**Amsterdam UMC TKI grant Pre-application form Round 2023-2024**

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| --- |
| **Basic details** |

**1. Project title (Acronym):**

**2. Contact details of main applicant (‘penvoerder’)**

Consortium partner 1

- Name organisation: Academisch Medisch Centrum (AMC) **or**

VU Medisch Centrum (VUmc)

- Department:

- Name of the main applicant, title(s):

- Telephone:

- E-mail:

**3. What is the primary Amsterdam UMC Alliance Institute (max. 1!) of the (main) applicant?**

|  |  |
| --- | --- |
| **Alliance Institute** | **Tick box** |
| Amsterdam Neuroscience (ANS) |[ ]
| Cancer Center Amsterdam (CCA) |[ ]
| Amsterdam institute for Infection & Immunity (AIII) |[ ]
| Amsterdam Public Health (APH) |[ ]
| Amsterdam Movement Sciences (AMS) |[ ]
| Amsterdam Gastroenterology, Endocrinology Metabolism (AGEM) |[ ]
| Amsterdam Cardiovascular Sciences (ACS) |[ ]
| Amsterdam Reproduction & Development (ARD) |[ ]

[ ]  Applicant’s Alliance Institute has approved the submission of this pre-application for an Amsterdam UMC TKI-PPP grant, as confirmed by e-mail by one the of Alliance Institute’s directors to the applicant (with cc to or forwarded by the applicant to tki@ixa.nl)

 Name of the Alliance Institute director who gave her/his approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Applicant has involved an IXA business developer before October 23rd, 2023

**4. List of consortium partners (co-applicants)**

Consortium partner 2

- Name of organisation:

- Health fund/company/research organisation/other

Consortium partner 3

- Name of organisation:

- Health fund/company/research organisation/other

etc.

* SME status of SME partners checked ([Mkb-toets (rvo.nl)](https://www.rvo.nl/onderwerpen/subsidiespelregels/ezk/mkb-toets): Yes / No

**5. Duration of the project** *(max. 48 months)****:*** **\_\_\_\_\_**

*NB Projects should be finished before a certain date in Q4 2028 (exact end date is not yet known), i.e. if the maximum term of 48 months is used, should start before this date in Q4 2024.*

|  |
| --- |
| **Project content** |

**6. Summary**

1. Brief description of the objectives, subject, key challenges, and approach (**max. 300 words**, including figure and table legends and words used in figures). How the project fits the missions of the Top Sector LSH should be addressed under section 10 Importance of the Project.

**Fill in the word count:**

b. Brief description of why this consortium is especially capable of achieving the objectives and the degree of collaboration (**150 words**).

**Fill in the word count:**

1. Brief description of the expected societal and economic impact of this project (**150 words**).

**Fill in the word count:**

**7. Research category:**

Please indicate the category/ies applicable to your project (for definitions, see Annex A).

 ***Category* *Subsidy %***

[ ]  Fundamental research max. 75%

[ ]  Industrial research max. 50%

[ ]  Experimental development max. 25%

Please explain why your project falls into the chosen research category/ies (**max 150 words**)

*Parts of the research (& budget) can be assigned to different categories. Please note that in case of doubt, TKI-LSH will be contacted to check whether the chosen subsidy percentage is correct and that adjustment of the budget will be required in case TKI-LSH does not agree.*

**Fill in the word count:**

**8. Requested budget**

Total budget and the requested amount from the Amsterdam UMC TKI grant fund (= depending on the classification of the project). Approval by your project controller/financial advisor is obligatory!

A detailed budget is to be provided in the separate Excel budget sheet\*.

