be addressed in a rebuttal. These adjustments are intended to strengthen the approved application. In addition, the consortium will also receive comments from the Health Holland office regarding the conditions of the call.
- Additional information required for your PPS Subsidy application
 - The application may be approved provided that the additional questions raised by the evaluation committee are satisfactorily answered in a rebuttal and the application is adjusted accordingly. Please note: if the evaluation committee and the Board are not satisfied with the answers, the Board will reject your application. No further opportunity will be given to provide additional clarification.
- Rejection of your PPS Subsidy application
 - The application is rejected. The reason for rejection will be explained in the letter. The rejection of your application does not necessarily mean that the project is considered unsuitable, but rather that, within the overall set of applications, it has been assessed as relatively less strong written application. Health Holland does not intervene in or mediate with respect to the substantive assessment conducted by its evaluation committee.

Phase 4.2: After approval of your PPP-Subsidy application

Following the date of the award letter, two submission deadlines apply to different sets of documentation. No later than two weeks after the date of the award letter, the consortium must submit the following documents to Health Holland:

- If the evaluation committee decides to award the application, it may provide comments and recommendations to improve the proposal. The applicant must explain in a *rebuttal* how this feedback has been addressed and/or incorporated.
- The completed *Template – Registration of PPP Projects with RVO*. Health Holland uses this document to register the project in RVO's project portal.

No later than six weeks after the date of the award letter, the consortium must submit the following documents to Health Holland:

- The final, unsigned consortium agreement.
 - Following approval of the consortium agreement by Health Holland, the consortium will have two weeks to obtain signatures from all consortium partners.
- A data management plan based on the Health Holland template.
- A completed project profile, including a project image and logos. Health Holland publishes information on all awarded projects on the project page of its website (<http://www.health-holland.com/project>).

Once all required documentation, including a signed consortium agreement, has been submitted and approved, Health Holland will prepare a PPP Subsidy Agreement. The PPP Subsidy Agreement is a contract between Health Holland and all consortium partners that sets out, among other things, the rights, obligations and contributions of the various partners. The agreement is drafted by Health Holland and must be signed by all partners within four weeks. Please note that amendments to the PPP Subsidy Agreement are not permitted.

Once Health Holland has received and approved the signed PPP Subsidy Agreement, the first advance payment of PPP funding can be disbursed. Subsequent payments will be made annually following receipt and approval of a progress report and, ultimately, the final report.

Payments are made to the organisation employing the project coordinator/lead applicant. The project coordinator/lead applicant is responsible for any further financial distribution to the other consortium partners and for the collective accountability regarding the use of the funds.

⚠ Please note: Payments are made to the organisation employing the project coordinator/lead applicant. The project coordinator/lead applicant is responsible for any further financial distribution to the other consortium partners and for the collective accountability regarding the use of the funds. Within the SME Call, the project coordinator/lead applicant is generally the party responsible for these tasks. If preferred by the consortium, the research organisation may instead take responsibility for the financial administration, including the receipt and distribution of PPP subsidy among the consortium partners.

Phase 5: procedure during the project period and after the project's end date

Phase 5.1 During the course of the project

- **A time registration must be kept for every employee throughout the duration of the project.**
- Each project will be assigned an account manager, who will act as the primary point of contact from Health Holland throughout the entire project. This person is also responsible for attending steering group meetings and reviewing the progress and final reports.
- Within four weeks after each project year, the coordinator must submit a progress report. A format will be provided. If the project duration is less than 18 months, only a final report is required.
- Each consortium must organise one steering group meeting per year. The coordinator must notify Health Holland in advance so the account manager (or another representative) can attend. If needed, a member of the evaluation committee may remain involved for monitoring.
- In the following situations, the consortium must contact Health Holland as soon as possible via tki@health-holland.com:
 - Budgetary changes
 - Changes within the consortium (e.g. withdrawal or replacement of a consortium partner)
 - Budget-neutral extension request
 - Substantive amendment requests
- Communication about the PPP project must, at all times, reflect and carry out its public-private nature, including mention of the involved public and private partners. The full communication guidelines can be found in the Health Holland Brandbook.