Total project budget: **€**

Subsidy amount requested: **€**

*\* Both documents (pre-applications form and budget form) should mention the same* ***requested*** *amount. Please check this one last time before you submit the documents, as this often is not the case in our experience.*

**9. Does the proposal aim at further developing an existing AMC or VUmc patent application or other exploitable technology (e.g. software) described in an IXA invention disclosure form, whether already licensed to an Amsterdam UMC spin-off company or not?**

Yes / No

**If yes**, explain which technology is being further developed and how **(max. 100 words).**

**Fill in the word count:**

**10. Importance of the project**

The topic of the application should fit one of the missions described in the Health~Holland Knowledge and Innovation Agenda 2020-2023 and contribute to the ‘Visions of the future 2030’ (in Dutch: Toekomstbeelden 2030; [Van toekomstbeelden naar toekomstgerichte actie voor noodzakelijke impact | Health~Holland (health-holland.com)](https://eur04.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.health-holland.com%2Fabout-us%2Fpublications%2Ftoekomstbeelden-2030&data=05%7C01%7Cne.appel%40amsterdamumc.nl%7Cbfa6774b02434b58f57408db763317b8%7C68dfab1a11bb4cc6beb528d756984fb6%7C0%7C0%7C638233734069423122%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=X%2FWbMcdEF%2B3gPyIvw8lj3cZywQE12IhDrWUwCK4YC0o%3D&reserved=0)

1. Please describe how the project fits within the [Knowledge and Innovation Agenda 2020-2023](https://www.health-holland.com/public/publications/kia/kennis-en-innovatieagenda-2020-2023-gezondheid-en-zorg.pdf) (**max. 100 words**). The KIA represents a broader scope than just the missions on pages 18-36, i.e. is also aimed at e.g. sustainability, affordability, patient participation etc. The contribution to the missions should be described in section 10 b.

**Fill in the word count:**

1. Please indicate below how the project contributes to one or more of the missions of the Top Sector LSH listed below (**max. 100 words**):

**Fill in the word count:**

* Central Mission:

By 2040, all Dutch citizens will live at least five years longer in good health, while the health inequalities between the lowest and highest socio-economic groups will have decreased by 30%.

* Mission I:

By 2040, the burden of disease resulting from an unhealthy lifestyle and living environment will have decreased by 30%.

* Mission II:

By 2030, the extent of care provided to people within their own living environment (rather than in health-care institutions) will be 50% more than today or such care will be provided 50% more frequently than at present.

* Mission III:

By 2030, the proportion of people with a chronic disease or lifelong disability who can play an active role in society according to their wishes and capabilities will have increased by 25%.

* Mission IV:

 By 2030, quality of life for people with dementia will have improved by 25%.

**11. Applicable categories**

1. *Choose* *maximal 2 roadmaps that are applicable for your project. See Annex B for further information regarding the roadmaps.*

|  |  |
| --- | --- |
| LSH Roadmaps: | Tick box |
| Molecular diagnostics |[ ]
| Imaging & image-guided therapies |[ ]
| Homecare & self-management |[ ]
| Regenerative medicine |[ ]
| Pharmacotherapy |[ ]
| One health |[ ]
| Specialized nutrition, health & disease |[ ]
| Health technology assessment & quality of life |[ ]
| Enabling technologies & infrastructure |[ ]
| Global health, emerging diseases in emerging markets |[ ]

1. *Indicate on which of the seven LSH-related Dutch National Research Agenda routes the project applies to (max. 2 routes).*

|  |  |
| --- | --- |
| LSH-related Dutch National Research Agenda routes | Tick box |
| Healthcare research, sickness prevention and treatment |[ ]
| Personalised medicine: the individual at the centre |[ ]
| Regenerative medicine: a game-changer moving to broad areas of application |[ ]
| Creating value through responsible access to big data and its use |[ ]
| NeuroLabNL: the ultimate living lab for brain, cognition and behavioural research |[ ]
| Sport and exercise |[ ]
| Quality of the environment: game-changer ‘Exposome’ |[ ]

1. *Indicate to which of the Key Enabling Technologies the project applies:*

|  |  |
| --- | --- |
| Key Enabling Technologies | Tick box |
| Advanced materials |[ ]
| Chemical technologies |[ ]
| Digital technologies |[ ]
| Engineering and fabrication technologies |[ ]
| Life science technologies |[ ]
| Quantum technologies |[ ]
| Nanotechnologies |[ ]
| Photonics and light technologies |[ ]
| Not applicable |[ ]

**12. Have the consortium partners requested or received any additional grants for (the activities under one or more of the work packages of) this PPP-project?**

Yes / No

***If yes****, please specify grant supplier(s), grant name(s), total amount requested/received per grant (in €) and status (applied/granted).*

**13. Are there any potential conflict of interests for individual scientists or any of the consortium partner organisations? See Annex C for more information on conflict of interest.**

Yes / No

***If yes****, please indicate how the consortium will manage such conflict.*

Applicants must submit this Amsterdam UMC TKI grant pre-application form by e-mail to tki@ixa.nl. For any questions regarding submission, please send an e-mail to tki@ixa.nl or call +31 (0)20 566 5056.

When submitting your application, please do not forget to add the required signed budget form file (Excel) and the Letter(s) of Intent.

(Digital) signature of the main applicant:

Name:

Place:

Date:

**Annex A** **Definitions of the three types of research1**

**Fundamental research** means experimental or theoretical work undertaken primarily to acquire new knowledge of the underlying foundations of phenomena and observable facts, without any direct commercial application or use in view.

**Industrial research** means the planned research or critical investigation aimed at the acquisition of new knowledge and skills for developing new products, processes or services or for bringing about a significant improvement in existing products, processes or services. It comprises the creation of components parts of complex systems, and may include the construction of prototypes in a laboratory environment or in an environment with simulated interfaces to existing systems as well as of pilot lines, when necessary for the industrial research and notably for generic technology validation.

**Experimental development** means acquiring, combining, shaping and using existing scientific, technological, business and other relevant knowledge and skills with the aim of developing new or improved products, processes or services. This may also include, for example, activities aiming at the conceptual definition, planning and documentation of new products, processes or services. Experimental development may comprise prototyping, demonstrating, piloting, testing and validation of new or improved products, processes or services in environments representative of real life operating conditions where the primary objective is to make further technical improvements on products, processes or services that are not substantially set. This may include the development of a commercially usable prototype or pilot which is necessarily the final commercial product and which is too expensive to produce for it to be used only for demonstration and validation purposes. Experimental development does not include routine or periodic changes made to existing products, production lines, manufacturing processes, services and other operations in progress, even if those changes may represent improvements.

* 1 In case of drug development, pre-clinical research in animals falls within the research category ‘industrial research’. In principle, the clinical phases 1 and 2 fall within the research category ‘experimental development’. Phase 3 clinical trials (and beyond) are seen as competitive development and fall outside the scope of the PPP Allowance Regulation.

**To determine the type of research the following table of TRL levels may be of further assistance (but the definition of type of research given above prevails):**

|  |  |  |
| --- | --- | --- |
| **TRL** | **Definition** | **Indication type of research\*** |
| TRL 1 | Basic principles observed | Fundamental research |
| TRL 2 | Technology concept formulated | Fundamental research |
| TRL 3 | Experimental proof of concept | Fundamental research |
| TRL 4 | Technology validated in lab | Fundamental/industrial research |
| TRL 5 | Technology validated in relevant environment (industrially relevant environment in the case of key enabling technologies) | Industrial research |
| TRL 6 | Technology demonstrated in relevant environment (industrially relevant environment in the case of key enabling technologies) | Industrial research |
| TRL 7 | System prototype demonstration in operational environment | Industrial research/ experimental development |
| TRL 8 | System complete and qualified | Beyond the scope of the PPP Allowance Regulation |
| TRL 9 | Actual system proven in operational environment (competitive manufacturing in the case of key enabling technologies; or in space) | Beyond the scope of the PPP Allowance Regulation |

**Annex B Definitions of the ten roadmaps**

The roadmaps are designed to address priorities in health outcomes (age-related, chronic, acute, infectious, orphan and neglected diseases) and along the healthcare chain (from prevention through diagnosis to cure and care). The roadmaps represent the areas in which public and private parties are committed to co-innovate and ask the government to co-invest. Companies, research institutes, practitioners, patient organizations, health foundations, health insurers, regulators, and many others have contributed and endorsed these roadmaps. Seven roadmaps (1 through 7) are product oriented. They are supported by two that deliver health technology assessment (8) and enabling technologies & infrastructure (9). The latter also links to other Top Sectors with a strong life sciences component, such as Agro-food, Horticulture and Chemistry. A final roadmap (10) is centred around diseases that cause a high burden mainly in the developing world, but for which the developed world can make strides in solving.