Phase 5.2 After the end date of the project

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

- A final substantive and financial report (the template will be provided by Health Holland).
- A management declaration for each consortium partner that has received less than €125,000 in PPP funding or no PPP funding at all. This declaration must be accompanied by evidence of signatory authority, such as an extract from the Dutch Chamber of Commerce (KvK) or a formal mandate.
- An auditor's statement for each consortium partner that has received €125,000 or more in PPP funding. It is also possible to submit a joint auditor's statement covering multiple consortium partners.
- An updated project profile, including the results of the completed project.

The final PPP subsidy payment will be made once all of the above documents have been received and approved by Health Holland⁷.

⁷ Please note that the documents required for the final report may be subject to change depending on any new requirements of RVO

5. More information

5.1 Calculation example

Partners	Costs industrial research	Costs experimental development
Research organisation	€ 150.000	€ 50.000
Dutch SME	€ 400.000	€ 100.000
Total:	€ 550.000	€ 150.000

Partners	Type research	Max. % PPS-subsidy*	Max. € PPS-subsidy
Research organisation	Industrial	70%	€ 150.000 x 70% = € 105.000
	Experimental	60%	€ 50.000 x 60% = € 30.000
SME	Industrial	60%	€ 400.000 x 60% = € 240.000
	Experimental	40%	€ 100.000 x 40% = € 40.000
Total			€ 415.000

* The PPP subsidy percentage is calculated based on the total costs incurred by the respective consortium partner.

Minimal contribution	Type research	% of total costs**	Minimal contribution (€)
Research organisation(s)	Industrial and experimental	10%	€700.000 x 10% = €70.000
Enterprises (for-profit / non-profit)	Industrial	15%	€550.000 x 15% = € 82.500
	Experimental	30%	€150.000 x 30% = €45.000
Total			€ 197.500
Remaining amount to be financed based on the project costs and the minimum required contribution.		Up to €415.000 in subsidy may be used, while the partners must jointly contribute at least €197.500 in kind. This means that €612.500 of the total project budget is covered by PPP subsidy and the minimum required in-kind contributions. The remaining €700.000 – €612.500 = €87.500 must therefore be covered by additional in-kind contributions from the consortium partners.	

** The percentages for the minimum required contributions are calculated based on the total project costs.

Financiering per partner

Partners	Total costs	In kind	In cash	PPS-subsidie
Research organisation X	€ 200.000	€ 70.000	€ 0	€ 130.000***
SME Y	€ 500.000	€ 220.000	€ 0	€ 280.000
Totaal	€ 700.000	€ 270.000	€ 0	€ 415.000

*** The maximum PPP subsidy available to the research organisation is €135.000; however, the PPP subsidy has been adjusted to €130.000 in order to meet the minimum required in-kind contribution of €70.000.

5.2 Downloads

The following documents can be downloaded from [our website](#).

Documents to be completed for the full application:

- Health Holland application form
- Health Holland budget form
- Model consortium agreement PPP Funding – Standard or Clinical Studies
- Letter of Commitment template – Dutch or English
- [Undertaking in Difficulty: explanation, decision tree and declaration](#)
- SME check – please complete the following questionnaire: [SME self-assessment questionnaire](#)

Support documents for the full application:

- Appendix A: Thematic focus labour-saving technologies and implementation
- Appendix B: Technology Readiness Levels
- Appendix C: Health Holland tool - National Technology Strategy (NTS)
- Appendix D: Eligibility criteria
- Appendix E: Pitch Instructions
- Appendix F: Assessment criteria selection committee
- Appendix G: Definition value inflection point
- Appendix H: Conflict of Interest
- Appendix I: Description of the KIA Gezondheid & Zorg mission statements

Documents for Reference

- [Nationale Technologie Strategie \(NTS\)](#)
- [Missiedocument 2024-2027](#)
- [Kennis- en Innovatieagenda 2024-2027](#)
- [Kennis- en Innovatieconvenant 2024-2027](#)

Legislation 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 regarding the SME Call, you can send a mail to tki@health-holland.com

When sending your email, please take the following into account:

- Please include in the subject line: *Advice SME Call – <name of main applicant's company>*
- Provide an explanation of the work package(s) for which there is uncertainty regarding the classification. It is not possible to request an assessment of your entire application in terms of research type.
- We will provide advisory feedback on points to consider. This advice is not a formal decision, and no rights can be derived from it.

5.4 Submission

An instruction on how to upload the application documentation will be available on [our website](#) no later than 1 October 2026.