1. **Molecular diagnostics**: Development of candidate biomarkers into validated molecular diagnostics for clinical use
2. **Imaging & image-guided therapies**: Development of imaging applications for more accurate and less invasive diagnosis and treatment
3. **Homecare & self-management**: Development, assessment and implementation of technologies, infrastructure and services that promote clients’ abilities to live independently and manage their own care, adequately supported by healthcare professionals
4. **Regenerative medicine**: Development of curative therapies for diseases caused by tissue damage and ensuing organ dysfunction, through repair or renewed growth of the original tissue or replacement by a synthetic or natural substitute
5. **Pharmacotherapy**: Discovery, development and stratified use of new, safe and (cost-)effective medicines in order to cure or prevent progression along the healthcare chain
6. **One health**: Development of solutions like vaccines, optimized antimicrobial use and early warning systems that improve health status of humans and animals by coupling the know-how and infrastructure available in the human and veterinary/agricultural domains
7. **Specialized nutrition, health & disease**: Researching specialized nutrition for nutritional intervention as part of integrated health solutions in terms of prevention, cure and care of chronic, acute and rare diseases
8. **Health technology assessment, individual functioning & quality of life**: Development of methods and knowledge for health technology assessments in which the impact of health innovations on quality of life, cost-containment and productivity is assessed
9. **Enabling technologies & infrastructure**: Development and offering of expertise and infrastructure in cutting-edge molecular life science technologies (e.g. next generation sequencing, proteomics and bioinformatics), in biobanks and in ultramodern research facilities, all readily accessible to industry and academia, and with existing, strong links to other Top Sectors (Agro-food, Horticulture, Chemistry, Biobased Economy and High Tech Systems and Materials)
10. **Global health, emerging diseases in emerging markets**: Development and delivery of solutions to diseases associated with poverty, which affect more than 2 billion people in the developing world

**Disclosure of potential conflict of interest (COI)**

**Annex C Conflict of interest (CoI)**

**Individual potential CoI**

*a) Does the Principal Investigator in the Project have any financial interest in (one of) the industrial participant(s)? If so, how many shares, options and/or other financial benefits do you (or your relatives) have rights to?*

*b) Does any other Institutional investigator involved in the Project have any financial interest in the industrial particpant(s)? If so, how many shares, options and/or benefits do you (or your relatives) have rights to?*

*Examples of financial interest may be: a) the PI or its direct family member have*

*shares, options and/or other participation in any of the Industrial participant(s);*

*the PI receive benefits from patent applications licensed to the Industrial*

*participant(s) or is an inventor listed in any patent application licensed or filed by*

*the industrial participant(s) directly or indirectly related to the subject matter of*

*the Project application.*

*c) In the last 12 months, did any commercial entity or any of the entities that are participating in the Project paid for or reimbursed you (or your employer) for consulting services, salaries or otherwise? If, so does such payments exceed €10.000 per year? If so, will the company benefit from the outcome of the Project?*

**Institutional potential CoI**

*To the best of your or your Consortium Partners’ knowledge*

*a) Are any of the Consortium Partners in the Project affiliated or associated with another Consortium Partner in the Project? If so, how?*

*b) Does any Consortium Partner have directly or indirectly any shares, options and/or any other participation in another Consortium Partners despite of not being an affiliated entity? If so, how many shares, options and/or participations?*

*c) Or, if the financial interest as stated in a) or b) above does not apply, would a Consortium Partner exercise any control on any of the other Consortium Partners’ decision making? If so, how?*

*d) In the last 12 months, did any commercial entity or any of the entities that would be a Private partner in the Project paid for or reimbursed any sponsored research or services to the Research Organization(s) to the same research group(s) involved in the Project? If, so does such payments exceed €10.000 per year? If so, will the company benefit from outcome of the Project?*

*Note: Please review the conflict of interest policies of Amsterdam UMC (which can be found in chapter 11 of the* [Amsterdam UMC Research Code\_June2021.pdf](file:///H%3A%5C%5CDownloads%5C%5CAmsterdam%20UMC%20Research%20Code_June2021.pdf)*) and/or of your institution (for other Consortium Partners) and provide any other information that you shall disclose in light of potential CoI.*